Bundle Board Meeting 31 May 2018

Agenda attachments

Front page.docx

1	09:00 - Welcome and Apologies / Croeso ac Ymddiheuriadau
	Oral / Llafar
2	09:05 - Declarations of Interest / Datgan Buddiannau
	Oral / Llafar
3	Patient, Staff or Service Story / Stori Claf, Staff neu Wasanaeth
3.1	09:10 - Service User Story: Bevan Innovator Fund / Stori Defnyddiwr Gwasanaeth: Cronfa Arloeswyr Bevan
	Presentation from / Cyflwyniad gan
Zoe Couzens, Public Health Practitioner (Sexual Health / BBV), Health Protection Programmes / Ymarferydd Iechyd Cyhoeddus (Iechyd Rhywiol / FGG), Rhaglenni Diogelu Iechyd
Sally Corden, Head of Molecular Diagnostic Unit, Public Health Wales Microbiology Cardiff / Pennaeth Uned Ddiagnostig Foleciwlaidd, Adran Ficrobioleg Iechyd Cyhoeddus Cymru Caerdydd
4	Preliminary Matters / Materion Rhagarweiniol
4.1	09:40 - Minutes and Action from the Previous Meeting / Cofnodion a Chamau Gweithredu o'r Cyfarfod Blaenorol
	Jan Williams, Chair
4.1.a	Minutes from the Board Meeting on 27 March 2018 / Cofnodion Cyfarfod y Bwrdd a gynhaliwyd ar 27 Mawrth 2018
	Report for approval / Adroddiad i'w gymeradwyo
	4.1.a.310518 Unconfirmed Minutes of Board meeting 27March2018 2018 v0.3.docx
4.1.b	Board Action Log / Cofnod o Gamau Gweithredu'r Bwrdd
	Report for discussion / Adroddiad i'w drafod
	4.1.b.310518 Action Log.pdf
4.1.c	Matters Arising / Materion yn Codi
	Oral / Llafar
5	09:50 - Chief Executive's Report / Adroddiad y Prif Weithredwr
	Tracey Cooper, Chief Executive Officer / Prif Swyddog Gweithredol
Report for assurance / Adroddiad ar gyfer sicrwydd
	5.310518 Report of the Chief Executive May 2018 final.docx
7	Quality, Performance and Operational Delivery / Ansawdd, Perfformiad a Chyflawni Gweithredol
7.1	10:00 - Integrated Performance Report / Adroddiad Integredig ar Berfformiad
	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance / Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Gweithrediadau a Chyllid
Report for assurance / Adroddiad ar gyfer sicrwydd
	7.1.310518 Integrated Performance Report April 2018 V1b.pdf
7.2	10:20 - Break / Egwyl
7.3	10:35 - Quality and Impact Framework Indicators / Dangosyddion Fframwaith Ansawdd ac Effaith
	Sian Bolton, Acting Executive Director of Quality, Nursing and Allied Health Professionals / Cyfarwyddwr Gweithredol dros dro Gweithwyr Proffesiynol Nyrsio a Chysylltiedig ag Iechyd
Report for approval / Adroddiad i'w gymeradwyo
	7.3.310518 Quality indicators v2.docx
7.4	10:45 - Public Health Wales Operational Plan 2018-19 / Cynllun Gweithredol Iechyd Cyhoeddus Cymru 2018-19
	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance / Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Gweithrediadau a Chyllid
Report for approval / Adroddiad i'w gymeradwyo
	7.4.310518 Our Annual Plan - Board Cover Sheet 230518.docx
	7.4.i.310518 Annual Plan 2018-19 V0q Board.pdf
8	Strategy and Development / Strategaeth a Datblygu
8.1	11:15 - Joint Physical Activity Plan with Sports Wales and Natural Resources Wales / Cynllun Gweithgarwch Corfforol ar y Cyd â Chwaraeon Cymru a Chyfoeth Naturiol Cymru

Tracey Cooper, Chief Executive Officer / Prif Swyddog Gweithredol
Report for assurance / Adroddiad ar gyfer sicrwydd

> 8.1 Physical Activity Joint Working Cover Paper 230518 v1.docx

> 8.1.i PA Joint Working v5.pdf

9	Governance and Accountability / Llywodraethu ac Atebolrwydd
9.1	11:25 - General Data Protection Regulation: progress update / Rheoliad Diogelu Data Cyffredinol: diweddariad ar gynnydd

John Lawson, Senior Risk Officer / Uwch Swyddog Risg
Report for assurance / Adroddiad ar gyfer sicrwydd

> 9.1.310518 GDPR v2.docx

9.2	11:35 - Board and Committee Work Plans 2018-19 / Cynlluniau Gwaith y Bwrdd a'r Pwyllgorau 2018-19

Melanie Westlake, Board Secretary and Head of Corporate Governance / Ysgrifennydd y Bwrdd a Phennaeth Llywodraethu Corfforaethol
Report for consideration and approval / Adroddiad i'w ystyried a'i gymeradwyo

> 9.2.310518 Board and Committees Work Plans 2018-19 cover paper.docx

> 9.2.i.310518 Board and Committee Work Plans 2018-19 v0.7.xlsx

9.3	11:45 - NHS Wales Shared Services Partnership / Partneriaeth Cydwasanaethau GIG Cymru

Presentation from / Cyflwyniad gan:
Margaret Foster, Chair of the Partnership Committee / Cadeirydd y Pwyllgor Partneriaeth
Neil Frow, Managing Director / Rheolwr Gyfarwyddwr

9.4	12:05 - Lunch / Cinio
9.5	12:50 - Decision Making Framework / Model Gwneud Fframwaith

Melanie Westlake, Board Secretary and Head of Corporate Governance / Ysgrifennydd y Bwrdd a Phennaeth Llywodraethu Corfforaethol
Report for approval / Adroddiad i'w gymeradwyo

> 9.5.310518 Decision Making Framework Cover Paper.docx

9.6	13:00 - Ratification of Chairs Action and Affixing of the Common Seal / Cadarnhau'r Camau Gweithredu a Gosod y Sêl Gyffredin

Jan Williams, Chair / Cadeirydd
Report for approval / Adroddiad i'w gymeradwyo

> 9.6 Ratification of Chairs Action and Common Seal cover paper.docx

9.7	13:05 - Committees of the Board - Approved minutes and opportunity for Chairs to provide oral updates / Pwyllgorau'r Bwrdd - Cofnodion cymeradwy a chyfleoedd i'r Cadeiryddion roi diweddariadau ar lafar

> 9.7 Committee of the Board Minutes cover paper.docx

9.7.a	Approved minutes from the Audit and Corporate Governance Committee meeting: 13 March 2018 / Cofnodion Cymeradwy y Pwyllgor Archwilio a Llywodraethu Corfforaethol: 13 Mawrth 2018

Report for discussion / Adroddiad i'w drafod

> 9.7.a.310518 Confirmed ACGC Minutes 13.03.18 v1.pdf

9.7.b	Approved minutes from the People and Organisational Development meeting: 18 January 2018 / Cofnodion cymeradwy y Pwyllgor Datblygu Sefydliadol a Phobl: 18 Ionawr 2018

Report for discussion / Adroddiad i'w drafod

> 9.7.b.310518 Confirmed POD Minutes 18.01.18 v1.pdf

9.7.c	Approved minutes from the Quality, Safety and Improvement Committee meeting: 27 February 2018 / Cofnodion Cymeradwy y Pwyllgor Ansawdd, Diogelwch a Gwella: 27 Chwefror 2018

Report for discussion / Adroddiad i'w drafod

> 9.7.c.310518 Confirmed QSIC Minutes 27.02.18 v1.pdf

9.8	13:15 - Board Committee Annual Reports 2017-18 / Adroddiadau Blynyddol Pwyllgor y Bwrdd 2017-18

> 9.8 Committee of the Board Annual Reports cover paper.docx

9.8.a	Audit and Corporate Governance Committee / Y Pwyllgor Archwilio a Llywodraethu Corfforaethol

Kate Eden, Vice Chair and Non-Executive Director / Is-Gadeirydd a Chyfarwyddwr Anweithredol
Report for assurance / Adroddiad ar gyfer sicrwydd

> 9.8.a.310518 ACGC Committee Annual Report 2017-18 v0.2.docx

9.8.b	People and Organisational Development Committee / Y Pwyllgor Datblygu Sefydliadol a Phobl

Terry Rose, Non-Executive Director / Cyfarwyddwr Anweithredol
Report for assurance / Adroddiad ar gyfer sicrwydd

> 9.8.b.310518 POD Committee Annual Report 2017-18 v1.0.docx

9.8.c	Quality, Safety and Improvement Committee / Y Pwyllgor Ansawdd, Diogelwch a Gwella

Kate Eden, Vice Chair and Non-Executive Director / Is-Gadeirydd a Chyfarwyddwr Anweithredol
Report for assurance / Adroddiad ar gyfer sicrwydd

Yn unol ag [Adran 1 (2) o Ddeddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960 (c.67)], bydd cynrychiolwyr o'r wasg ac aelodau eraill o'r cyhoedd yn cael eu gwahardd o weddill y cyfarfod hwn oherwydd natur gyfrinachol y busnes sydd i'w drafod, gan y byddai rhoi cyhoeddusrwydd iddo yn niweidiol i les y cyhoedd.

That representatives of the press and other members of the public will be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with [Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).]

Oral / Llafar

Oral / Llafar

Cyfarfod y Bwrdd / Board Meeting
31 Mai 2018 / 31 May 2018

Ein pwrpas
Gweithio i sicrhau dyfodol iachach i Gymru

Our Purpose
Working to achieve a healthier future for Wales

Ein gwerthoedd
Gweithio gyda'n gilydd gydag ymddiriedaeth a pharch i wneud gwahaniaeth

Our Values
Working together with trust and respect to make a difference

Unconfirmed Minutes of the Board Meeting held on 27 March 2018, in the Board Room, Number 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BQ

Present:

Jan Williams	(Chair)	Chair
Tracey Cooper	(TC)	Chief Executive
Sian Bolton	(SB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals
Kate Eden	(KE)	Non-Executive Director and Vice Chair
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Shantini Paranjothy	(SP)	Non-Executive Director - University
Chrissie Pickin	(CP)	Executive Director of Health and Wellbeing
Judi Rhys	(JR)	Non-Executive Director – Third Sector
Terence Rose	(TR)	Non-Executive Director
Quentin Sandifer	(QS)	Executive Director of Public Health Services/ Medical Director

In Attendance:

Mark Bellis	(MB)	Director of Policy, Research and International Development
Phil Bushby	(PB)	Director of People and Organisational Development
Aidan Fowler	(AF)	Director of NHS Quality Improvement and Patient Safety/Director of 1000 Lives Improvement Service
Melanie Westlake	(MW)	Board Secretary and Head of Corporate Governance
Stephanie Wilkins	(SW)	Representative of Staff Partnership Forum
Julie Bishop (for item PHW27/2018) (09:30 – 10:10hours)	(JB)	Director of Health Improvement/Consultant in Public Health
Amy McNaughton	(AMc)	Consultant in Public Health

(for item PHW27/2018)
(09:30 – 10:10hours)

Sumina Azam (for item PHW34/2018 and PHW35/2018) (11:10 -	(SA)	Consultant in Public Health
Christopher Orr (for item PHW34/2018) (11:10 -	(CO)	Business Planning Manager
Elodie Besnier (for item PHW35/2018) (12:30 – 12:45hours)	(EB)	International Health Policy Officer
Alisha Davies (for item PHW35/2018) (12:30 – 12:45hours)	(AD)	Head of Research and Development
Mariana Dyakova (for item PHW35/2018) (12:30 – 12:45hours)	(MD)	Consultant in Public Health
Lauren Ellis (for item PHW35/2018) (12:30 – 12:45hours)	(LE)	Senior Project Manager
Lucy Fagan (for item PHW35/2018) (12:30 – 12:45hours)	(LF)	Programme Delivery Manager
Anthony Veale (for item PHW40/2018) (14:00 – 14:30hours)	(AV)	Wales Audit Office

Observers

Leah Morantz (11:45-		Head of Communications
Carwyn Williams		Web Officer, Communications
Tim Williams (13:30 – 14:00hours)		Assistant Director of Organisational Development
Laura Overton (09:30 – 12:30hours)		Communications Officer

Secretariat:

| Cathie Steele | (CS) | Deputy Board Secretary |

Apologies:

| Claire Lewis | (CL) | Representative of Staff Partnership
Forum |

The meeting commenced at 09:30

PHW24/2018   Welcome

Jan Williams (JW), as Chair of Public Health Wales, opened the meeting and welcomed all present.

PHW25/2018   Apologies and Introductions

Apologies for absence were **noted.**

JW noted that the Board meeting was streaming live via the Facebook platform. She reminded Board members of the expected board etiquette.

PHW26/2018   Declarations of interest

There were no declarations of interest.

PHW27/2018   Listening to Parents: parent experience and need for support in the First 1000 Days

The Board **received** a presentation entitled "Listening to Parents: parent experience and need for support in the First 1000 Days" from Julie Bishop (JB), Director of Health Improvement/Consultant in Public Health, and Amy McNaughton (AMc), Consultant in Public Health.

JB noted that the *First 1,000 days programme* was the first programme of work arising out of the Cymru Well Wales partnership. The programme aimed to improve outcomes of pregnancy, support children in achieving developmental milestones by the age of two and reduce Adverse Childhood Experiences (ACEs). She noted that the experiences of parents were critical to the success of the programme.

AMc highlighted the following aspects of the parental insights project:
- Focus groups and interviews held with 141 parents of whom 85 were in contact with more specialist services, for example substance misuse services.
- The overriding message was that all the parents wanted to give their children the best of what they had.
- The key themes were:
  - Mental health and wellbeing
    - Parents need a trusting relationship and continuity of care with those providing support to feel confident and able to ask for help.
    - Regimental nature of midwifery services was identified as a issue and potential barrier.

       o Social circumstances (which varied between families) including financial pressures, concerns about housing, concerns about social isolation (especially in Black and Minority Ethnic [BME] groups) and the importance of maintaining links for families involved in the Criminal Justice System.

       o Sources of parental information and the size of the Bump, Baby and Beyond information.

       o ACE Enquiry
          ▪ Method must be non-judgemental and rationale for enquiry provided
          ▪ The intergenerational experience of ACEs
          ▪ Importance of taking forward the responses to the ACEs research including support through a proper programme of evaluation.

The Board noted the:
- Summary report shared with partners and professional partners.
- Link with the review of stillbirth and support.
- Cultural clash between advice from family members and health professionals.
- Complexity of the support system, including front line staff having the time to build relationships, and Health Board capacity and challenges.
- Challenges in embedding local solutions that reflected "parents practicalities of life issues" and that brought all patients together.
- Link with strategic priority six within the draft Integrated Medium Term Plan and the need for creation of an effective long-term service, potentially without sufficient resource.

JW thanked JB and AMc for their insightful presentation.

The Board **agreed** to receive the report and the presentation outside the meeting.
Action: MW/CS

Julie Bishop and Amy McNaughton left the meeting (10:10 hours)

PHW28/2018   Minutes and action from the previous meeting

a)   Minutes from the 25 January 2018 Board meeting

The Board **approved** the minutes (ref 03a.270318) as an accurate record of the meeting.

b)   Board Action Log

The Board **noted** the Action Log (ref 03b.270318) and **received** the following updates:

25.01.18/PHW04/2018 – Time for Physical Activity (Health and Wellbeing)
The Board **remitted** oversight of the implementation of the project to the People and Organisational Development Committee.
Action: TR/PB

25.01.18/PHW07/2018 – Parliamentary Review
The Board **agreed** the revised target date of 31 May 2018

30.11.17/PHW98/2017 – Declaration of Interest Policy and Procedure: "User Friendly" version
The Board **noted** that the Corporate Governance Team had developed a "User Friendly" web version of the policy and procedure in conjunction with the Communication Team.

30.11.17/PHW102/2017 – IANPHI report
The Board **noted** that the Executive Team had received the draft report and had submitted points of accuracy to the authors. The Board **agreed** to receive the final approved report when available.

Actions for closure
JW **noted** the actions assigned to Committees of the Board. The Committee Chairs **agreed**, with the Lead Executive and Committee Secretariat, to include these actions in the Committee work plans for 2018/19. The regular Chairs' reports would also provide an opportunity to keep the Board sighted on these matters.
Action: Committee Chairs/Lead Executive/Committee Secretariat

JW **noted** the intention to change to a 'live' action log, which would provide update on items between Board meetings.

c)   Matters Arising
Meetings with Cabinet Secretaries and Ministers
JW reported on the meetings held with a number of Cabinet Secretaries and Ministers. She noted that further meetings were scheduled. The Cabinet Secretary for Health and Social Services had receive an update and would meet with JW and TC, once meetings all meetings had been held.

TC reported that the meetings held so far had reinforced the strong recognition and appetite for support from Public Health Wales; she was, however, mindful of the need to consider how to reflect this within the current work programme and priorities of the organisation.

PHW29/2018   Chief Executive's report

The Board **received** the Chief Executive's Report (ref 04.270318).

TC also advised the Board that:
- In addition to the staff mentioned in the item regarding the launch of the new Pathogen Genomics Unit, the contributions of Tom O'Connor from Cardiff University should also be recognised.
- Due to adverse weather Public Health Wales staff could only attend the PENNA Awards for a short time and none of the children and young people were able to attend to receive the award gained for the Children and Young People's Annual Quality Statement. The award would be presented instead at a Public Health Wales event.
- Each Local Health Board, at their March Board meetings, would consider the recommendations for the south Wales Trauma Network. The Public Health Wales Board secretariat had circulated the report to Board members for information.

Mark Bellis, Director of Policy, Research and International Development reported that he was delighted to announce that Public Health Wales had become a World Health Organisation (WHO) Collaborating Centre on Investment for Health and Wellbeing. He noted that some members of the Policy, Research and International Development Directorate team would be joining the Board later in the meeting. The Board **agreed** to consider the opportunities arising from the collaboration at a future development session.
Action: JW/PB

In addition to the items specifically mentioned the report also provided information regarding the:
- First United Kingdom Falls Summit held on the 28 February 2018
- Public Health Wales membership of the All Wales Criminal Justice Board
- Development of Quality and Impact Indicators within the organisation.

PHW30/2018   Performance Report

The Board **received** the Performance Report (ref 05.270318)

Huw George (HG), Deputy Chief Executive and Executive Director of Finance and Operations, introduced the report. He noted that:
- The Board could take assurance from the strong performance across a number of areas including finance and performance improvement within Breast Test Wales and other screening services. He also noted that the number of compliments outweighed the number of complaints.
- The concerns around the wider screening issues remained.

QS provided the Board with further information about the screening position within south west Wales.   He noted that a report would be prepared for consideration at the next Business Executive Team meeting.

Phil Bushby (PB), Director People and Organisational Development provided the Board with further information on:
- Statutory and Mandatory training
- Turnover and absence. He reported that a Business Executive Team meeting had considered the issue and the Executive would be undertaking a further deep dive.
- Sickness absence rate

HG confirmed that the financial section of current report reflected the learning from the good practice highlighted by PricewaterhouseCooper (PwC) within organisations in financial difficulty. He noted that future reports would include further detail on the investments made in year.

The Board **noted** and **discussed**:
- The previous discussions held about recruiting colonoscopists.
- Whether turnover would be higher in the future as societal attitudes to work and long-term employment changed.
- Sickness and absence rates. PB **agreed** to provide further information to the Local Partnership Forum for discussion. TR **agreed** that the People and Organisational Development Committee would also consider the information.

Action: PB/TR
- The all Wales tobacco control measures. Chrissie Pickin (CP), Director of Health and Wellbeing **agreed** to link with Welsh Government colleagues to move the issue forward.

Action: CP

In summing up, JW thanked HG and the team for the work to progress development of an integrated performance report.

PHW31/2018   Board Assurance Framework Update

The Board **received** the Board Assurance Framework Update Report (ref 06.270318). In receiving the report, the Board **noted** the prior agreement to review the format of the Board Assurance Framework following the launch of the new strategy.

The Board:
- **Noted** the amendments and updates provided since the Board meeting held on 25 January 2018.
- **Approved** the revised "action due dates" as indicated in the table.
- **Noted** the addition of an action relating to implementation of the findings of the Internal Audit Review: Raising Concerns.

PHW32/2018   Public Health Wales Stocktake: Final Report

The Board **received** the Public Health Wales Stocktake: Final Report (ref 09.270318).

In introducing the report, TC noted the:
- Comprehensive and considerable engagement whilst gathering the information for the stocktake.
- Circulation of a number of draft versions prior to agreement of the final report.
- Action underway already to address a number of the recommendations. Welsh Government had not proposed, at this time, a methodology for reporting of actions.

Kate Eden (KE), Vice Chair noted the positive learning from the management of the actions to address the Wales Audit Office recommendations. The methodology used by HG was an effective approach to oversight and tracking of the actions.

The Board **remitted** oversight of the implementation of the action plan to the Audit and Corporate Governance Committee.
Action: KE/HG/MW

PHW33/2018   Cymru Well Wales Partnership Progress Report

The Board **received** the Cymru Well Wales Partnership Progress Report (ref 10.270318).

JW noted the additional information that the Board secretariat had shared with Board members in advance of the meeting.

In introducing the report, TC noted:
- The reason why the Terms of Reference shared for supporting information were draft. This was due to the name change from United in Improving Health to Cymru Well Wales and the amendment recognised this change.
- She co-chaired the strategic partnership group is co-chaired with Steve Thomas from the Welsh Local Government Association (WLGA).
- The three priority programmes:
  - First 1,000 days. The Programme Board for First 1,000 days reported into Cymru Well Wales
  - ACEs. Funding received from three Welsh Government Cabinet Departments allowed for the formation of the ACE Support Hub, which is hosted by Public Health Wales and reports to Cymru Well Wales.

   o Employability. This work stream had not progressed and Cymru Well Wales would be asked to consider an alternative programme at the next meeting.
- The Internal Audit review underway to consider the Public Health Wales governance requirements linked to its relationship with the ACE Hub.

The Board discussed:
- The application for membership and suggested targeting third sector organisations.
- The proposed review of members to ensure that all met the partnership criteria.
- The further information regarding the governance arrangements to be received by the Audit and Corporate Governance Committee with the Internal Audit report.

The Board **received** assurance on the partnership arrangements with Cymru Well Wales. The Board **remitted** oversight of assurance and governance arrangements to the Audit and Corporate Governance Committee
Action: KE/CT/MW

The Board broke at 10:55 and reconvened at 11:10

PHW34/2018 Integrated Medium Term Plan and Well-Being Statement

Sumina Azam and Chris Orr joined the meeting (11:10)

The Board **received** the Integrated Medium Term Plan and Well-Being Statement for 2018/19-2020/21 (ref 07.270318).

HG presented the report, noting the context and journey including the:
- Intention of Welsh Government to publish the NHS strategy in June 2018.
- Submission of the draft Integrated Medium Term Plan (IMTP) to Welsh Government following the January Board meeting. Welsh Government had provided feedback, which included a request to include milestones and product plan details.
- Significant cross-departmental working undertaken in developing the IMTP. HG thanked his team and those who had engaged in the development process.
- Update to priority 5 that QS had been finalising through the week. The Board received a hard copy of this priority.
- The production of an easy read document once Welsh Government had approved the IMTP. HG noted Welsh Government feedback timeline of June 2018.

Leah Morantz joined the meeting (11:45hours)

The Board discussed the draft IMTP and Well-Being Statement. There were no questions or comments relating to part 1 or 2 of the IMTP. The Board discussed each priority in turn and the Executive Lead or appropriate Director provided points of clarification. The Board proposed changes for consideration and **agreed** that Christopher Orr (CO), Business Planning Manager would circulate a collated list of amendments outside the meeting.
Action: HG/CO

The Board broke discussions on this item

Chris Orr and Laura Overton left the meeting (12:40)

PHW35/2018   WHO Collaborating Centre Status

Elodie Bresner, Alisha Davies, Mariana Dyakova, Lauren Ellis and Lucy Fagan joined the meeting (12:40hours)

Representatives from the PRID Senior Management Team and International Team joined the meeting.

The Board **received** an oral update on the Public Health Wales being designated as a World Health Organisation (WHO) Collaborating Centre.

On behalf of Board, JW congratulated the team and expressed the Board's pride in this exceptional achievement.

MB noted that the team members present were representative of the team of over 60 members of staff, who had worked hard to achieve the status.

Mariana Dyakova (MD), Consultant in Public Health provided further detail on the process to gain the status. She reported that Public Health Wales was the first WHO Collaborating Centre on Investment for Health and Well-being in the world. The Board **agreed** to receive further information outside the meeting.
Action: MB/MD

Elodie Bresner, Alisha Davies, Mariana Dyakova, Lauren Ellis and Lucy Fagan left the meeting (12:45hours)

The Board broke for lunch at 12:45 and reconvened at 13:30

PHW34/2018 continued   Integrated Medium Term Plan and Wellbeing Statement

Tim Williams joined the meeting (13:30hours)

HG reminded the Board of a summary of the considerations prior to the break. The Board discussions on the draft IMTP and Well-Being Statement continued.

Sumina Azam left the meeting (13:45)

HG provided the Board with a summary of the next steps including the changes to the IMTP and Well-Being Statement and the submission to Welsh Government.

The Board:
- **Noted** that the IMTP and Well-Being Statement had been developed as the first 3 years of the Long Term Strategy and had been prepared in accordance with all relevant guidance
- **Noted** that the associated financial plan complied with the Statutory duty to break even
- **Noted** that the submission complied with relevant guidance
- **Scrutinised** the plan and associated actions, milestones and resource implications
- **Approved** the submission of the IMTP and Well-Being Statement, subject to changes discussed, to the Welsh Government on 29 March with an enclosed letter setting out specific issues, which the Board wished to make.

The Board Members recognised the significant amount of work undertaken in developing the IMTP and Well-Being Statement. JW summarised a number of issues that Board Members had asked to include in the covering letter to Welsh Government.

HG and Leah Morantz (LM), Head of Communications provided the Board with an overview of the internal communications undertaken and the future communication plans. The Board noted the plans around external communication of the IMTP and Well-Being Statement to coincide with Welsh Government approval of the IMTP and Well-Being Statement. TC reported that implementation of the IMTP and Wellbeing Statement would commence on submission to Welsh Government.

Tim Williams left the meeting (14:00hours)

PHW36/2018   Microbiology Services: next steps

The Board **received** the Microbiology Services: next steps report (ref 08.270318).

In introducing the report, QS noted the:
- Presentation of the report in response to current challenges in microbiology services.
- Challenges including availability of the consultant microbiological and biomedical workforce. QS noted that the service continued to

- modernise despite the workforce challenges and that all staff were committed to service development and service modernisation.
- Senior Management Team was now organised in way that it could better respond to challenges.
- Meeting between members of the Senior Management Team and staff and the urgent action taken to stabilise the service.
- Meeting between the Senior Management Team and four senior executives to discuss moving forward with the challenges
- Need to modernise and the need for a new infection model for Wales.
- Additional resource required to support and develop the service.
- Capacity of senior staff within the service to find the time to undertake essential management and staff development activities and to redefine the longer-term model for the service.
- Estates issues.
- Business model including the ongoing issues in terms of relationships with Local Health Boards.

TC noted that this was an issue that had been considered for some time, but that there had been difficulty stabilising the service. She noted that staff were working incredibly hard to keep the service going.

TC noted that HG and team were working with colleagues within the Local Health Boards to address the estates issues.

Stephanie Wilkins (SW), Representative from the Staff Side Forum, noted that she worked as a biomedical scientist and that the report reflected the current position. She highlighted the significant clinical risks. She also wished to assure the Board that the organisation was working in partnership with the staff to help resolve the issues.

The Board discussed the report and echoed the concerns raised. The Board noted the limited resources, the need for prioritisation and that the Executive Team had been identified the service issue as a priority.

Anthony Veale joined the meeting (14:30)

JW echoed the Board appreciation for the report, which explained the issues that needed consideration by the Board. She noted that the consensus around the Board on the need for the short, medium and long term planning requirements set out in the paper.

TC noted that a stabilisation plan had been developed which would be taken forward. She also noted that she would chair the Transformation Programme Board, which was a priority.

The Board **approved** the course of action set out in the report. The Board **remitted** ongoing oversight of the proposed actions to the People and

Organisational Committee and the Quality, Safety and Improvement Committee**.**
Action: TR/PB
Action: KE/SB/QS

The Board **agreed** to receive a further report at the November meeting.
Action: QS

PHW37/2018 Public Health, Policing and Criminal Justice Partnership Agreement: Working Together To Build Resilience Through A Public Health Approach To Policing And Criminal Justice In Wales

The Board **received** the Public Health, Policing and Criminal Justice Partnership Agreement: Working Together To Build Resilience Through A Public Health Approach To Policing And Criminal Justice In Wales Report (ref 11.270318).

In introducing the documents, MB noted the limitation of the previous partnership agreement to an agreement between South Wales Police and Public Health Wales. He reported that the proposed joint agreement moved to an all Wales footprint with all Welsh police forces and other partners, including the Youth Service and the Criminal Justice Service.

JW confirmed that she and TC would sign the agreement on behalf of organisation rather than as individuals.

The Board **approved** the Public Health, Policing and Criminal Justice Partnership Agreement.

PHW38/2018   Health and Safety Policy

The Board **received** the Health and Safety Policy (ref 12.270318).

HG reported that no major changes were required to the version the Board approved in 2017. He proposed that the Board approve the policy with a three-year review period.

SW noted that, whilst the cover report stated that no comments had been received during consultation, she was aware that one staff side representative had commented. CS confirmed that these had been received after the cover report had been written, and did not affect the document presented for approval.

The Board **approved** the Health and Safety Policy and **approved** the Health and Safety Policy statement for the Chief Executive to date and sign.

PHW39/2018   Collaborative Leadership Forum: Terms of Reference

The Board **received** the Collaborative Leadership Forum Terms of Reference (ref 13.270318).

In introducing the documents, MW noted one change to the terms of reference regarding the inclusion of Special Health Authorities as members. This was required to reflect the establishment of Health Education and Improvement Wales.

The Board **approved** the Collaborative Leadership Forum Terms of Reference.

PHW40/2018   Wales Audit Office Annual Audit Report 2017

The Board **received** the Wales Audit Office Annual Audit Report 2017 (ref 14.270318).

JW welcomed Anthony Veale to the Board.

In introducing the documents, Anthony Veale (AV), Wales Audit Office noted the:
- Report covered the length and breadth of work for calendar year 2017.
- Financial audit of accounts had highlighted no significant issues.
- Progress had been made against the previous year's recommendations.

The Board noted that the Audit and Corporate Governance Committee had received and considered the report. Judi Rhys (JR), Non-Executive Director reported that, as acting Chair of the Committee, she had no issues to highlight.

The Board **approved** the Wales Audit Office Annual Audit Report 2017.

PHW41/2018   Approved minutes from Committee Meetings

The Board **received** the approved minutes from the (ref 15.250118):

- Audit and Corporate Governance Committee meeting of 12 December 2017.
- People and Organisational Development Committee meeting of 19 October 2017.
- Quality, Safety and Improvement Committee meeting of 13 November 2017.

The Chair invited the Committee Chairs to bring any specific matters to the attention of the Board.

Audit and Corporate Governance Committee

Judi Rhys (JR), Non-Executive Director, reported that she had, on behalf of KE, acted as Chair of the Audit and Corporate Governance Committee held on 13 March 2018. She reported that the Committee had considered:
- External Audit progress report.
- Annual Audit report
- 2018 Audit Plans

People and Organisational Development Committee
Terence Rose (TR), Non-Executive Director and Chair of the People and Organisational Development Committee noted that there was nothing specific he wished to raise. He noted that he had discussed the Committee Work Plan with PB and that an agenda-planning meeting was scheduled to follow the Board meeting.

Quality, Safety and Improvement Committee
Kate Eden, Non-Executive Director, reported that the Committee had held a full day meeting in November 2017. The additional morning session allowed the consideration of annual reports.

Anthony Veale left the meeting

PHW42/2018   Items for Noting

The Board **received** the following items for noting:
- NHS Wales Shared Services Partnership Assurance Report: 16 November 2017 (ref 16a.270318)
- Collaborative Leadership Forum: 11 December 2017 (ref 16b.270318)

PHW43/2018   Any Other Urgent Business

There were no further items of urgent business to discuss.

In closing the public meeting, JW reported that Alison Ward and Dyfed Edwards had been appointed as Non-Executive Directors (job-share) and that Judi Rhys' appointment as Non-Executive Director had been extended for a further two years.

PHW44/2018   Date and time of next meeting

Date of Special Meeting of the Board to consider end of year reports: 30 May 2018
Venue: Room 3/2, Public Health Wales, No 2 Capital Quarter

Date of Next Formal Meeting of the Board: 31 May 2018
Venue: Room 3/7, Public Health Wales, No 2 Capital Quarter

The Public Session closed at 14:45hours

The Board met in Private Session to consider business of a confidential nature, publicity of which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960. A summary of the items discussed are recorded below:

Private Session
PHW45/2018   Welcome and Apologies
Jan Williams (JW), as Chair of Public Health Wales, opened the meeting and welcomed all present. Apologies for absence were noted.
PHW46/2018   Declarations of Interest
Sian Bolton declared an interest in the report and minutes presented from the Remuneration and Terms of Service Committee and the Board **agreed** that she would leave the meeting for these items.
PHW47/2018   Minutes and Action Log from Previous meeting
a)   Minutes of the Private Board meeting from 25 January 2018 The Board **approved** the minutes (ref 02a.Private.270318) as an accurate account of the meetings. **b)   Action Log** The Board **received** the action log (ref 02b.Private.270318) and **noted** that all items were complete. **c)   Matters Arising** There were no matters arising.
PHW48/2018   Implementation of Faecal Immuno-chemical Testing as the screening test for Bowel Screening Programme in Wales - Information to Public Health Wales Board prior to introduction
The Board **received** the report on the Implementation of Faecal Immuno-chemical Testing as the screening test for Bowel Screening Programme (ref 03.Private.270318).

The Board **agreed** the Contract Acceptance Document.

PHW49/2018 Update on Compensation Claim – CHQ-CN-WO16

The Board **received** an additional agenda item on a compensation claim (ref 06.Private.270318). The Board secretariat circulated the report electronically to the Board on 26 March 2018; hard copies of the report were available at the meeting.

The Board **approved** the recommendations stated within the report.

Sian Bolton left the meeting at this point

PHW50/2018 Report from Remuneration and Terms of Service Committee Meetings – 25 January 2018 and 13 March 2018

The Board **received** a report from Remuneration and Terms of Service Committee (ref 04.Private.270318)

The Board **ratified** the two decisions made by the Committee at the meetings held on 25 January 2018 and 13 March 2018.

PHW51/2018 Approved Minutes from Committee Meetings held in Private

The Board **received** the approved minutes from the following Committee meetings held in private session (ref 05.270318):

- Remuneration and Terms of Service Committee meetings held on 14 December 2017 and 25 January 2018.
- Quality, Safety and Improvement Committee meeting of 23 November 2017.

The Board **received assurance** that the Quality, Safety and Improvement Committee was monitoring the investigation and actions taken following the serious incident reference 138902JANUARY18.

The Chair invited the Committee Chairs to bring any specific matters to the attention of the Board. The Committee Chairs had no issues to raise.

PHW52/2018 Any other business

The Board received two oral updates as matters for information:
- Appointment of the Director of Screening
- Multi-agency major incident desktop exercise

RAG Rating Guide

Red	Red - Action date passed - action not complete
Orange	Orange - Action not on target for completion by agreed/revised date
Yellow	Yellow - Action on target to be completed by agreed/revised date
Green	Green- Action complete
Blue	Blue - Action to be removed and replaced by subsequent action

Meeting	Action Ref/Date Raised	Action	Update	Original Target Date	Revised Target Date	RAG Rating	Lead	Status (Open or Complete)
Board Meeting	27.03.18/PHW30/2018	To provide further information regarding sickness and absence to the Local Partnership Forum for discussion	Update 23.05.18: to report at the Local Partnership Forum	31.07.2018			PB	Open
Board Meeting	25.01.18/PHW14/2018	To consider the organisational response to the Parliamentary Review at the February Board Development Session	06.03.18 The Chair and Chief Executive are currently engaging in meetings with Welsh Government Officials and Cabinet Secretaries/Ministers. This will help inform an organisational response to the Parliamentary Review which will be prepared when these meetings have been concluded.

27.03.18 Board agreed the revised target date of 31 May 2018 | 15.02.18 | 31.05.18 | | TC | Open |
| Board Meeting | 30.11.17/PHW102/2017 | Report following the review by IANPHI to be received at Board meeting, when available | 16.01.18 Report following the review by IANPHI has not been received at time of publishing papers for Board. 06.03.18 First draft report received and comments provided by Executive for collation and sharing with the Peer Review Team. | 27.03.18 | | | QS | Open |
| **Completed actions to be approved by the Board** | | | | | | | | |
| Board Meeting | 27.03.18/PHW27/2018 | "Listening to Parents: parent experience and need for support in the First 1000 Days"
To review the report and presentation outside of the meeting | Update 01.05.18: Shared with Board | 01.05.2018 | | | MW/CS | Complete |
Board Meeting	27.03.18/PHW28/2018	To ensure that the P&ODC oversees the implementation of Time for Physical Activity (25.01.18/PHW04/2018) project	Update 18.04.18: Added to Committee Work Plan by secretariat	30.04.2018			PB	Complete
Board Meeting	27.03.18/PHW29/2018	To consider, at a future development session, the opportunities arising from the World Health Organisation (WHO) Collaborating Centre on Investment for Health and Wellbeing	Update 18.04.18: Added to Board Development Work Plan	30.05.2018			PB	Complete
Board Meeting	27.03.18/PHW30/2018	To link with Welsh Government colleagues to move the all Wales tobacco control measures issues forward	Update 23.05.18: Discussion with Welsh Government colleagues. Action plan shared with Board	30.05.2018			CP	Complete
Board Meeting	27.03.18/PHW30/2018	People and Organisational Development Committee to consider the sickness and absence information provided to Local Partnership Forum	Update 18.04.18: Added to Committee Work Plan by secretariat	30.05.2018			PB	Complete
Board Meeting	27.03.18/PHW32/2018	Audit and Corporate Governance Committee to oversee the implementation of the Public Health Wales Stocktake Action Plan	Update 18.04.18: Added to Committee Work Plan by secretariat	30.05.2018			HG	Complete
Board Meeting	27.03.18/PHW33/2018	Audit and Corporate Governance Committee to oversee the assurance and governance arrangements of the Cymru Well Wales Partnership to the Audit and Corporate Governance Committee	Update 18.04.18: Added to Committee Work Plan by secretariat	30.05.2018			HG	Complete
Board Meeting	27.03.18/PHW34/2018	To circulate a collated list of amendments to the draft IMTP outside the meeting	Completed by Chris Orr	30.04.2018			HG	Complete

Meeting	Action Ref/Date Raised	Action	Update	Original Target Date	Revised Target Date	RAG Rating	Lead	Status (Open or Complete)
Board Meeting	27.03.18/PHW35/2018	To provide further information on the WHO Collaborating Centre on Investment for Health and Well-being to Board outside the meeting	Completed by Mariana Dyakova	01.05.2018			MB	Complete
Board Meeting	27.03.18/PHW36/2018	People and Organisational Development Committee to oversee the actions rrelating to the areas within it's remit within the Microbiology Services Action Plan	Update 23.05.18: Added to Committee Work Plan by secretariat	30.05.2018			PB	Complete
Board Meeting	27.03.18/PHW36/2018	Quality, Safety and Improvement Committee to oversee the actions relating to the areas within it's remit within the Microbiology Services Action Plan	Update 23.05.18: Added to Committee Work Plan by secretariat	30.05.2018			SB	Complete
Board Meeting	27.03.18/PHW36/2018	To provide a further report on Microbiology Services	Update 18.04.18: Added to Board Work Plan by secretariat	29.11.2018			QS	Complete
Board Meeting	25.01.18/PHW04/2018	To build an evaluation programme and introduce the pledge for a incremental introduction of one hour per week for health and wellbeing activities.	28.02.18 MB has asked Dr Catherine Sharp and Dr Kat Ford to work on the analysis of this programme. Dr Catherine Sharp and Dr Kat Ford to work with Tim Williams and PB to ensure that this tool aligns to other wellbeing actions. See new action PHW28/2018	27.03.18			MB	Complete
Board Meeting	25.01.18/PHW05/2018	To write to Welsh Government to ensure that the views of Public Health Wales are clear [Tobacco Control Measures]	See new action PHW28/2018	27.03.18			TC	Complete
Board Meeting	25.01.18/PHW07/2018	To determine the format for information presented to Board (within the Integrated Performance Report) regarding Research and Development, to meet the Welsh Government requirements	Work underway to ensure R&D data is included within a future iteration of the integrated performance report. R&D Annual Report also added to the Quality, Safety and Improvement Committee work plan for 2018-19.				MB	Complete
Board Meeting	25.01.18/PHW11/2018	To consider the authority to approve the entering into and signing of agreements and to seek approval of the additions at a future Board (Scheme of Delegation)	16.03.18 Meeting held between Corporate Governance and Finance. Revision proposed and work underway to update the relevant of the Scheme of Delegation.	31.05.18			MW	Complete
Board Meeting	30.11.17/PHW98/2017	To develop a short "user friendly" synopsis of the policy and procedure to assist staff (Declaration of Interest Policy and Procedure)	16.01.18 Work is underway to develop the user friendly synopsis. 16.02.18 - Meeting held with Comms Team. Webpage to be developed which will split the policy and procedure into short "user friendly" sections. This method has been used with a People Policy and the method has received good feedback from users. 27.03.18 Board agreed the revised target date of 30 April 2018 23.05.18 Final web version agreed.	31.01.18	30.04.18		MW	Complete

		Name of Meeting Board **Date of Meeting** 31 May 2018 **Agenda item:** 5

Report of the Chief Executive May 2018

Executive lead:	Tracey Cooper, Chief Executive
Author:	Tracey Cooper, Chief Executive

Purpose
To provide a concise summary of activity of the Chief Executive, and key developments across the organisation, during April and May 2018.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	RECEIVE FOR INFORMATION ☒
The Board is asked to: • **Receive** this report for information				

1   UKAS Accreditation of our Screening Division Laboratory, Magden Park

During September 2018, the Screening Division Laboratory based at Magden Park was assessed by the United Kingdom Accreditation Service (UKAS). This assessment was undertaken by six assessors who visited the laboratory over a three-day period over the 20, 21 and 25 September 2017.

The laboratory was assessed against International Standard ISO 15189 (Medical Laboratories) and all sections of the laboratory were assessed (i.e. bowel screening cervical cytology processing, screening and reporting and HPV testing), and the overarching laboratory quality management system.

The initial feedback from the assessors at the time of the inspection indicated that the laboratory was performing to a high standard with some areas needing minor attention before UKAS accreditation could be granted. All areas were subsequently addressed and the laboratory was granted full UKAS accreditation on 8 May 2018.

This is an excellent achievement by the Team, which has followed a substantial amount of focused work. I would like to take the opportunity to congratulate the Team on achieving the accreditation across a wide range of activities.

2   Designation as a World Health Organization Collaborating Centre on Investment for Health and Well-being

The World Health Organization (WHO) has designated Public Health Wales' Policy, Research and International Development Directorate as the first WHO Collaborating Centre on 'Investment for Health and Well-being'. This Collaborating Centre will join a network of over 700 collaborating centres covering different health topics and based in 80 countries worldwide.

This milestone achievement recognises Public Health Wales as a world leading, globally responsible authority on supporting investment in people's health and well-being, and driving sustainable development.

It marks a major step in an ongoing long-term partnership with the WHO, gaining Public Health Wales a leading role in the global health and sustainable development agenda.

As part of a four-year programme of work with the WHO, the collaborating centre will develop, collect and share new information on how best to invest for better health, reduce inequalities and build stronger communities in Wales, Europe and worldwide.

It will support Wales to implement the *United Nations 2030 Agenda on Sustainable Development* and its world-leading national equivalent, *the Well-being of Future Generations (Wales) Act*.

As well as raising the profile of Public Health Wales on the global stage, designation as a collaborating centre is expected to benefit staff across the organisation, the wider NHS and Wales as a nation.

The WHO programme of work will provide opportunities for staff to become actively involved in international networks, attract expertise and forge new collaborative partnerships, as well as provide a platform from which to share learning and generate resources.

Mark Bellis, Director of Policy, Research and International Development will be the Director of the new WHO Collaborating Centre.

I would like to thank Mark, Mariana Dyakova and the rest of our Policy, Research and International Development Team – together with others from across the organisation, for doing such an excellent job in achieving this prestigious designation.

A formal launch of the new collaborating centre will take place on the 14 June 2018.

3   Meetings with Cabinet Secretaries and Ministers

Both the Chairperson and I have continued the current phase of meetings with Cabinet Secretaries and Ministers. Since the last Board, meeting we have met with the Minister for Housing and Regeneration, during which we were joined by Stuart Ropke, Chief Executive of Community Housing Cymru. We have also met with the Minister for Welsh Language and Lifelong Learning and also the Cabinet Secretary for Education together with the Minister for Children, Older People and Social Care.

These have all been extremely constructive meetings for the purpose of introducing our work, briefing them on our new strategic priorities and discussing common areas of focus with their respective portfolio areas.

4   Five Year Anniversary for our Abdominal Aortic Aneurysm National Screening Programme

The Wales Abdominal Aortic Aneurysm Screening Programme is celebrating its fifth birthday this month with a series of events across the country. The birthday parties will feature stories from men whose lives have been saved.

The Wales Abdominal Aortic Aneurysm (AAA) Screening Programme was the first male-only national screening programme. The programme invites men at the age of 65 years and, since the launch on 1 May 2013, four out of five men (80%) have attended for their AAA screening ultrasound scan. Between May 2013 and March 2018, the programme screened more than 75,500 men and detected 905 abdominal aortic aneurysms (AAA).

I would like to take the opportunity of thanking our wonderful AAA screening team across Wales who provide an extremely professional, person-centred programme which has had a significant impact on the lives of men in Wales.

5   Celebrating the 10ᵗʰ Anniversary of the 1000 Lives Improvement Service

In April we celebrated the 10ᵗʰ anniversary of the '1000 Lives Campaign' which was launched in Wales in 2008. 1000 Lives Improvement has a national role in fostering a culture of continuous improvement and was introduced into every health board and trust, setting a challenge to make a difference in Welsh hospitals within two years. The Campaign's achievements provided a solid foundation for the national 1000 Lives Improvement service now delivered by Public Health Wales.

Since 2008, sustainable changes have been made in many areas. There is still some way to go, but a culture of quality improvement and reducing harm for patients is being embedded into clinical practice - it is becoming the norm for everyone in NHS Wales. That is a strong lasting legacy for any campaign.

This reflects a significant amount of work that has been undertaken by our 1000 Lives Team – both former members and current members. The brand has a strong international recognition and has gone from strength to strength. Over the last few years, our excellent team has become increasingly focused on what the greatest impact is for their work and this will continue in the coming years.

It is timely to be celebrating the 10ᵗʰ anniversary of the work of the Team given that our current Director of Quality Improvement and Patient Safety/Director of 1000 Lives Improvement Service, Aidan Fowler, will be moving on to take up a similar national role in the NHS in England. Aidan will be leaving us in July and, in this final Board meeting for him, I would like to express my sincere thanks for his expertise, leadership and passion in continuing to drive the work of the team over the last few years and helping the NHS improve the outcomes and experience for patients. We wish him well in his new role and look forward to working with him as part of the wider quality improvement network.

6   Executive to Executive Meeting with Public Health England

We had the latest in our series of twice-yearly Executive-to-Executive Team meetings with Public Health England on Friday 11 June. These are extremely helpful meetings during which we discuss focused areas of our respective work programmes and also share areas of common interest. The discussions at this meeting included a general update from each organisation, preparations for the European Union Transition and the development of each respective organisation's new strategies. These meetings continue to forge close working arrangements between the two organisations.

7   Membership of the United Kingdom Serious Violence Task Force

On the 9 April 2018, the then United Kingdom (UK) Government Home Secretary published the Serious Violence Strategy. The work of Public Health Wales, in relation to a prevention-based approach to violence and crime, is referenced within the strategy with a particular focus on the adverse childhood experience research and collaborative partnership with policing and criminal justice in Wales.

Following the publication of the Strategy, the then Home Secretary established a Serious Violence Taskforce with the purpose of overseeing the implementation of the strategy. We were formally invited to be members of the Taskforce and the first meeting took place on the 26 April. Public Health England is also a member of the Taskforce and we will work closely with them in relation to the public health elements of the work.

8   Recommendation

The Board is asked to:

- **Receive** this report for information.

April 2018
Performance Report

Authors: Huw George, Deputy Chief Executive and Director of Operations and Finance; Phil Bushby, Director of People and Organisational Development; Sian Bolton, Acting Director of Quality Nursing and Other Allied Health Professionals; Angela Fisher, Deputy Director of Finance; Mark Bellis, Director of Policy, Research and International Development; Ioan Francis, Head of Performance	
Date: 27 April 2018	**Version:** 1b
Sponsoring Executive Director: Huw George	
Who will present: Huw George	
Date of Board meeting:	
Committee/Groups that have received or considered this paper: Executive Team	

The Board / Committee are asked to:	
Approve the recommendation(s) proposed in the paper	√
Discuss and scrutinise the paper and provide feedback and comments	√
Receive the paper for information only	

Link to Public Health Wales commitment and priorities for action:				
				√
Priorities for action		include relevant priority for action(s)		

1   Introduction and Purpose

1.1   The purpose of this report is to provide an update on Public Health Wales' performance, including against:

- public health indicators within the NHS Wales Delivery Framework
- key service indicators
- progress against our operational plan 2017/8
- progress against our wellbeing objectives for 2017/18

1.2   An overview of performance indicators, including those that relate to public health within the NHS Delivery Framework, is provided within our monthly dashboard within the Operational Performance report.

1.3   The dashboard provides a summary of progress against our key performance indicators reported for this period and includes the latest available performance information. Targets stated in the dashboard are the agreed performance trajectories within the Integrated Medium Term Plan. Trend charts have also been included throughout the report with the latest data (**blue line**) shown against the previous year (**grey line**).

1.4   This integrated report brings together the following performance reports:

- Operational performance – Huw George (page 6)
- Operational plan performance – Huw George (page 25)
- People and Organisational Development – Phil Bushby (page 46)
- Quality and impact report – Sian Bolton (page 52)
- Financial performance – Huw George (page 53)
- Wellbeing Statement and Objectives 2017/18 – Mark Bellis (page 63)

1.5   The report provides a combined picture of year end data for 2017/18 as well as month 1 performance for 2018/19. These are captured in the performance highlights and key performance issues below.

1.6   Appendix 1 in the Operational Performance Report provides an overview of the new Diabetic Eye Screening Wales (DESW) performance indicators, which are included in Screening Performance Activity Reports (SPARs) from April 2018.

Details of the proposed indicators to be reported at corporate level are set out in section 3, including the context for their selection and interpretation. Additional indicators to be reported at programme level are included in section 4.

The Board is asked to **approve** the recommendations proposed in this paper.

2   Performance Highlights

2017/18

2.1   Statutory and mandatory training compliance rates have increased month on month and have been above the All-Wales target of 85% for three consecutive months. Currently at 86.4% for March 2018, this is below our organisational target of 95% and work continues to support areas of the organisation where compliance is lowest.

2.2   End of year performance for our National Exercise Referral Scheme exceeded annual targets for 2017/18 indicators by up to 32%.

2.3   Recruitment time to hire performance for March 2018 stands at 40.8 days and has exceeded the 44 day target for the last three months.

2.4   Staff turnover rates have improved for the third successive month at 11% for March 2018, however it remains above our 10% target. In order to address high turnover rates, the People and OD team are progressing actions identified in the 'deep dive' review taken to the Executive Team in late 2017. In addition, reviews into the use of fixed term contracts and our redeployment processes are being undertaken.

2.5   Latest figures for Microbiology performance illustrates that 8 out of 12 indicators are achieving or exceeding respective organisational targets at the end of quarter 4 2017/18.

2.6   At the end of quarter 4, good progress has been made against the operational plan, with 82% of the actions (267 actions) being completed within timescales. Most progress has been made against actions supporting priority 3 (*Developing and supporting primary and community care services to improve the public's health*) and priority 5 (*Influencing policy to protect and improve health and reduce inequalities*), with 96% and 100% of actions completed within the timescale.

2018/19

2.7   The month 1 revenue position is a small surplus of £24k. Public Health Wales is currently anticipating a breakeven position, in line with the 2018/19 budget setting process and detailed work of the Integrated Medium Term Plan.

2.8   Cervical Screening waiting times from sample to test result recovered between March (68.4%) and April 2018 (75.2%) following a near 29% reduction last month. Timeliness issues remain for turnaround times within both Magden Park and Glan Clwyd laboratories, however 21 GP practices have been converted to HPV primary screening within the Cardiff area as part of the Programme's HPV mitigation plan. This reduces the cytology reporting burden on the Magden Park laboratory, with plans to convert more GP practices to HPV primary screening in Betsi Cadwaladr University Health Board.

2.9   Medical revalidation rates have been at 100% for the last three months.

3   Key Performance Issues

2017/18

3.1   Following a three month period of relative stability, latest figures for Bowel Screening waiting time for colonoscopy shows a 29% decline in performance (from 57% in February to 27.9% in March). Symptomatic services continue to be under considerable pressure and difficulties in recruiting consultant posts in Health Boards remain. Discussions with Health Board Lead Screening Colonoscopists have taken place around training and in-sourcing services to support symptomatic and screening lists (including from England).

3.2   Stop Smoking Wales number of clients that became a treated smoker remains below target levels for March 2018 (426 clients from a monthly target for March of 911 clients). At the end of 2017/18, a total of 5,076 clients had become a treated smoker from an annual target of 9,897 clients (51% target achieved).

3.3   Sickness absence annual rolling rates at the end of March 2018 remained static at 3.99%. Performance remains above the national target of 3.25%, and is higher than rates seen at the end of 2016/17 (3.62%). Monthly sickness absence rates are currently in line with those seen last year (4.37%). While short term absence remained stable at 1.6%, long term sickness absence increased from 2.6% to 2.8%. Anxiety, stress and depression remain as the highest recorded reason for absence.

3.4   Although good progress has been made against the operational plan, of the 57 actions (18%) which have not been completed, 7 of these were actions from the previous reporting year (2016/17). These actions will now be rolled forward to the next reporting year (2018/19). Less progress was made on the actions supporting strategic priority 2 (*Working across sectors to improve the future health and wellbeing of our children*) with 69% of actions being completed by the end of quarter 4, and 31% outstanding.

2018/19

3.4   Performance for Diabetic Eye Screening Wales results printed within 3 weeks reduced by over 37% during the latest reporting period. This decline was as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period as processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated immediately.

3.5   Newborn Bloodspot Screening avoidable repeat rates increased between March (3.9%) and April 2018 (5.4%), although is below levels seen at this point last year. The service continues to support Health Boards and an online film has been developed for sample takers showing the laboratory sample quality requirements and processes.

3.6   Performance against the Public Sector Payment Policy slipped slightly below the 95% target for month 1 and currently stands at 94% for all non NHS invoices paid within 30 days for April 2018.

3.7   Although agency staff expenditure decreased from £228k in March to £171k in April 2018, expenditure continues to be primarily as a result of difficulties in recruiting to key consultant microbiology posts in North Wales.

3.8   Provisional figures for Healthcare Associated Infections stabilised during the latest period, but remain above the All-Wales reduction expectation levels. The team continues to support Health Boards/ Trusts and will provide guidance around the expectations to deliver the newly set reduction expectations by the end of May 2018.

4   Wellbeing of Future Generations

4.1   Section 5 of the integrated performance report comprises an end of year update on Public Health Wales' progress and performance against the organisation's Well-being Statement and Objectives for 2017/18.

4.2   Public Health Wales published its well-being statement and objectives in March 2017 as part of its duties under the Well-being of Future Generations (WFG) Act 2015. These objectives were developed by taking a Well-being of Future Generations 'lens' to the organisation's IMTP, and each well-being objective was mapped against the contributory actions within the Operational Plan 2017/18.

4.3   Progress against our well-being objectives has been monitored by analysing the number of year one Operational Plan actions that contribute to achieving each of the well-being objectives.

4.4   Case studies have been included which provide examples of activities which contribute to achieving the well-being objectives, influencing cultural and system change whilst embedding the sustainable development principle. The Health and Sustainability Hub will continue to identify case studies to help develop an organisational narrative on progress and these will be published as part of the Public Health Wales Annual Report.

4.5   As part of the development of our new strategic plan (IMTP 2018-21), it was agreed by our Board in March 2018 that our well-being objectives must drive everything we do and become one and the same as our strategic objectives. The decision to align organisational strategic priorities and well-being objectives means that future measurement of progress and impact will be further integrated within our organisational performance monitoring processes.

Operational performance

The April 2018 performance dashboard includes updates against **40** of Public Health Wales' performance indicators (**12** indicators are red, **4** indicators are amber, **21** indicators are green and **3** indicators cannot be RAG rated).

Latest available data highlights a mixed picture of performance compared with last month. Whilst improvements have been made in some areas, there continues to be challenges to achieve or sustain agreed Public Health Wales targets and national standards across many of our services.

Key issues arising during this period

- Performance for Bowel Screening waiting time for colonoscopy has declined by over 29% between February (57%) and March 2018 (27.9%) following a period of stabilisation during the previous three months. The symptomatic service continues to be under considerable pressure and Health Boards are undertaking additional waiting list initiatives. Cancelled screening lists are continuing to be replaced with symptomatic lists in some areas. Recruitment to fill consultant posts in Health Boards continues to prove challenging, which has had an impact on the number of available endoscopy lists and bringing new candidates forward to become accredited screening colonoscopists. A meeting with Health Board Lead Screening Colonoscopists was held in April 2018 to discuss training additional Screening Colonoscopists. It was agreed that an invitation email would be sent to all WAGE (Wales Association of Gastroenterologists and Endoscopists) to gauge interest. A request from a new candidate to undertake training has been received and an assessment day is being arranged for a previous unsuccessful candidate who has undertaken mentorship sessions. Discussions are ongoing with regards to in-sourcing services to cover symptomatic and screening lists, which includes the option of using facilities in England.

- Latest figures for Breast Test Wales *assessment invitations given within 3 weeks of screen* saw a 12% decline in performance (from 91.1% in March to 78.6% in April 2018). Although performance is currently achieving internal organisational targets, the number of women in Wales invited within 21 days has now fallen below national standards, with 89 women (21.4%) experienced a delay beyond target timescales. The West Wales region saw the largest decrease in performance, from nearly 78% of women seen within 21 days last month, to just over 23% in April 2018 – a decrease of almost 55%. However, although medical staffing shortages continues to have an impact on the service, especially in the West Wales region, performance is at its second highest level for the year following a declining trend seen between October 2017 and February 2018. Clinics continue to be managed dynamically to ensure best utilisation of slots and the Cardiff centre is now performing all of the Swansea arbitration work. As performance has been sensitive to staff leave, assessment waits across regions will continue to be closely monitored to ensure that any improvements are sustained.

- Diabetic Eye Screening Wales results letters printed within 3 weeks of screen saw a significant decrease between March (93.8%) and April 2018 (56.3%), and is now below the 85% standard. The reduction in performance was predominantly as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period. Processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated to the relevant managers immediately.

The performance dashboard includes the latest available performance information. Further detail on specific service performance is provided within subsequent sections of this report.

| | >10% below target | | Within 10% of target | | Achieving target | | Not applicable |

Indicator	Timeframe			
Breast Test Wales	Target[1]	Feb	Mar	Apr
Assessment invitations given within 3 weeks of screen	70%	55.2%	91.1%	78.6%
Normal results sent within 2 weeks of scan	95%	97.4%	96.3%	95.7%
% women invited within 36 months previous screen	80%	91.4%	89.7%	89.5%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	97.3%	68.4%	75.2%
Coverage[2]	80%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	52%	51.7%	52.2%	52.4%
Waiting time for colonoscopy	90%	57.0%	27.9%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	91.1%	87.3%	87.5%
Medium AAA surveillance uptake	90%	88.9%	91.9%	90.9%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	90%	98.3%	98.4%	Not available
Babies completing assessment procedure (by three months of age)	85%	91.9%	88.1%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	94%	95.3%	94.3%	93.1%
Avoidable repeat rate	4%	4.5%	3.9%	5.4%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	80%	69.1%	65.9%	65.4%
Results Letters Printed Within 3 Weeks of Screen Date	85%	100.0%	93.8%	56.3%
Healthcare Associated Infections				
Clostrium difficile rate (per 100,000 population)	26	30.6	31.4	30.9
Staph aureus bacteraemia rate (per 100,000 population)	20	33.5	28.4	30.1
E. Coli bacteraemia rate (per 100,000 population)	67	63.6	74.1	73.5
Stop Smoking Wales	Monthly target	Feb	Mar	Apr
No. of clients that became a treated smokers	991	545	426	Not available
Average waiting time for an appointment in this month (days)	14	10	9	Not available

Performance dashboard – April 2018

	>10% below target		Within 10% of target		Achieving target		Not applicable

National Exercise Referral Scheme	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of 16 week consultations	6,492	2,399	2,550	9,509
Number of referrals	23,184	8,077	8,360	32,775
Number of 1st consultations	16,228	4,707	5,088	19,694

Microbiology	Target	Q2 17/18	Q3 17/18	Q4 17/18
CPA accreditation status and move to ISO 15189 (Microbiology)	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	97%	85%	97%	97%
EQA performance (Virology)	100%	99%	100%	100%
EQA performance (Specialist and reference units)	100%	99%	100%	100%
EQA performance (Food, Water and Environmental Laboratories)	98%	99%	99%	98%
Turnaround time compliance (Bacteriology)	96%	93%	95%	94%
Turnaround time compliance (Virology)	97%	97%	99%	98%
Turnaround time compliance (Molecular)	95%	99%	94%	96%
Turnaround time compliance (Specialist and reference units)	98%	98%	96%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	97%	98%	99%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	97%	Reported annually	Reported annually	Reported annually
Non-Processed Samples (%) Bacteriology	1.4%	2.2%	2.0%	2.2%
Non-Processed Samples (%) Virology	1.8%	2.5%	2.5%	3.4%
Non-Processed Samples (%) Specialist and Reference Units	0.3%	0.8%	1.1%	1.2%

Organisation	Target	Feb	Mar	Apr
Number of SUIs reported	N/A	0	0	2
SUI investigations completed within the timescales[4]	100%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	4	7	2
Written concerns/complaints responded to within target timescales[5]	100%	100%	71%	100%
% of medical staff revalidation appraisal (last 15 months)	100%	100.0%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Feb-17 to Jan -18 4.02%	Mar-17 to Feb -18 3.99%	Apr-17 to Mar -18 3.99%

1. Data reported against 2017/18 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW Service.
4. Deadlines for April SUIs reported not yet due
5. Holding letters were sent where the response timescalse of 30 working days was breached.

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan
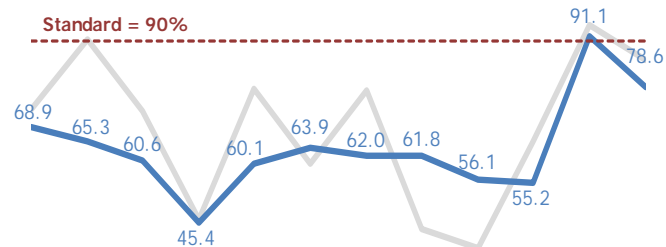
Standard = 90%

91.1
78.6
68.9
65.3
60.6
60.1
63.9
62.0
61.8
56.1
55.2
45.4

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Percentage of normal results sent within 2 weeks of scan

95.1 97.8 95.3 98.1 97.0 93.5   97.4 96.3 95.7

Standard = 90%

78.4
73.1
73.7

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Percentage of women invited within 36 months of previous screen

90.0   92.6   90.0 91.4   89.5
88.1 89.5   81.4   84.4   89.7   86.2   89.7

Standard = 90%
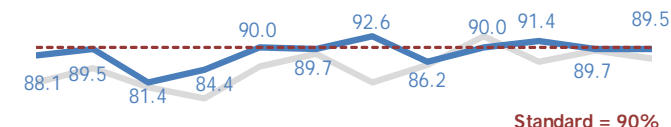
May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Summary of performance

- Following a significant improvement during March 2018 for the *percentage of assessments given within 3 weeks of scan*, performance has **declined** by over 12% in April 2018. Although medical staffing shortages continues to have an impact on the service, especially in the West Wales region, performance is at its second highest level for the year following a declining trend seen between October and February (further information for assessment waits by region is available on page 9).
- The *percentage of normal results sent within 2 weeks* remained **above standard** in April 2018 (95.7%). Performance over the past three months has stabilised following a decline in January 2018 (73.7%) and is now consistent with 2016/17 performance trends for the same time period.
- Performance for the *percentage of women invited within 36 months of previous scan* (round length) **slightly decreased** during the latest period (from 89.7% in March to 89.5% in April) and remains just **below the 90% standard**.

Actions to improve areas of underperformance

- Continued actions being put in place include: ongoing training and recruitment of breast clinicians, radiographers, film readers and biopsy takers in North Wales; exploring joint radiologist posts; and clinics continue to be managed dynamically to ensure best utilisation of slots.
- Cross site arbitration in place for the Swansea centre with the Cardiff centre now performing all of the Swansea arbitration work.
- Clinics continue to be managed dynamically to ensure best utilisation of slots taking into account the case mix and cancelations.

Number of days from screen to assessment appointment by region - April 2018
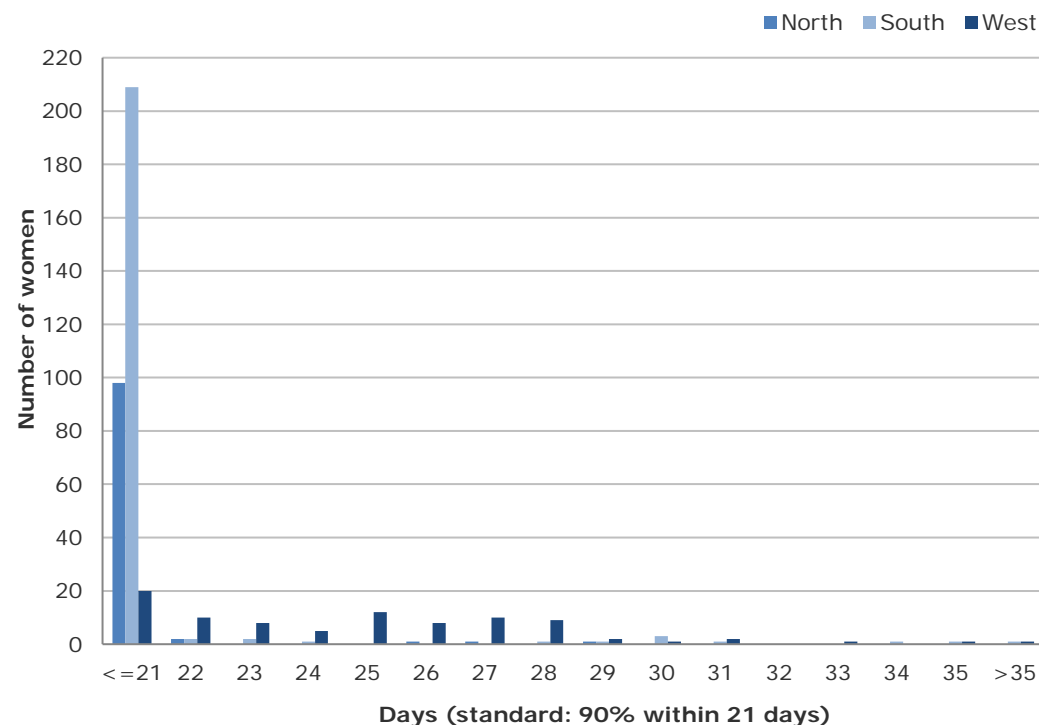
Summary of performance – April 2018

Following a significant improvement in performance during March 2018, the percentage of women in Wales waiting for an assessment appointment who were invited within 21 days has decreased by 12.5% (from 91.1% to 78.6%), with 89 women (21.4%) experiencing a delay beyond the 21 day target (up by 55 women).

The West Wales region saw the largest decrease in performance, from nearly 78% of women seen within target timescales last month, to just over 23% in April 2018 – a decrease of almost 55%.

Both North and South Wales are currently meeting the standard of over 90% of women invited to an assessment appointment following their screen within 21 days.

Assessment wait (days) by region					
Area	Total assessments	<=21	(%)	>21	(%)
North	103	98	95.1%	5	4.9%
South	223	209	93.7%	14	6.3%
West	90	20	22.2%	70	77.8%
Wales	**416**	**327**	**78.6%**	**89**	**21.4%**

Number of days from screen to assessment appointment by region															
Area	<=21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	>35
North	98	2	0	0	0	1	1	0	1	0	0	0	0	0	0	0
South	209	2	2	1	0	0	0	1	1	3	1	0	0	1	1	1
West	20	10	8	5	12	8	10	9	2	1	2	0	1	0	1	1
Wales	**327**	**14**	**10**	**6**	**12**	**9**	**11**	**10**	**4**	**4**	**3**	**0**	**1**	**1**	**2**	**2**

Note: reported month relates to those assessed in the previous month

Cervical Screening Wales

Percentage waiting time from sample being taken to screening test result being sent (4 weeks)

93.4 97.1 98.4 98.5 98.1 97.6 97.8 95.1 90.2 97.3

75.2

68.4

Standard = 95%

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
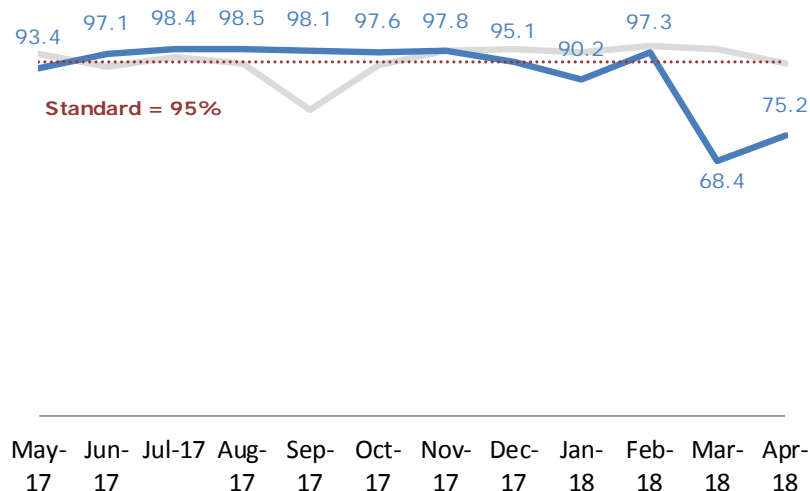
Summary of performance

- Following a significant reduction in performance last month for *waiting times from sample being taken to screening test result being sent*, performance has **increased by nearly 7%** in April 2018 (75.2%), although remains **below standard**.
- Continued issues with turnaround times in both Magden Park and Glan Clwyd laboratories have affected performance during the last two months. Magden Park delays have been due to the department supporting an external screening review as well as trying to support Glan Clwyd laboratory. Delays in Glan Clwyd are due to staff sickness and staff training in new areas ahead of the laboratory closure.

Actions to improve areas of underperformance

- Additional overtime being undertaken in the Magden Park laboratory, including senior staff undertaking primary screening.
- Converted 21 GP practices within the Cardiff area to HPV primary screening as part of the Programme's HPV mitigation plan. This reduces the cytology reporting burden on the Magden Park laboratory, with significant improvements in turnaround times being seen.
- Planning to convert more GP practices to HPV primary screening in the Betsi Cadwaladr University Health Board region, to mitigate for loss of screening staff in Glan Clwyd to help reduce their backlog.

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment

Standard = 90%

30.7
21.7
53.1
52.1
52.9
43.1
49.6
47.5
61.6
56.8
57.0
27.9

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18

Bowel Screening coverage

Standard = 60%

52.1 51.8 51.9 52.0 51.6 51.9 52.0 51.7 51.8 51.7 52.2 52.4

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
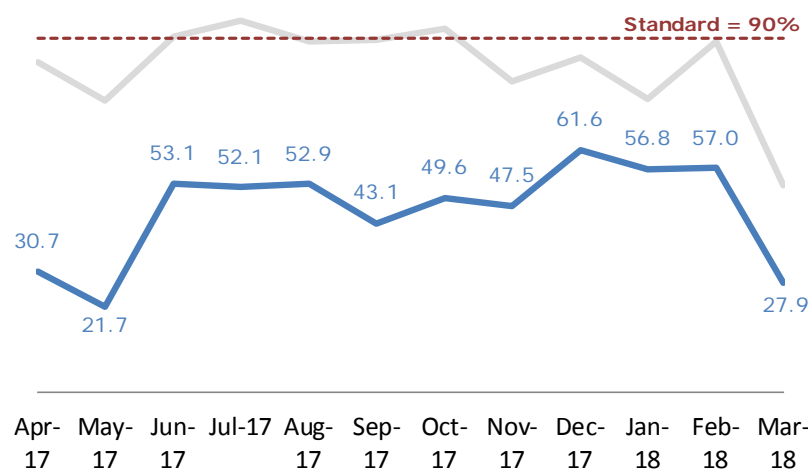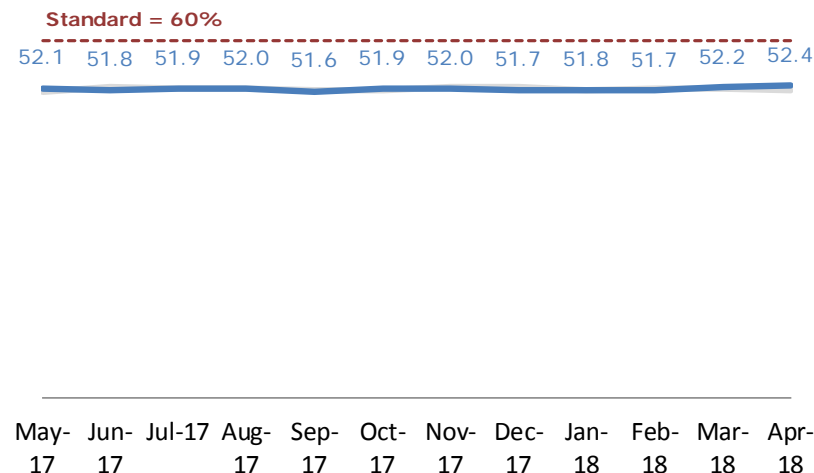
Summary of performance

- Performance *for waiting times for colonoscopy* has **significantly decreased** between February (57%) and March 2018 (27.9%), a drop of over 29%, and remains **below standard**. Performance during 2017/18 has been consistently lower (36.8% on average) than the previous year; this is mainly due to fewer accredited screening colonoscopists being in the Programme compared to last year.
- Latest figures for *Bowel Screening coverage* continues to show little variation at 52.4% for April 2018, and has remained static throughout the year. Although remaining **below standard**, performance is now at its highest level in over three 3 years.

Actions to improve areas of underperformance

- A meeting with Health Board Lead Screening Colonoscopists was held in April 2018 to discuss training additional Screening Colonoscopists. It was agreed that an invitation email would be sent to all WAGE (Wales Association of Gastroenterologists and Endoscopists) to gauge interest.
- A request from a new candidate to undertake training has been received and an assessment day is being arranged for a previous unsuccessful candidate who has undertaken mentorship sessions.
- Meetings with Health Boards to discuss performance are ongoing with a focus on availability of accredited screening colonoscopists, estate issues and specialist screening practitioners.
- Discussions are ongoing in relation to the option to in-source services to cover symptomatic and screening lists (including from England). The option of using facilities in England for participants has also been discussed.
- The 'Be Clear on Cancer' campaign that was run with Cancer Research UK yielded a significant increase in returned test kits. Further quantitative analysis of the effectiveness of the campaign will be undertaken in July 2018.

Abdominal Aortic Aneurysm

Percentage of Small Abdominal Aortic Aneurysm surveillance uptake
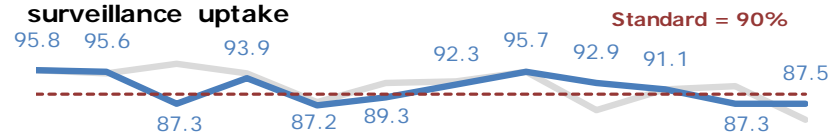
Standard = 90%

95.8 95.6 93.9 92.3 95.7 92.9 91.1 87.5

87.3 87.2 89.3 87.3

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Percentage of Medium Abdominal Aortic Aneurysm surveillance uptake

Standard = 90%

100.0 94.4 96.3 96.8 90.9

93.5 89.2 87.5 88.9 78.8 88.9 91.9
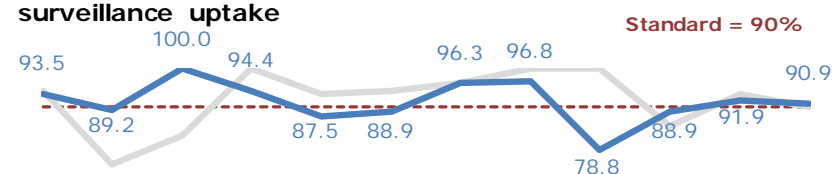
May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Summary of performance

- Latest figures for the *percentage of small abdominal aortic aneurysm surveillance uptake* saw a slight increase from 87.3% in March to 87.5% in April 2018. Performance remains **below standard** and continues to be related to a small number of individual cases, which are being addressed by the service as appropriate.
- Performance for the *percentage of medium abdominal aortic aneurysm surveillance uptake* has seen a **1% decrease** during the latest period and currently stands at 90.9% for April 2018. Uptake levels have **exceeded the 90% standard** over the last two months.

Actions to improve areas of underperformance

- Regional Coordinators continue to be informed of any participants missing surveillance appointments. Contact is made as soon as possible if an appropriate appointment cannot be arranged.
- Improve ceased codes to ensure that discharged men are not counted in monthly data.

Newborn Hearing Screening

Percentage of well babies who complete screening within 4 weeks

98.3 98.3 98.9 98.3 98.4 98.6 98.3 98.5 97.1 98.8 98.3 98.4

Standard = 90%
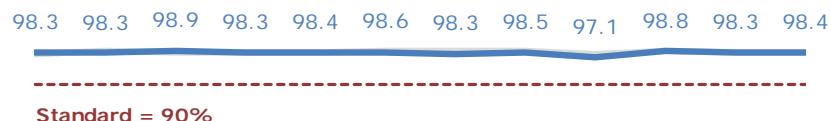
| Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |

Percentage of babies completing the assessment procedure by 3 months of age

95.3   93.0 94.7 92.5   87.8 89.7 88.2 85.7 87.5   91.9 88.1

80.0

Standard = 85%
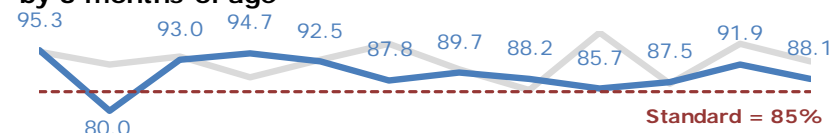
| Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | Oct-17 | Nov-17 | Dec-17 | Jan-18 | Feb-18 | Mar-18 |

*Adjustment made to reporting month to align with processing arrangements of all Trust level Newborn Hearing Screening indicators

Summary of performance

- *Percentage of babies who complete programme within 4 weeks* continues to show a stable trend in performance over the year, with latest data for March 2018 **exceeding standard** at 98.4%. Performance is consistent with figures seen during the previous year.
- Although the *percentage of babies completing the assessment procedure* saw a **slight decline** between February (91.9%) and March 2018 (88.1%), performance remains **above national standards** and has done so for the majority of the year.

Actions to improve areas of underperformance

- N/A

Newborn Bloodspot Screening

Newborn bloodspot screening coverage
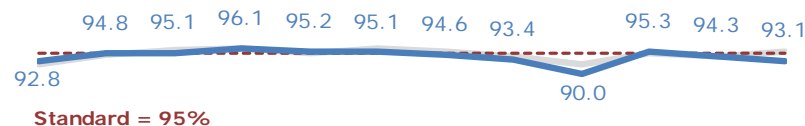
Standard = 95%

May-17: 92.8, Jun-17: 94.8, Jul-17: 95.1, Aug-17: 96.1, Sep-17: 95.2, Oct-17: 95.1, Nov-17: 94.6, Dec-17: 93.4, Jan-18: 90.0, Feb-18: 95.3, Mar-18: 94.3, Apr-18: 93.1

Newborn bloodspot screening avoidable repeat rate

Standard ≤2%

May-17: 6.4, Jun-17: 5.3, Jul-17: 4.1, Aug-17: 3.9, Sep-17: 4.2, Oct-17: 4.3, Nov-17: 3.5, Dec-17: 4.9, Jan-18: 6.4, Feb-18: 4.5, Mar-18: 3.9, Apr-18: 5.4
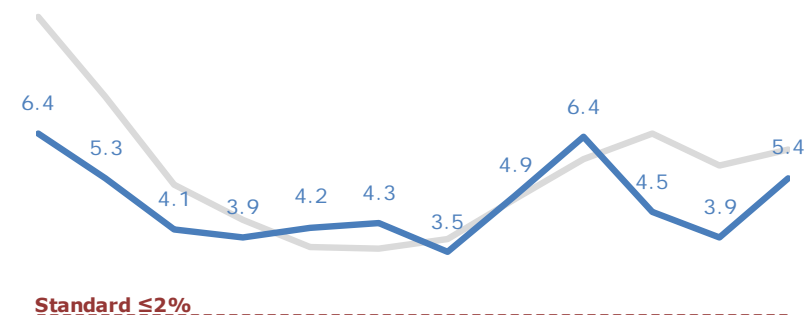
Summary of performance

- Following a recovery in February 2018 to 95.3%, newborn bloodspot screening *coverage* **declined by 2.2%** over the following two months and now stands at 93.1% for March 2018. Performance remains **below standard**, although is consistent with year-on-year trends.
- Latest data for *avoidable repeat rates* saw a **decrease** in performance with repeat rates increasing over the latest period (from 3.9% in March to 5.4% in April 2018). Although avoidable repeats continue to **fall short of achieving standard**, the sustained reduction in rates compared to last year remains a focus for the programme.

Actions to improve areas of underperformance

- An online film has been developed by the service for sample takers showing the laboratory sample quality requirements and processes.
- Governance leads meet with the service on a bi-monthly basis to discuss performance issues and action plans are developed by Health Board leads.
- Monthly reports of poor quality and problem samples sent to governance leads and Heads of Midwifery.
- The service continues to work with laboratories to identify and follow up sample quality issues and is rolling out sample quality training sessions for Health Boards.
- Newly redesigned bloodspot cards have been distributed since April 2018 with the aim of minimising risk of using expired cards.

Diabetic Eye Screening Wales

Coverage-Reported Result in the Last 12 Months

Standard = 80%

74.8 74.9 74.8 74.2 73.9 73.5 73.6 72.6 72.0 69.1 65.9 65.4
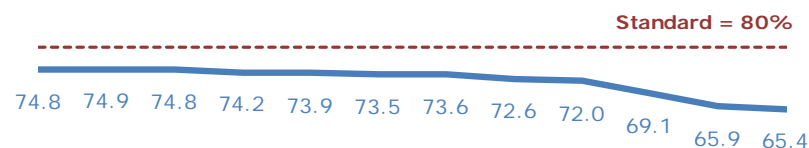
May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Results Letters Printed Within 3 Weeks of Screen Date
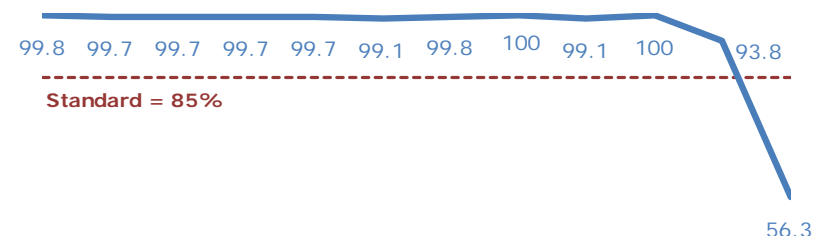
99.8 99.7 99.7 99.7 99.7 99.1 99.8 100 99.1 100 93.8

Standard = 85%

56.3

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18

Summary of performance

- Performance for Diabetic Eye Screening *Coverage* **slightly reduced** during the latest period (from 65.9% in March to 65.4% in April 2018), and is **below national standards**. Reduced clinic capacity, the introduction of a failsafe process, and annual increases in cohorts eligible for screening (4.6% year-on-year) have contributed to the decline in coverage.
- Latest figures for *results letters printed within 3 weeks of screen* has seen a **significant decrease** between March (93.8%) and April 2018 (56.3%), and is now **below the 85% standard**. The reduction in performance was predominantly as a result of equipment failure and issues in obtaining consumable stock which significantly reduced printing capacity for 19 calendar days. It is anticipated that performance against standard will improve by the next reporting period.

Actions to improve areas of underperformance

- Processes have been strengthened to ensure that the service maintains an adequate stock of consumable items at all times, and any issues that have the potential to impact on service delivery are escalated to the relevant managers immediately.
- A Robust demand and capacity analysis is planned to review population need compared with geographical provision and service capacity.
- Additional screening venue identified in the Wrexham area to increase capacity, and work continues to establish a replacement dedicated screening on the Maelor hospital site to address the longest waiting times for patients.
- Investment bid for funding to expand service user engagement activity, with a particular focus on persistent non-attenders.

Stop Smoking Wales

All-Wales monthly number of clients that became a treated smoker
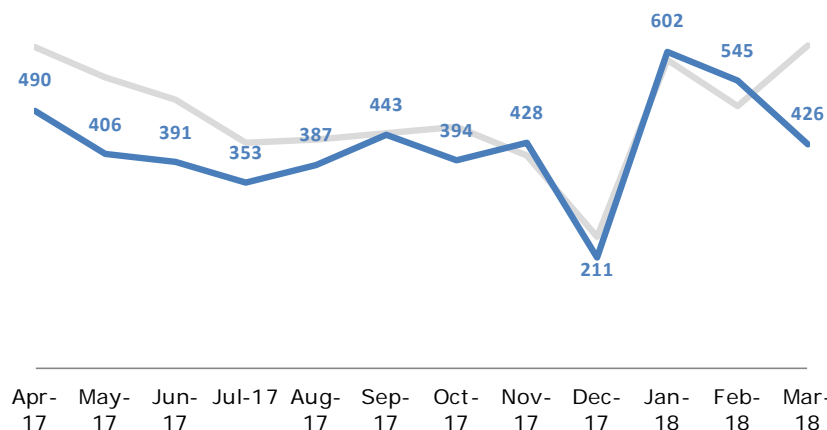
Average waiting time for an appointment in this month (days)

Standard = <14 days
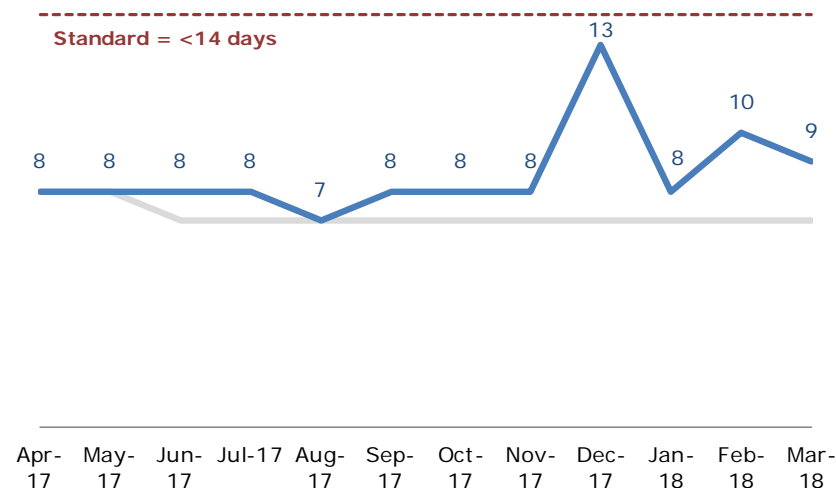
*Monthly target for March 2018 (991 clients) changes cumulatively each quarter

Summary of performance

- Following the increase in the *number of clients that became a treated smoker* seen between December 2017 (211 clients) and January 2018 (602 clients), performance **reduced** for the second consecutive month and currently stands at 426 clients for April 2018. Performance remains **below target** levels (911 clients), and in line with expectations of the service, year-on-year comparisons show a slight decline in the number of treated smokers.
- The *average waiting time for an appointment* reduced between February (10 days) and April 2018 (9 days), and **remains within target** for the service (14 days). Waiting times during 2017/18 have generally been slightly higher than those seen last year.

Actions to improve areas of underperformance

- Help Me Quit television advertisements targeting lower social grades (with higher smoking prevalence) on ITV and S4C, and on-demand services.
- Increased engagement with community partners to promote the service.
- Collaborative working in several Health Board areas with pharmace leads to understand service provision and to build relationships.
- Increased offer of telephone support including more evening appointments.
- Trageted activity in primary care in several areas of Betsi Cadwaladr University Health Board to increase referrals.

Healthcare Associated Infections

All-Wales clostridium difficile rate per 100,000 population

43.9
37.1
42.0
38.6
41.0 41.2
33.2
37.1
30.6 31.4 30.9
25.3

Target = <26

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
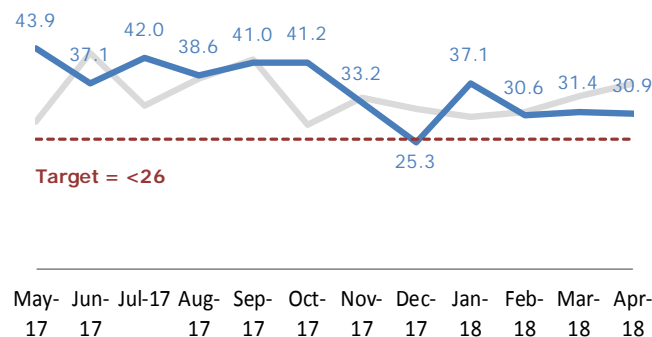
All-Wales staph aureus rate per 100,000 population

32.5 32.0 29.9 31.0 30.1 26.9 23.8 30.3 30.6 33.5 28.4 30.1

Target = <20

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
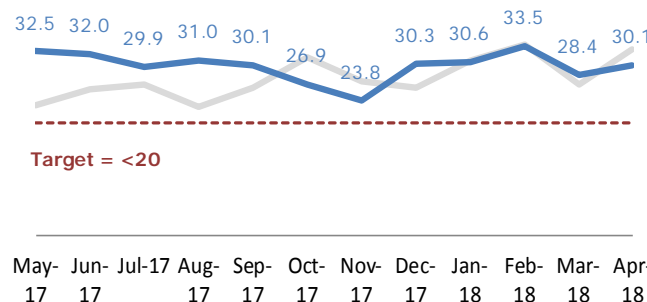
All-Wales E. coli bacteraemia rate per 100,000 population

95.0
89.1 86.2 87.0 87.4
80.6
77.4 78.3 76.8
74.1 73.5
63.6

Target = <67

May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18 Apr-18
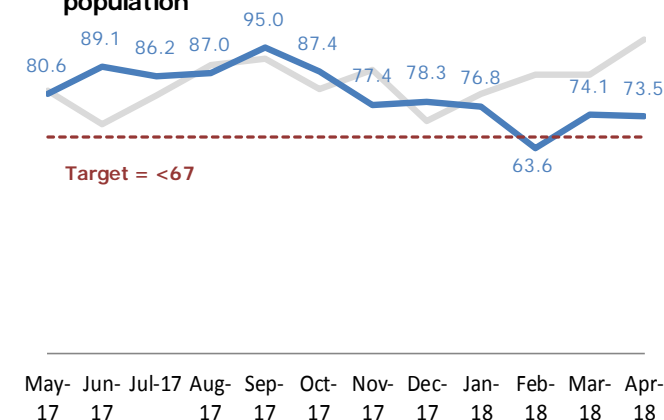
Summary of performance

- Provisional data for All-Wales Healthcare Associated Infections show little variation in performance during the latest reporting period.
- *C.difficile* rates **decreased slightly** between March (31.4 per 100,000) and April 2018 (30.9 per 100,000), with performance remaining relatively stable over the past three months.
- Following a decline in *Staph aureus* rates between February (33.5 per 100,000) and March 2018 (28.4 per 100,000), latest available data for April 2018 show a **small increase** in rates to 30.1 per 100,000.
- Performance has **stabilised** for *E. Coli bacteraemia* in April 2018 (73.5 per 100,000) following an increase in rates between February and March 2018 (from 63.6 to 74.1 per 100,000).
- Provisional figures for April suggest that all HCAI indicators are falling short of achieving national reduction expectations for Wales.

Actions to improve areas of underperformance

- Following the release of reduction expectations for 2018/19 by Welsh Government, the team will issue guidance to all Health Boards/ Trusts by the end of May 2018 on expectations to deliver newly set reduction expectations, and the support provided by the team to the NHS in Wales.
- Surveillance data for the new financial year will be circulated to Health Boards/ Trusts from June 2018, with work being undertaken to transfer the system to use ICNet. *Klebsiella spp.* and *Pseudomonas aeruginosa* bacteraemia will be added to the new dashboard.
- National Infection Control Manual was launched in April 2018 and has been endorsed by the Chief Nursing Officer for Wales.
- Based on surveillance data, support being provided to Abertawe Bro Morgannwg and Hywel Dda University Health Boards.

Appendix 1 - Diabetic Eye Screening Wales Screening Performance Indicators

1. Introduction

The purpose of this paper is to provide an overview of the new Diabetic Eye Screening Wales (DESW) performance indicators, which are included in Screening Performance Activity Reports (SPARs) from April 2018.

The indicators have been developed based on UK standards but adapted to reflect the Welsh service model and ensure commonality of data definitions across other PHW screening programmes, as appropriate.

Details of the indicators reported at corporate level are set out in section 3, including the context for their selection and interpretation. Additional indicators to be reported at programme level are included in section 4.

The Board is asked to **approve** the recommendations proposed in this paper.

2. Background

Diabetic Eye Screening Wales has been an established national screening programme since 2006, and transferred to PHW from Cardiff and Vale UHB in April 2016. Prior to this transition, DESW (previously the Diabetic Retinopathy Screening Service for Wales) did not utilise performance standards, but did publish high level activity figures on an annual basis.

During 2016/17, the Screening Division undertook a review of its performance management framework for all Screening Programmes. The revised indicators were agreed by the Screening Division Senior Management Team, Public Health Services Leadership Team and Welsh Government. These performance indicators were agreed by the Executive Team in May 2017, and immediately implemented for the other Programmes. Work has continued throughout 2017/18 via the DESW Programme Board to develop the robust reporting mechanisms required to ensure the accuracy and validity of SPAR data and confirm the final suite of standards for inclusion in the corporate report.

It should be noted that development of the SPAR indicators will allow the service for the first time to clearly assess current performance in a number of key areas, and support the development of service plans to tackle areas of improvement.

3. DESW Corporate indicators

The following tables detail the performance indicators that will be reported at corporate level. Additionally, programme specific indicators have been outlined in section 4.

Indicator	Name	Standard
DESW-001A	Coverage - % of a defined cohort of eligible active patients who have a reported result in the last 12 months	>=80%
The cohort of patients included in this standard are all on a routine or Digital Surveillance recall pathway and all new patients. Patients who have opted out of the service, are medically unfit, have no light perception or have requested temporary postponement of their appointments are excluded.		

Achievement of this standard is impacted by the annual increase in the DESW eligible screening cohort through the growth of people with diabetes in Wales. Of particular significance are the operational challenges of balancing venue availability, geographical demand and staff capacity to deliver the service in a way that supports appointment timeliness and encourages patient attendance. In recognition of the lifelong nature of DESW provision (patients are screened from 12 onwards), the importance of building a trusted relationship between the service and our service users cannot be underemphasised when considering this standard.

DESW-003	New Registrations Appointed: % of eligible patients newly registered with DESW are offered a screening appointment within 90 days	>=80%

In most cases, DESW receives referrals at the point that individuals are diagnosed with diabetes. As the risk of retinopathy increases with the length of time an individual has been diabetic, and patients may have had diabetes for a considerable period of time prior to their diagnosis, a swift screening appointment is an important factor to support early identification of the disease. New patient appointments are a prioritised category for clinic booking.

Children under 12 are frequently referred to DESW at the point of their diagnosis. These children become eligible on their 12th birthday, and are classed as new registrations from this date.

The operational challenges faced by the service in delivering this standard predominantly relate to ensuring regular clinic delivery in areas where access to venues is poor, or where clinics are underutilised as there are insufficient numbers of people with diabetes due for recall in the local area.

Within this standard, the offered appointment date should fall within the 90 day period.

DESW-004A	12 Month Recall: % of patients offered 12 month recall appointment	>=95%

12 month recall is also referred to as routine recall within DESW with around 95% of patients on this service pathway. The operational challenges detailed in DESW-003 similarly apply to this standard, as does the impact of the annual growth in the diabetic population.

DESW-009	Results Letters Printed: % of results letters printed within three weeks of the screen date	>=85%

This indicator supports monitoring of the effectiveness and efficiency across the patient pathway within DESW. In order to be achieved; screeners must accurately record patient demographics and capture a high quality image, the grading team must produce a final grade outcome, including arbitration for queried or complex images, and the administration team must fulfil print and postal requirements on a daily basis.

This standard includes the production of patient results letters only, rather than the results letters that are sent to GPs and Diabetologists as standard.

DESW-011	Referrals to Hospital Eye Services Other Within 3 Weeks of Screen Date	>=90%

This standard assesses timeliness of referral to Hospital Eye Services for all routine eye grades. The underpinning principle is the rapid turn-round of all screening results and an effective handover of care to Hospital Eye Service, which forms the boundary for the screening service.

Screening photographers undertake an initial triage of images at the point of capture, which supports the grading team to prioritise their work. Grading is subject to a 10% quality assurance mechanism plus secondary / tertiary arbitration for complex or referable images.

4. All DESW Indicators

At a Programme level, performance against all standards is considered for a rolling 12 months, against the 3 screening regions across Wales (South, West, North) and a pan Wales position.

Indicator	Name	Standard	Programme Level	Corporate Level
DESW-001A	Coverage-Reported Result in the Last 12 Months	>=80%	Yes	Yes
DESW-001B	Coverage-Reported Result in the Last 15 Months	>=80%	Yes	No
DESW-001C	Coverage-Reported Result in the Last 18 Months	>=80%	Yes	No
DESW-002	Uptake	>=80%	Yes	No
DESW-003	Newly Registered Patients Offered an Appointment Within 90 days	>=80%	Yes	Yes
DESW-004A	12 Month Recall	>=95%	Yes	Yes
DESW-004B	18 Month Recall	>=95%	Yes	No
DESW-005A	Digital Surveillance Recall	>=95%	Yes	No
DESW-005B	Digital Surveillance Recall 3 Months	>=95%	Yes	No
DESW-005C	Digital Surveillance Recall 6 Months	>=95%	Yes	No
DESW-006	Digital Surveillance Uptake	>=80%	Yes	No
DESW-007	Grading Inadequate	<=3%	Yes	No
DESW-008	Grading Outcomes (Inadequate due to Technical Issues)	<=1%	Yes	No
DESW-009	Results Letters Printed Within 3 Weeks of Screen Date	>=85%	Yes	Yes
DESW-010	Referrals to Hospital Eye Services (R3A) Within 2 Weeks of Screen Date	>=95%	Yes	No
DESW-011	Referrals to Hospital Eye Services Other Within 3 Weeks of Screen Date	>=90%	Yes	Yes

5. Recommendation

The Board is asked to **approve** the recommendations proposed in this paper.

Appendix 2 – Full Performance Dashboard

	>10% below target	Within 10% of target	Achieving target	Not applicable

Indicator	Timeframe			
Breast Test Wales	Target[1]	Feb	Mar	Apr
Assessment invitations given within 3 weeks of screen	70%	55.2%	91.1%	78.6%
Normal results sent within 2 weeks of scan	95%	97.4%	96.3%	95.7%
% women invited within 36 months previous screen	80%	91.4%	89.7%	89.5%
Cervical Screening Wales				
Waiting time from sample being taken to screening test result being sent (4 weeks)	95%	97.3%	68.4%	75.2%
Coverage[2]	80%	Not available	Not available	Not available
Bowel Screening Wales				
Coverage	52%	51.7%	52.2%	52.4%
Waiting time for colonoscopy	90%	57.0%	27.9%	Not available
Abdominal Aortic Aneurysm Screening Wales				
Small AAA surveillance uptake	90%	91.1%	87.3%	87.5%
Medium AAA surveillance uptake	90%	88.9%	91.9%	90.9%
Newborn Hearing Screening Wales				
% of babies who complete programme (within 4 weeks)	90%	98.3%	98.4%	Not available
Babies completing assessment procedure (by three months of age)	85%	91.9%	88.1%	Not available
Newborn Bloodspot Screening Wales				
Coverage (newborns)	94%	95.3%	94.3%	93.1%
Avoidable repeat rate	4%	4.5%	3.9%	5.4%
Diabetic Eye Screening Wales[3]				
Coverage-Reported Result in the Last 12 Months	80%	69.1%	65.9%	65.4%
Results Letters Printed Within 3 Weeks of Screen Date	85%	100.0%	93.8%	56.3%
Vaccination and Immunisation				
Influenza vaccination uptake among the over 65s	75%	at 06 Feb 2018 68.5%	at 06 Mar 2018 68.8%	at 03 Apr 2018 68.8%
Influenza vaccination uptake among the under 65s in high risk groups	55%	48.0%	48.5%	48.5%
Influenza vaccination uptake among pregnant women	Not available	12,780	13,591	13,922
Influenza vaccination uptake among healthcare workers	60%	53.9%	56.7%	56.9%
Percentage of children who received 3 doses of the '5 in 1' vaccine by age 1	95%	Q3 17/18 95.9%	Q3 17/18 95.9%	Q4 17/18 95.8%
Percentage of children who received two doses of the MMR vaccine by age 5	95%	90.5%	90.5%	89.9%

Appendix 2 – Full Performance Dashboard

	>10% below target	Within 10% of target	Achieving target	Not applicable

Healthcare Associated Infections				
Clostrium difficile rate (per 100,000 population)	26	30.6	31.4	30.9
Staph aureus bacteraemia rate (per 100,000 population)	20	33.5	28.4	30.1
E. Coli bacteraemia rate (per 100,000 population)	67	63.6	74.1	73.5
Stop Smoking Wales	Monthly target	Feb	Mar	Apr
No. of clients that became a treated smokers	991	545	426	Not available
Average waiting time for an appointment in this month (days)	14	10	9	Not available
% smoking population treated by Stop Smoking Wales	Q4 17/18 1.4%	Q2 17/18 0.27%	Q3 17/18 0.52%	Q4 17/18 0.74%
% of treated smokers who are carbon monoxide validated as successful	40%	49.1%	47.4%	44.0%
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	84.8%	75.0%	73.0%
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	61.4%	62.9%	60.4%
Smoking Prevention Programme[4]	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of secondary schools targeted	62	16	27	57
Welsh Network of Healthy School				
Schools achieving level 1 - 5 award	180	36	35	235
Schools undertaking National Quality Award	35	2	7	35
Healthy Working Wales[5]				
Organisations completing a CHS mock assessment	20	8	7	26
Private sector organisations completing a mock assessment	5	7	3	15
Organisations completing a full assessment	20	14	12	38
Private sector organisations completing a full assessment	5	7	5	15
Organisations achieving a Small Workplace Health Award	80	13	17	60
Number of Workboost interventions delivered	360	74	9	179
National Exercise Referral Scheme	Annual Target	Q3 17/18	Q4 17/18	EOY Total
Number of 16 week consultations	6,492	2,399	2,550	9,509
Number of referrals	23,184	8,077	8,360	32,775
Number of 1st consultations	16,228	4,707	5,088	19,694

Appendix 2 – Full Performance Dashboard

	>10% below target	Within 10% of target	Achieving target	Not applicable

Microbiology	Target	Q2 17/18	Q3 17/18	Q4 17/18
CPA accreditation status and move to ISO 15189 (Microbiology)	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	97%	85%	97%	97%
EQA performance (Virology)	100%	99%	100%	100%
EQA performance (Specialist and reference units)	100%	99%	100%	100%
EQA performance (Food, Water and Environmental Laboratories)	98%	99%	99%	98%
Turnaround time compliance (Bacteriology)	96%	93%	95%	94%
Turnaround time compliance (Virology)	97%	97%	99%	98%
Turnaround time compliance (Molecular)	95%	99%	94%	96%
Turnaround time compliance (Specialist and reference units)	98%	98%	96%	98%
Turnaround time compliance (Food, Water and Environmental Labs)	97%	98%	99%	98%
Turnaround time compliance urgent samples (Bacteriology/Virology)	97%	Reported annually	Reported annually	Reported annually
Non-Processed Samples (%) Bacteriology	1.4%	2.2%	2.0%	2.2%
Non-Processed Samples (%) Virology	1.8%	2.5%	2.5%	3.4%
Non-Processed Samples (%) Specialist and Reference Units	0.3%	0.8%	1.1%	1.2%

Organisation	Target	Feb	Mar	Apr
Number of SUIs reported	N/A	0	0	2
SUI investigations completed within the timescales[4]	100%	N/A	N/A	N/A
Number of written concerns/complaints received	N/A	4	7	2
Written concerns/complaints responded to within target timescales[5]	100%	100%	71%	100%
% of medical staff revalidation appraisal (last 15 months)	100%	100.0%	100%	100%
Sickness absence rate (rolling 12 month period)	3.25%	Feb-17 to Jan -18 4.02%	Mar-17 to Feb -18 3.99%	Apr-17 to Mar -18 3.99%

1. Data reported against 2017/18 targets, or where a performance trajectory has been agreed to facilitate reaching the target, the trajectory has been used as defined within the IMTP 2018-2021.
2. Cervical Screening Coverage is calculated at a fixed point in time (Jan 1st, Apr 1st, Jul 1st and Oct 1st). Due to a lead time in processing data, latest data is unavailable for two months following the fixed calculation dates aforementioned.
3. New indicator included for 2018/19. Performance trajectories are to be confirmed by the DESW Service.
4. No secondary schools were targeted as part of the Smoking Prevention Programme in Quarter 2 as the period predominantly covers the school holidays.
5. Public Health Wales is in dialogue with Welsh Government to agree performance targets.
6. Deadlines for April SUIs reported not yet due
7. Holding letters were sent where the response timescalse of 30 working days was breached.

Key issues arising during this period

- Good progress has continued against the operational plan, with 82% of the actions (267 actions) being completed within timescales.

- Of the 57 actions (18%) which have not been completed, 7 of these were actions from the previous reporting year (2016/17), which will now be rolled forward again to the next reporting year (2018/19).

- Most progress has been made against priorities 3 (Developing and supporting primary and community care services to improve the public's health) and 5 (Influencing policy to protect and improve health and reduce inequalities), with 96% and 100% of actions completed within the timescale.

- Conversely, there has been less progress made on the actions supporting strategic priority 2 (working across sectors to improve the future health and wellbeing of our children) with 69% of actions being completed by the end of quarter 4, and 31% outstanding.

- Policy, Research and International Development have made particularly good progress against the operational plan, with 100% of all actions being completed or on target to be completed within timescale.

2017/18 Strategic Priorities

1	Working collaboratively and providing **system leadership** to improve our population's health
2	Working across sectors to improve the **future health and wellbeing of our children**
3	Developing and supporting **primary and community care services** to improve the public's health
4	**Supporting the NHS** to improve outcomes for people using services
5	**Influencing policy** to protect and improve health and reduce inequalities
6	**Protecting the public** and continuously **improving the quality, safety and effectiveness of the services** we deliver

Operational Plan Quarter 4 Performance

The following charts summarise the progress against the operational plan actions at the end of quarter 4 2017/18.

Figure 1: Overall progress across all plans

82% green
(267 actions)

16% red
(52 actions)

2% blue
(5 actions)
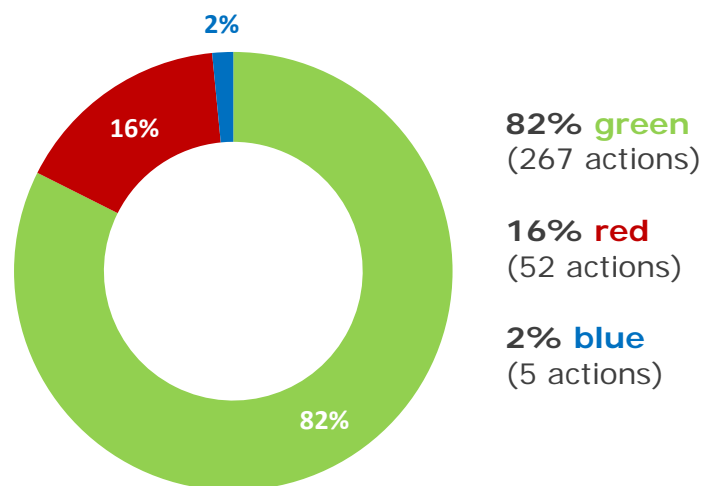
Figure 2: Progress by Directorate
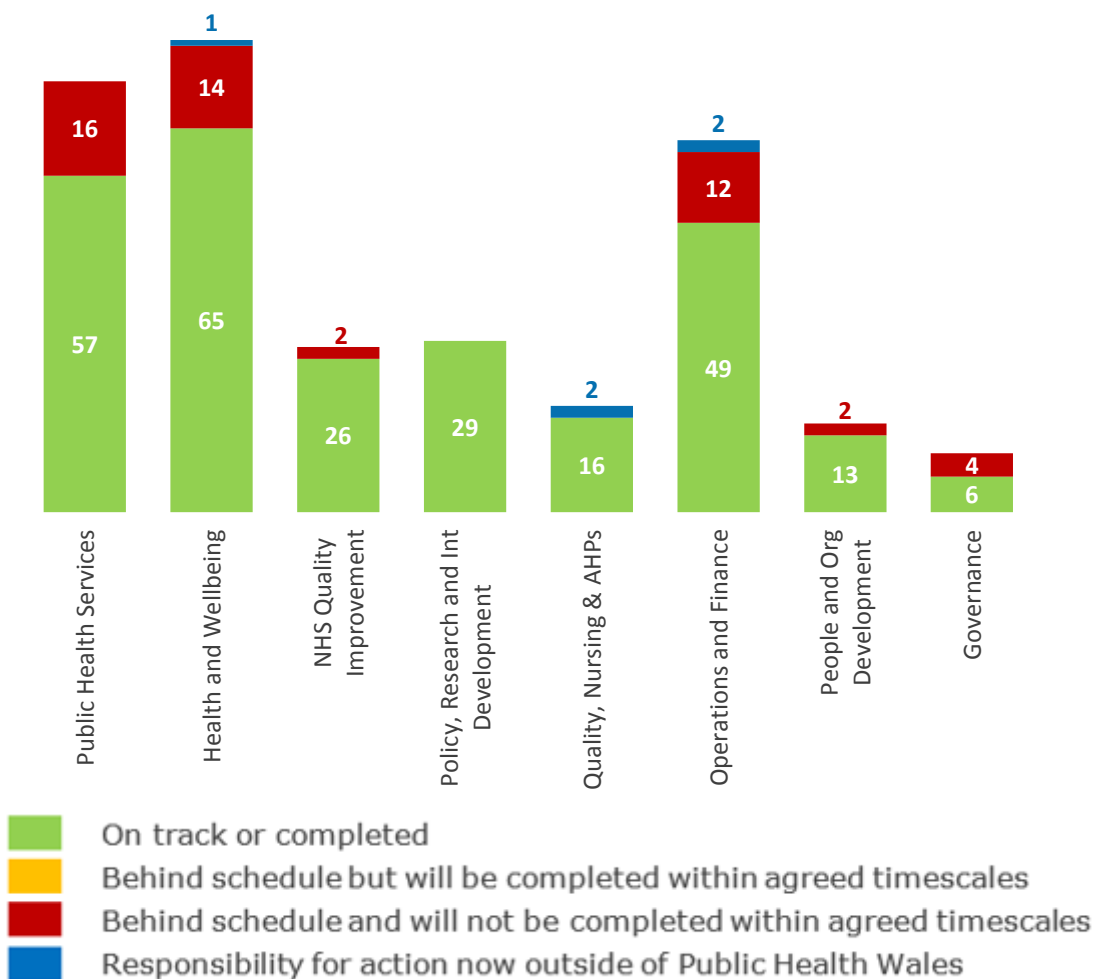
Figure 3: Progress against Strategic Priorities

Legend:
- On track or completed
- Behind schedule but will be completed within agreed timescales
- Behind schedule and will not be completed within agreed timescales
- Responsibility for action now outside of Public Health Wales
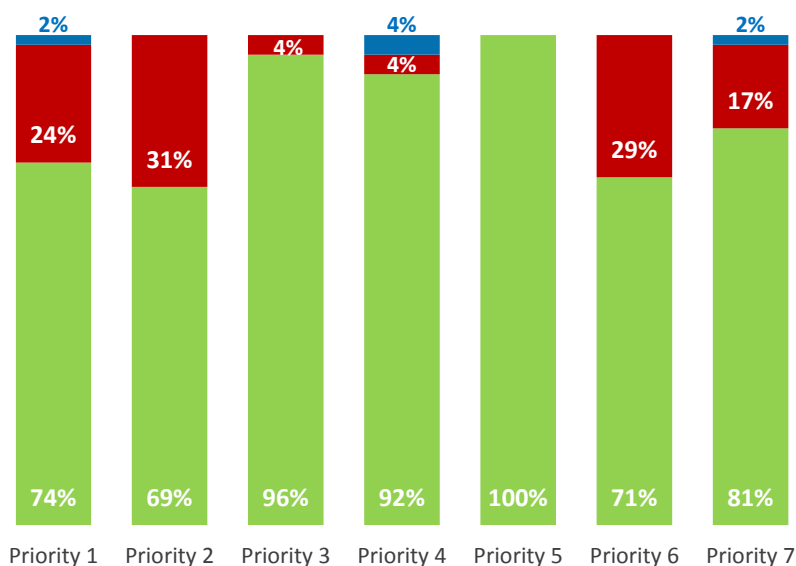
Operational Plan Quarter 4 Performance

Total number of actions	324	Total number of actions not yet complete	52

Directorate	Completed	Not complete	Total
Public Health Services	57	16	74
Health and Wellbeing	65	15	80
NHS Quality Improvement	26	2	28
Policy, Research and Int. Development	29	0	29
Quality, Nursing & AHPs	16	2	18
Operations and Finance	49	14*	63
People and Org Development	13	2	15
Governance	6	4	10
ACEs	6	2	8
Grand Total	**267**	**57**	**324**

*2 red actions now reassigned, see exception reports for more detail

Total actions rolled over from 2016/17		Actions rolled over from 2016/17 which have been completed	Actions not completed from 2016/17 and will roll into 2018/19
Governance	2	2	0
Health and Well-Being	4	3	1
Operations and Finance	9	8	1
People and OD	4	3	1
Public Health Services	6	2	4
Total	**25**	**18**	**7**

Operational Plan Exception Reports

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 77	Primary & Community Integration	Make links between oral health improvement and other health improvement work in clusters				✔	**Cause:** Clusters responsible for identifying respective local priorities and developing cluster action plans, informed by local needs assessment **Impact:** Oral health improvement activity continuing and addressed under other actions **Next steps:** Review through cluster planning/IMTP for 18/19 and divisional/directorate/LPHT level action - is this now represented in the new IMTP/ product flows? **Timescales:** Subject to needs identified through cluster planning/IMTP, review in Q4. Need to see LHB IMTPs to identify whether connections have been made
O&F/ 05	Communications	Evaluate the new corporate website, including auditing traffic to the site from the public and stakeholder groups				✔	**Cause:** Delay to development of new website as reflected in O&F/41 as a Content Management System Project Board is being established by the National Programme Board, therefore evaluation cannot take place. **Impact:** None noted until the new website has been established **Next steps:** Propose to remove this action as delay to development of website into next year negates need for evaluation at this stage. **Timescales:** Dependent on O&F/41
GOV/ 01	Governance	Conduct a holistic review of our governance arrangements		✔			**Cause:** Following further consideration, it has been determined that this action underpins many of the other specific governance actions in the operational plan, particularly the development of a best practice corporate governance model. **Impact:** A review with the Director of Quality, Nursing and Allied Health Professionals (QNAHP) and her team is ongoing. **Next steps:** Continue to progress other governance actions. **Timescales**: N/A

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 09	Health Improvement	Implement a revised pre-school settings scheme				✔	**Cause:** Due to staff sickness absence and subsequent retirement of the post-holder responsible, this work has not progressed as anticipated during 2017/18. **Impact:** A revised pre-school settings scheme has not been implemented. Pre-school settings are therefore delivering according to the criteria established in 2016. **Next Steps:** A new Head of Settings role will hopefully be in a position to take forward this piece of work in 2018/19 subject to the wider team being fully staffed Link to SO4.4. **Timescales:** as IMTP
HWB/ 13	Health Improvement	Implement a revised Health and Work Programme building on the existing Healthy Working Wales Programme				✔	**Cause:** The team has experienced significant staff shortages during the year and while some progress has been made, the scale of change and the number of factors to address whilst simultaneously delivering the current programme has required more time than anticipated at the beginning of the year. **Impact:** This delay should not impact the development of new service model and associated change process in 2018/19. Following the workshop involving key stakeholders including Welsh Government, a logic model for the development of the revised programme has been prepared, forming the basis of an implementation plan for the revised programme. Discussions have been advanced with Welsh Government following that workshop. **Next Steps:** A Project Initiation Document will be produced for discussion with Welsh Government. Link to SO1.2. **Timescales:** The Project Initiation Document will be shared with Welsh Government early in Q1 of 2018/19
HWB/ 16	Health Improvement	Implement the recommendations of the review of the National Exercise Referral Scheme				✔	**Cause:** Delay in gaining access to NERS data has prevented analysis of activity, essential to inform the implementation of the review recommendations. **Impact:** PHW now have access to the data following a joint data ownership agreement and a secure data transfer process. However, due to the delay in accessing the data, analysis will not commence until Q1 2018/19. **Next Steps:** Consultant capacity identified in Q3 will lead the analysis of the data and prioritise recommendations for implementation during

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
			Green	Green	Amber	Red	2018/19. Links to SO6.1 **Timescales:** Progress has been made in Q4 to gain access to the data, however delays will extend this work into Q1 2018/19 this may also be affected by loss of Consultant capacity.
HWB/26	Health Improvement	Implement agreed action to promote physical activity in Wales in conjunction with Sport Wales and Welsh Government	Green	Green	Blue ✔	Red	**Cause**: The Ministerial announcement, development of the Obesity Prevention and Reduction Strategy and the emphasis placed on Physical Activity in Prosperity for All required a stocktake of existing work and plans and there has been a delay in bringing the organisations together to agree a way forward. Reduced capacity in the Physical Activity programme has also had an impact on progress. **Impact:** Joint action plan likely to be agreed by all parties by the end of Q4. Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. **Next Steps:** Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. Move to new strategic objective Agree and implement with Sport Wales and Natural Resources Wales the first phase of a joint programme of work to promote a more active Wales. Links to SO3.5 **Timescales:** Joint actions to be agreed by the end of Quarter 4 2017/18
HWB/29	Health Improvement	Develop a programme to reduce the uptake of new psychoactive substances	Amber	Red	Red ✔	Red	**Cause**: Impact of other priorities on consultant workload caused original delay in scoping the programme earlier in year. Review at Senior Leadership Team of substance misuse meant it was not appropriate to move forward with this specific objective and work was paused pending outcome of the review. **Impact:** Delay in commencement of the programme. **Next steps:** Cross organisational mechanism to establish collaborative programme for substance misuse is in development and has been included within the IMTP. This objective will be incorporated into this work. Links to SO3.7 **Timescales**: Q2 2018/19
HWB/36	Health Improvement	Secure agreement with partner agencies and organisations on priority	Red	Green	Red ✔	Red	**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		areas for health promotion information to avoid duplication and ensure consistency of messages	Red	Green	Red	Red	problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 37	Health Improvement	Agree with Welsh Government a future approach to the development, production and dissemination of printed health improvement literature	Red	Green	✔	Red	**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 38	Health Improvement	Work with local information services and local libraries to develop a system for health information provision in local communities	Red	Red	Red	✔	**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/ 39	Health Improvement	Develop a revised approach to the provision of health information for parents in the Early Years	Red	Green	✔	Red	**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
			🟥	🟩	🟥	🟥	**Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/41	Health Improvement	Develop options for quality assurance of health information with partner agencies	🟥	🟥	🟥 ✓		**Cause:** A delay in making key appointments to the team has had a significant impact on work objectives for the year. In addition, there were significant unanticipated demands on BCPI team arising from problems with the distribution of materials and legacy from transfer of public information function from WG **Impact:** Limited staff capacity diverted to reactive management to preserve continuity and quality of supply prevented proactive work with partner agencies. **Next Steps:** This action will be taken forward in next year's strategic and operational plans. Links to SO3.10 **Timescales:** Q3 2018/19
HWB/45	Health Improvement	Disseminate First 1000 Days evidence briefings in at least three outcome areas	🟧	🟧	🟧	🟥 ✓	**Cause:** The timelines for this programme of work were reviewed following completion of the scoping phase. This identified the significant complexity of the topics under review, and the additional time required for completion. Identification of the Association and Risk factors for Programme Outcomes 2 and 3 has now been finalised; work is in hand to prioritise the data and create information products for dissemination. It was decided that work on an evidence review for Outcome 1 should be postponed until the reviews of outcome 2 and 3 are complete **Impact:** The evidence-based priorities for action are not yet published for the Programme outcomes. **Next steps:** The basis for selection and prioritisation of factors underpinning Outcomes 2 and 3 will be agreed with the F1000D Technical Support Group. Links to SO4.3 **Timescales:** Information products for Outcomes 2 and 3 will be produced in Q1 and published in Q2. The Association and Risk Review for Outcome 1 will be commissioned in Q1.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
HWB/ 46	Health Improvement	Establish and agree an evaluation programme for the First 1000 Days Programme			✔		**Cause:** During the financial year, a number of opportunities to influence national early year's priorities and policy have presented themselves, including engagement with the Early Years Integration work stream of Prosperity for All. This led to a reprioritisation of programme resources and an associated delay in delivering some elements of the F1000D work plan. **Impact:** Delivery of the evaluation programme is delayed. However this has been partially mitigated by the production of an indicator set and supporting infographics designed to support local areas in developing their understanding of current needs. **Next Steps:** An evaluation framework will be prioritised in 2018/19. Links to SO 4.3 **Timescales:** An evaluation framework will be produced by the end of Q4 2018/19.
QIPS/ 14	Capacity & Capability	Deliver a primary care medications patient safety programme targeting initial high impact areas				✔	**Cause**: Delay in approving PID with partners **Impact:** Delay in launching national medicines safety collaborative **Next Steps:** New action for 2018/19 operational plan - Priority 6/Strategic Objective: By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery **Timescales:** Scoping meeting in March with work programme beginning April 2018
QIPS/ 29	Capacity & Capability	Develop an innovation strategy for Public Health Wales encompassing technology, care pathways and service models				✔	**Cause -** reflecting the recent development of the 10 year strategy, the approach to the innovation strategy will now be a core area of work for 2018/19 **Impact -** the work is delayed but will now be informed by current strategic developments **Next Steps -** action to be rolled over to 2018/19 - see section 4.8 of the IMTP **Timescales -** the approach to the innovation strategy will be completed by Q4 2018/19
QNAP/ 02	Safeguarding	Analyse and report on findings from the Safeguarding Children Quality Outcomes Framework Self				✔	**Cause:** a decision has been made with stakeholders at the NDs meeting (with CNO) that self assessment audits would not be undertaken this year. **Impact:** Therefore, the NST cannot report on the outcome of these audits.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		Assessment to support the development of Adverse Childhood Experiences informed practice by NHS Wales					**Next Steps:** A final safeguarding maturity matrix was discussed with stakeholders at the ND meeting with CNO on 23rd March where it was accepted for the pilot from April 2018. **Timescale:** This action is captured within the 2018-19 IMTP plan relating to strategic objective 6.
QNAP/ 03	Safeguarding	Analyse and report on findings from the Safeguarding Adults Quality Outcomes Framework Self Assessment to support development of Adverse Childhood Experiences informed practice by NHS Wales				✔	**Cause:** a decision has been made with stakeholders at the NDs meeting (with CNO) that self assessment audits would not be undertaken this year. **Impact:** Therefore, the NST cannot report on the outcome of these audits. **Next Steps:** A final safeguarding maturity matrix was discussed with stakeholders at the ND meeting with CNO on 23rd March where it was accepted for the pilot from April 2018. **Timescale:** This action is captured within the 2018-19 IMTP plan relating to strategic objective 6.
PHS/ 21	Public Health Services	Develop an options appraisal for integration of laboratory services at Magden Park, Llantrisant				✔	**Cause:** Winter pressures and a focus on stabilisation has meant it has not been possible to undertake an options appraisal due to availability of staff as well as a number of co-dependant actions which as yet are to be undertaken. **Impact:** Minimal. Two facilitated meetings have taken place between staff in the Screening and Microbiology Divisions to discuss. The laboratory director for Magden Park is now the microbiology national virology lead consultant. This has been important in order to establish in appropriate clinical oversight for the new HPV test as well as future joint working between the two divisions. **Progress made:** The national clinical lead for virology has been appointed as laboratory director for Magden Park thereby establishing a governance arrangement that will enable reconfiguration to take place as determined by the outputs of the transformation programme **Next Steps:** The actions required to determine future use of the site will be driven by outputs from the yet to be established Microbiology transformation programme. This is included in the Microbiology Stabilisation Plan - first meeting 29th May. **Timescales:** This is being taken forward in the renewed IMTP and

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							further detail developed as part of the programme of work (SO-5.1, & 5.2)
PHS/40	Microbiology	Working with partners, undertake engagement and option appraisal events to establish an agreed vision of Microbiology services for five and ten years into the future				✔	**Cause:** Insufficient management and transformation capacity **Impact:** Delay in strategic change **Progress made:** Stabilising the service whilst introducing two significant technological developments in terms of a new molecular and genomic led service will help frame up the art of the possible in terms of scope and offer to Health Board and local authority customers. This is included in the Terms of Reference for the Microbiology Transformation Board. **Next Steps:** Included in IMTP under theme 5 **Timescales**: As per IMTP submission
PHS/42	Microbiology	Using the workforce plan, implement agreed actions to develop career opportunities across all grades including MLA, Associate Practitioners, BMS, Clinical Scientists and Consultant Healthcare Scientists		✔			**Cause**: Insufficient capacity to progress as originally planned for lower grades although progression achieved for consultant healthcare scientists (was the relative priority) **Impact:** Limited in short-term and will continue next year. Linked to service transformation **Next Steps:** Work plan for the Biomedical Support Worker pathway is continuing with revamp of generic JD/PS's for the network **Progress made:** Successful creation of Consultant Clinical Scientist. Microbiology Workforce Subcommittee has redesigned Band 2 and 3 JD/PS and Stabilisation Plan includes introduction of Band 4 posts in all three regional Hubs. Recent appointment of Band 5 posts (to develop to Band 6s) has now created a pathway (with 18 month timeline) to 'grow' into role. This work will continue with the Microbiology Transformation Board. **Timescales:** As per IMTP submission. Links to Microbiology services work (SO-5.1)
PHS/43	Microbiology	Conclude a baseline and gap analysis and make recommendations on the all-Wales laboratory service description for Microbiology			✔		**Cause:** The work is ongoing but capacity has hindered the desired pace. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescale:** As per IMTP submission

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
PHS/44	Microbiology	Consult on the development of a clinical specification for the all-Wales Microbiology and Infection service		✔			**Cause:** Insufficient management capacity consumed by operational requirements and priorities **Impact:** Negligible in short term **Next Steps**: This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/47	Microbiology	Initiate the service review of Microbiology laboratory functions in Quarter 2 (sequence of review to be informed by the outcomes of the gap analysis of service description)		✔			**Cause:** Insufficient management capacity consumed by operational requirements and priorities **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/48	Microbiology	Building on current dialogue, develop formal regional engagement and delivery mechanisms (North Wales, Mid and West Wales, arrangements for South East)		✔			**Cause:** Insufficient management capacity consumed by operational requirements and priorities. ARCH programme timescales have slipped due to wider issues for ABMUHB and HDUHB. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/52	Microbiology	With stakeholders develop and deliver option appraisals on the delivery models for Microbiology services				✔	**Cause:** Insufficient management capacity consumed by operational requirements and priorities. **Impact**: Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/53	Microbiology	Establish a mechanism through the NHS Collaborative for developing a fit for				✔	**Cause:** Insufficient management capacity consumed by operational requirements and priorities. Internal dialogue has been undertaken within the management teams. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		purpose commissioning model for the service					**Timescales:** As per IMTP submission
PHS/ 60	Screening	Plan the introduction of risk based Diabetic Eye Screening				✔	**Cause:** Identified as a risk for DESW to move to Public Health Wales that there was a lack of resources for completion of critical failsafe development, which is required to take forward this project. **Impact**: Delay to implementation of risk-based screening may affect timeliness of offered screening in the future as diabetic population increasing **Next steps:** Complete critical failsafe work. There has been agreement of the essential requirements to be in place for a 'robust' failsafe and the work for this is well progressed. Management of administration team who undertake call and recall temporarily managed through to Head of Administration for clear leadership. New Head of Programme is taking this work forward as a priority. New, non-recurrent investment has been identified to take forward the project. **Timescales**: Q2 18/19 to start project to take this forward. (SO-6.5)
PHS/ 64	Screening	Develop robust failsafe system for the Diabetic Eye Screening Programme		✔			**Cause:** As detailed in the risks for DESW to move to Public Health Wales the resources required to undertake the failsafe were not available **Impact:** a robust failsafe is in development for the programme and the risk interval project cannot be taken forward until a robust failsafe is in place. There has been a lot of work on this area and the essential requirement have been agreed for a robust failsafe, SOPs have been identified and many have been prepared and agreed, quality management document under development, standards and policies agreed, administration team responsible for call and recall are temporarily under the management of head of Administration. Where SUIs have been identified, these have been declared with no harms identified to date. **Next steps:** Continued progress. Critical pathways agreed and documentation including SOPPs being developed and implemented **Timescales:** Q1 18/19 (SO-6.5)
GOV/ 02	Governance	Devise a best practice corporate governance model to enable a more integrated approach to				✔	**Cause**: Delay in developing some of the preparatory work. Did not progress as planned in Q4. Sufficient time to consult with the Executive and Board is required. **Impact**: Potential slippage on completion timescales.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		governance incorporating corporate governance, information governance, clinical governance and risk	🟩	🟩	🟧	🟥	**Next Steps**: Take integrated corporate governance framework to Board in May 2018 for approval. **Timescales**: Quarter 1, 2018-19
HWB/ 91	Health Intelligence	**Rolled over from 2016/17:** Develop a three year plan for Welsh Cancer Intelligence Surveillance Unit with stakeholders	🟩	🟥	🟥	🟥 ✔	**Cause** - on hold pending outcome of Strategic Review of HI functions: **Impact:**- Delay in strategic development of WCISU according to stakeholder needs. **Next steps:** Action to be rolled over but already included in next year's plan - We will develop a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next decade. **Timescale:** Anticipated 18 months, but timescales dependent on review timetable
PHS/ 66	Microbiology	**Rolled over from 2016/17:** Establish an operational model for delivering an integrated infection service for regional delivery reflecting local need	🟩	🟩	🟥 ✔	🟥	**Cause:** Insufficient management capacity consumed by operational requirements and priorities. A draft model has been prepared and subject to limited circulation to prompt discussions. **Impact:** Negligible in short term **Next Steps:** This work is included in the Microbiology Transformation Boards' Terms of Reference. **Timescales:** As per IMTP submission
PHS/ 70	Microbiology	**Rolled over from 2016/17:** Carry out a gap analysis against the all-Wales service specification for microbiology	🟥 ✔	🟥	🟥	🟥	Duplicate action, refer to PHS/43 for exception report
HWB/ 21	Health Improvement	Develop a programme of work on illicit and illegal tobacco in conjunction with local authorities,	🟩	🟩	🟩	🟦 ✔	**Cause:** Welsh Government have commissioned ASH Wales to lead phase one development of a programme around illegal tobacco. **Next steps:** Public Health Wales have actively contributed to this work in its development. Phase 1 of the work was presented to the Tobacco Control Strategic

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		Welsh Government and other partners in line with the revised Tobacco Control Action Plan	🟩	🟩	🟩	🟦	Board at is February meeting and Welsh Government is currently considering how this will be taken forward. **Timescales:** To be confirmed pending Welsh Government decision
HWB/52	ACEs	Explore the introduction of an ACE Charter into key settings	🟩	🟧	🟧 ✔	🟥 ✔	**Cause**: This objective was originally to explore the role of Champions, which after initial exploration was changed to a charter. Some work has begun but the delayed start meant it hasn't proceeded as planned **Impact:** There is no material impact from this delay **Next Steps**: information has been gathered, further discussions with children and young people planned for Q4 and Q1 next year. **Timescales:** Activity to be rolled over to Q1 next reporting year
HWB/53	ACEs	Develop Adverse Childhood Experiences prevention and support communication strategy	🟥 ✔	🟥	🟥	🟥	**Cause:** Resource not in post until February 2018 **Impact:** Communication capacity hampered, no strategic approach has meant activity has not been efficient **Next Steps**: Post holder now in post and had a significant impact in a few weeks. Beginning to pull together information to develop the communication strategy. **Timescales:** Q1 next reporting year
PHS/38	Health Protection	Refresh the all Wales TB working group and produce and publish a TB control strategy for Wales	🟧	🟧	🟩	🟥 ✔	**Cause:** The All Wales working group has been re-established. A new strategy proposal requires All Wales input and agreement. **Cause -** Capacity due to ongoing outbreak pressures, staff shortages and requirement for contribution outside Public Health Wales **Impact -** minimal. **Next Steps -** Continued CCDC support identified to support the All Wales Group. Q2.
O&F/01	Communications	Evaluate the corporate communications and engagement strategy, make recommendations for improvement and revise the current document	🟩	🟥 ✔	🟥	🟥	**Cause:** Strategy needs to align with long-term strategy for Public Health Wales, currently delayed. **Impact:** Delay to completion of action, however no impact to delivery of service. **Next steps:** Start drafting strategy document when IMTP is agreed, to be completed when long-term strategy is agreed. **Timescales:** April 2018 for work related to IMTP, July 2018 for work related to long-term strategy

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
O&F/11	Communications	Develop and implement a public affairs strategy improving our communication with politicians			✔		**Cause:** Strategy needs to align with long-term strategy for Public Health Wales, currently delayed. **Impact:** Delay to completion of action, however no impact to delivery of service. Next steps: Build on the existing Board stakeholder mapping work from 2017, and establish a brief with key stakeholders. **Timescales:** April 2018 for work related to developing the brief, July 2018 for wider engagement and development
O&F/17	Informatics	Develop plans for Business Intelligence systems and services following the review of information systems				✔	**Cause;** Outcome of the HI review to be finalised. Failure to progress the DTB also contributes. **Impact;** The landscape has moved on and teams are pursuing BI tools such as 'R' **Next Steps;** Receive HI review, and follow up on the constitution of the DTB. Consult on a wider interpretation to roll this up with O&F 18, knowledge management and Enterprise Content Management (ECM) services **Timescales:** To December for review. estimate completion of the requirements by March 19
O&F/18	Informatics	Scope the requirements for a Customer Relationship Manager system to support the NHS Wales' digital health and social care strategy				✔	**Cause;** Related to O&F 17. it may be that the CRM will be rolled up into a wider ECM which not only encompasses a CRM but also Web Content Management Services (CMS), BI, collaboration and knowledge management **Impact;** As O&F 17 **Next Steps;** As O&F 17 **Timescales:** As O&F 17
O&F/28	Informatics	Deploy servers within the NHS Wales 'DMZ' (infrastructure that supports internet facing services) to improve our external (to NHS Wales) collaborative capabilities			✔		**Cause**; we have progressed with firewalls in detect mode and some operational services are active to prevent ingress. The Stratia review is now complete and we are amending our process to be consistent with the recommendations made. **Impact;** the outcome of the review has not changed our plans to implement by the 2nd qtr. 2018 **Next Steps**; Continue to configure firewalls and assess the impact on the DMZ servers **Timescales**: Looking to complete Q2 2018
O&F/31	Informatics	Build effective informatics training services				✔	**Cause;** Difficult to affect change whilst the grievance process is still in train **Impact;** Delay whilst the grievance is settled and post-activities are determined and actioned

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
			🟩	🟩	🟧	🟥	**Next Steps**; Address the impact of the grievance, generate trust across all affected and re-plan. **Timescales:** End May 2018
O&F/34	Estates and Health & Safety	Complete a review of North Wales office accommodation and recommendations agreed by Executive Team	🟩	🟩	🟩	🟥 ✔	**Cause:** This action is linked with the development of the Estates Strategy - see action O&F59. Review of north Wales office accommodation needs to accommodate the recruitment Strategy to address the current workforce pressures. **Impact-**This work is currently ongoing. Initial assessment of estate has been completed. To develop property Strategy going forward. **Next steps-** To be taken forward as part of Estates Strategy **Timescales-** Anticipated completion by end of quarter 2 2018/19.
O&F/41	Strategic Programmes	Complete the functionality & content of Public Health Wales website within the all Wales content management system	🟩	🟩	🟦	🟦 ✔	**Cause-** Whilst funding has been agreed at a National level, the Information for You National Programme Board has established a CMS implementation project Board to plan and manage the roll out of the CMS. **Impact-** We are awaiting the scoping and project initiation phase to be completed. **Next Steps-** Currently engaged in the process and are in discussion with the project leads around timelines and attempting to align these with our expectations. **Timescales-** Currently unknown however this will roll over into 2018/19 and likely to continue for at least 12 months. More detailed timescales will be confirmed in Quarter 1.
O&F/48	Planning and Performance	Undertake Business Impact Analysis to inform the refreshing of our business continuity plans	🟩	🟥 ✔	🟥	🟥	ACTION REASSIGNED TO EMERGENCY PLANNING AND BUSINESS CONTINUITY MANAGER **Cause-** This work has now been handed over to the new Emergency Planning/ Business Continuity Manager who took up post in January 2015. **Impact-** There is a knock on effect for the timescales within the original Business Continuity Work Programme and as a result the proposed Business Impact Analysis. **Next Steps-** Work to be taken forward by Business Continuity/ Emergency Planning Manager **Timescales-** To be informed by Emergency Planning/ Business Continuity Manager.

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
O&F/49	Planning and Performance	Review and refresh Business Continuity Plans	🟢	🟢	🟢	🔴 ✔	**ACTION REASSIGNED TO EMERGENCY PLANNING AND BUSINESS CONTINUITY MANAGER** **Cause**- Linked to Exception report regarding Business Impact Analysis. The Business Impact Analysis will inform the review and refresh of business continuity plans. **Impact**- Whilst a review has not been undertaken, each Directorate has business continuity plans and these are maintained regularly. This will be taken forward as part of the role of the new Emergency Planning/ Business Continuity Manager. **Next steps**- Work to be taken forward by Business Continuity/ Emergency Planning Manager **Timescales**- Action to be rolled over to 2018/19.
O&F/52	Finance	Establish financial decision making model to support realignment and allocation of funding to delivery priorities for 2018 onwards	🟢	🟢	🔴 ✔	🔴	**Cause**- Budget Scrutiny completed to establish 18/19 baseline, which includes agreed investment strategy. This included 3 investment opportunities 1) 1% Directorate savings plans to be re-invested directly back into Directorate 2) £500k Corporate Investment Reserve for Directorates to bid against 3) Organisational Efficiency work streams established to drive organisational wide savings that would then generate funds to be re-invested in transformation/transitional plans. What hasn't been completed is the model to support the realignment and re-allocation of funding based on the value and impact. **Impact**- The model to support the re-alignment and re-allocation will not be completed in 2017/2018 **Next steps**- To complete a draft proposal for consideration and incorporation which can be taken forward as part of the 2018/2019 planning framework and cycle for IMTP **Timescales**- anticipate early adopter phase for 18/19 with longer term roll out within the planning cycle of 10 year strategy
P&OD/04	People and OD	Map and publish the career structures for key professional groups	🟢	🔴 ✔	🔴	🔴	**Cause:** ESR does not allow for us to code all staff by profession, particularly in respect of our Public Health workforce as there is no data set within ESR to code them against. **Impact:** This impacts on our ability to properly report on our workforce and communicate career opportunities to our staff. **Next Steps:** We have completed a manual mapping of professions and structures and will publish this on our intranet in Q1 2018/19

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
							Timescales: The action to be rolled over to next year in respect of ESR coding, but we are dependent on a UK wide programme to create a data set for Public Health Staff
GOV/03	Governance	Develop a decision making framework for the Board and organisation taking account of the provisions of the Well-being and Future Generations (Wales) Act and the five ways of working			✔		**Cause**: A Decision Making Framework has been developed although discussions with regard to its finalisation are ongoing. Workshop held with Board February 2018. **Impact**: Slippage on completion timescales. **Next Steps**: Discussion at next Board Development Day in April 2018. **Timescales**: Quarter 1, 2018-19
GOV/04	Governance	Develop and implement a plan of Board visibility and accessibility	✔				**Cause:** Two Non-Executive Director vacancies on the Board. Therefore, it has not been appropriate to develop a documented plan. **Impact:** Whilst a specific plan has not been developed, there have been a number of positive actions undertaken during the year. For example, Chair's monthly message to staff, Executive Team weekly message, March Board meeting streamed live. **Next steps**: Agree Board visibility and accessibility plan. **Timescales:** Completion in Q1, 2018-19 (dependent on outcome of recruitment process)
PHS/68	Health Protection	**Rolled over from 2016/17:** Undertake an audit to ensure recommendations specific to Public Health Wales following outbreaks, incidents and exercises are			✔		**Cause** - Progress stalled due to winter outbreaks. **Impact –** Public Health Wales actions completed internally. Some recommendations requiring wider input not completely actioned - risk to organisation in future incidents and subsequent inquiries. **Next Steps –** Outstanding issues to be reported to and considered as part of the newly established Health Protection Advisory Group to be chaired by the CMO. **Timescales –** Q2 2018/19

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report
		implemented in a timely fashion	🟧	🟧	🟥	🟥	
PHS/69	Health Protection	**Rolled over from 2016/17:** Develop formal protocols for surge capacity for different staff groups to support escalating incidents, including mechanisms for drawing in support staff and loggists from across the organisation	🟥	🟥	🟥	✔	**Cause** - corporate emergency planning post has been appointed to and the corporate emergency planning assurance group has been established. This group met for the first time in Jan 2018 and has now developed a meeting rhythm and work plan.is meeting again in April. **Next Steps** – Emergency Planning Assurance group will discuss to look at overlaps between planning and business continuity. **Timescales** - Q2 2018/19.
P&OD/13	Organisational Development and Learning	**Rolled over from 2016/17:** Conduct a skills audit across all staff and populate Oracle Learning Management to provide a record of current skills of the workforce	🟥	✔	✔		**Cause:** Oracle Learning Management (in ESR) does not have function to conduct an audit. As a result any such process would need to be manual and therefore labour intensive, inconsistent and quickly out of date. **Impact:** Unable to conduct a skills audit without appropriate technologies. Next Steps: Establish a heads of profession network. Network to, by the end of Q3, have defined the key skills within each professional group and define levels of competence **Timescales:** End of Q2 2018/2019 establish network, Q3 define key skills Q4 scoped options for auditing skills (including ESR development, use of appraisals/forms and other technologies)
O&F/59	Estates and Health & Safety	**Rolled over from 2016/17:** Develop a two-year Estates Action Plan	🟩	🟩	🟩	✔	**Cause-** Estates Strategy needs to be aligned with the new long term Strategy. **Impact-** Estate strategy will need to be developed and finalise dover the coming months **Next Step-** A skeleton template has been produced and will be populated following analysis and informed by Strategy and IMTP. **Timescales-** Anticipated completion of Estates Strategy will be completed by end of quarter 2.

Operational Plan Change Log

Ref	Team	Action	Q1	Q2	Q3	Q4	Exception report	Revised Action for 2018/19
O&F/ 51	Finance	As part of two year value and impact project, undertake value for money review of our service and programmes, including benchmarking against similar services where possible (Quarter 4- ongoing)		✓		✓	**Cause:** Bereavement and sick leave caused delays in meeting with key individuals, which were needed in order to complete the baseline / value profiles **Impact:** Action will not be completed until first quarter 2018/19 **Next steps:** Propose action to be amended to be a baseline review rather than a value for money review **Timescales** To be completed by quarter 1 2018/19	As part of two year value and impact project, undertake baseline review of our service and programmes, including benchmarking against similar services where possible

People and Organisational Development report

Key Issues

Statutory and Mandatory Training

For the third month in a row Public Health Wales' compliance rate (as at end of March 2018) exceeded the All Wales target, with Public Health Wales achieving an overall compliance rate of 86.35% (an increase from 85.74% at end of February 2018). Work continues to support areas of the organisation where compliance is lowest in pursuit of our organisational target of 95% compliance.

Staff Turnover

Staff turnover at 11% is still above our 10% target; we continue to see trends of individuals with short service exiting the organisation, voluntary resignation (accounting for 59% of leavers in the last twelve months) and end of fixed term contracts (accounting for 18% of leavers in the last twelve months). In order to address these turnover trends we are progressing the actions as identified in the 'deep dive' review taken to the Executive in late 2017 and are reviewing our use of fixed term contracts, as well as our redeployment processes.

Sickness Absence

The highest recorded reason for absence in March 2018 was Anxiety, Stress and Depression (25%), mirroring the number one reason for absence in the preceding twelve months. In the most recent data short term absence remains the same and long term absence has increased. Focus in the short term is to support our managers to manage absence, have difficult conversations and explore all reasonable adjustments with dedicated support from our Occupational Health service (which we are currently reviewing).

Appraisals

Having completed an initial upload of appraisal data into ESR in January 2018, 44.74% of colleagues are recorded as having had an appraisal in the previous twelve months. A second collated upload of data will take place in April 2018 and user guidance has been produced for managers to enter their staff's appraisal data from then on. Communications have also been sent to the organisation confirming that reporting from 1st April 2018 will consider data in ESR only.

People and Organisational Development dashboard

	>10% below target		Within 10% of target		On target		Not applicable

Indicator	Actual/Target	Timeframe			Target Source (as relevant)
Headcount		Jan-18	Feb-18	Mar-18	
Headcount (does not include Bank and Agency staff)		1,739	1,743	1,741	
Full time equivalents (FTE)		1,544.96	1,552.05	1,550.55	
Contractual Status	Actual	Jan-18	Feb-18	Mar-18	
Permanent		1,567	1,568	1,569	
Fixed term contracts		172	175	172	
Bank staff		57	55	53	
Agency workers		40	38	43	
TOTAL		1,836	1,836	1,837	
Staff Turnover	Target	Jan-18	Feb-18	Mar-18	
Rolling 12 month staff turnover	10%	12.1%	11.9%	11.0%	Tier 1 Target
Monthly turnover rate		1.0%	0.5%	0.9%	
Starters and Leavers	Actual	Jan-18	Feb-18	Mar-18	
Starters Headcount		39	15	8	
Leavers Headcount		17	9	16	
Time to Hire	Target	Jan-18	Feb-18	Mar-18	
Time from vacancy requested to conditional offer letter issued (days)	44	42.3	43.4	40.8	NWSSP Target
Live Vacancies (by days open)	Actual	< 44	44 - 55	> 55	
Live Vacancies	38	21	12	5	
Sickness Absence	Target	Jan-18	Feb-18	Mar-18	
Monthly sickness absence rate (% FTE)	3.25%	4.58%	4.17%	4.37%	Tier 1 Target
Rolling 12 month period sickness absence rate (% FTE)	3.25%	4.02%	3.98%	3.99%	Tier 1 Target
Short term sickness absence rate (% FTE)	TBC	1.87%	1.62%	1.62%	
Long term sickness absence rate (% FTE)	TBC	2.71%	2.55%	2.75%	
Statutory and Mandatory Training	Target	Jan-18	Feb-18	Mar-18	
Training Compliance	95%	85.11%	85.74%	86.35%	Internal Target
Appraisals (My Contribution)	Target	2016		Mar-18	
Appraisal completed within previous 12 months (ESR Data as of March 2018; previously reported from 2016 Staff Survey)	85%	71%		44.74%	Tier 1 Target
Employee Engagement	Target		2013	2016	
Job satisfaction (Staff Survey)	TBC		73%	72%	% Reported to Gov't
Gender	Target		Mar-17	Mar-18	
Male	TBC		24%	23%	
Female	TBC		76%	77%	
Black, Asian and Minority Ethnic (BAME) Staff	Target		Mar-17	Mar-18	
BAME	TBC		3%	3%	
White	TBC		68%	73%	
Not Declared/Unspecified	TBC		29%	24%	
Disability	Target		Mar-17	Mar-18	
Yes	TBC		2%	3%	
No	TBC		49%	56%	
Not Declared/Unspecified	TBC		49%	41%	

Staff Turnover, Starters and Leavers

Turnover Rate

11.8 11.7 12.3 12.3 11.8 11.7 11.7 11.9 11.9 12.1 11.9 11.0

Target= 10%

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18

Starters and Leavers

Starters —
Leavers —

Month	Starters	Leavers
Apr-17	18	-17
May-17	14	-14
Jun-17	12	-20
Jul-17	17	-15
Aug-17	19	-10
Sep-17	23	-19
Oct-17	36	-17
Nov-17	20	-19
Dec-17	11	-15
Jan-18	39	-17
Feb-18	15	-9
Mar-18	8	-16
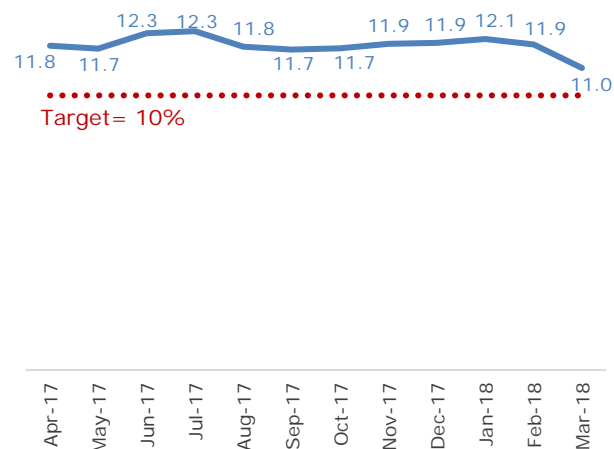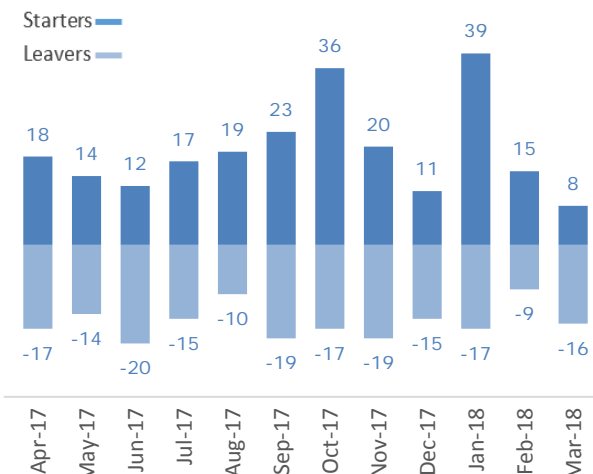
Leavers and length of service
Leavers from 1 April 2017 to 31 March 2018

Length of service	Leavers
<1 Year	51
1 to 2 Years	40
2 to 5 Years	42
5 to 10 Years	17
10 to 15 Years	26
15 to 20 Years	8
20 to 25 Years	4
>=30 Years	1
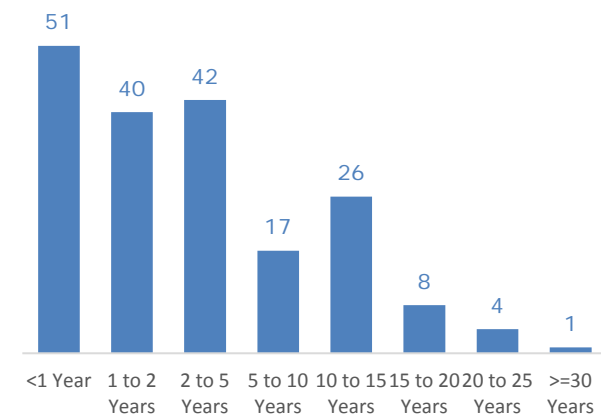
Summary of performance

- NHS best practice indicates that turnover should not exceed 10%; the turnover figure for March 2018 is 11.0%. February's figure was 11.9%.
- Staff turnover causes service pressures also has the potential to affect related aspects of employment such as employee engagement and sickness absence. Demands are placed on the recruitment process and high turnover affects the organisation's ability to plan and manage the delivery of services.

Actions to improve performance

- Voluntary Resignation is the main reason for leaving and the People and OD team are undertaking analysis to understand and address voluntary attrition
- The main destination of known leavers is to other NHS organisations and this is being looked at through the workforce plans, and the recruitment and retention strategies being developed as a result.
- The People team are undertaking a piece of work looking at the redeployment process in the organisation, including process mapping work and wider work with managers surrounding how to support those in a redeployment situation.
- Further conversations are also taking place in targeted areas where fixed term contracts are being used in order to explore the reasons for this and look at alternative options.

Leaving Reason	Leavers
Dismissal	4
Transfer	4
End of Fixed Term Contract	34
VERS	3
Retirement	33
Voluntary Resignation	111
Grand Total	**189**

Destination on Leaving	Leavers
NHS Organisation	56
Unknown	57
No Employment	37
Private Sector	13
Public Sector	10
Other	16
Grand Total	**189**

Sickness Absence

Sickness absence (% FTE), monthly rate
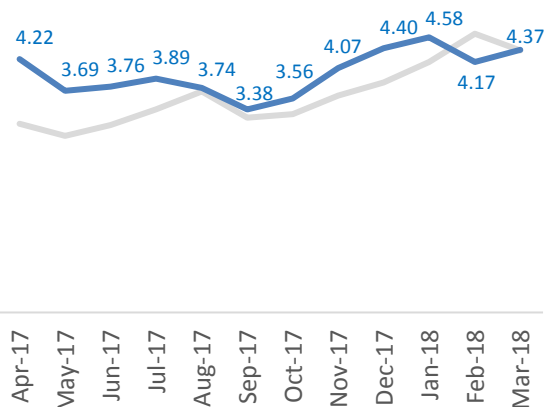
Sickness absence (% FTE), annual rolling rate
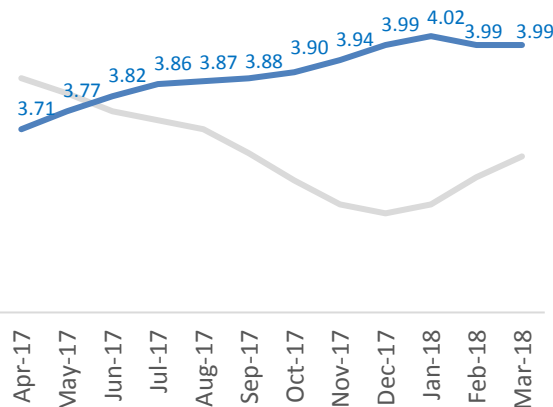
Long term and short term sickness absence (FTE %)

Long Term Absence FTE %   Short Term Absence FTE %
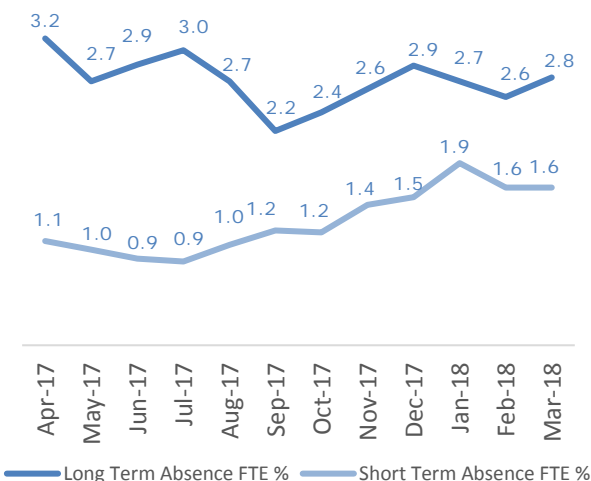
Summary of performance

- Sickness absence is a ministerial priority; the Welsh Government target for Public Health Wales is 3.25%. The sickness absence figure for March 2018 is 4.37%. The highest recorded reason for absence remains as anxiety and stress.

Actions to improve performance

- Stress and minor illnesses such as cold and flu has remained the top causes of absence in the UK since 2016. The most effective means of managing absence are the return to work interviews, OH involvement and line managers taking the lead on managing absence. A lot of work has been done with managers to help empower them to manage absence, having difficult conversations and exploring all reasonable adjustments. Work is also continuing developing specific resources for managers and individuals in managing stress in work.

- The work currently being undertaken in reviewing the OH specification has put additional focus on the role of OH in managing cases, in particular them playing a much more interactive role in the process. This will hopefully have a greater impact in developing more tailored solutions to support those on long term sickness. ESR/BI workshops/drop in sessions were held in April and will continue into May to support managers in obtaining and using managing information relating to sickness absence.

Top 10 Sickness Absence Reasons (Absence FTE %)

Reason	Absence FTE %
Anxiety/stress/depression/oth...	27.2%
Unknown causes / Not specified	9.9%
Other musculoskeletal problems	9.7%
Cold, Cough, Flu - Influenza	8.0%
Other known causes - not...	7.4%
Gastrointestinal problems	7.1%
Injury, fracture	5.7%
Genitourinary &...	3.7%
Chest & respiratory problems	3.4%
Ear, nose, throat (ENT)	3.4%
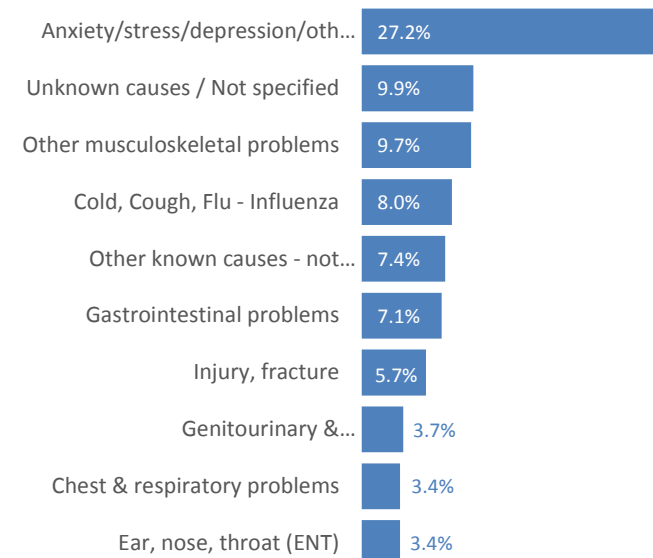
Statutory and Mandatory Training

Competence Name	Required	Achieved	Compliance
Equality, Diversity and Human Rights	1777	1502	84.52%
Fire Safety	1777	1503	84.58%
Health, Safety and Welfare	1777	1522	85.65%
Infection Prevention and Control	1777	1685	94.82%
Information Governance (Wales)	1777	1484	83.51%
Moving and Handling - Level 1	1777	1506	84.75%
Resuscitation - Level 1	1777	1370	77.10%
Safeguarding Adults - Level 1	1777	1565	88.07%
Safeguarding Children - Level 1	1777	1539	86.61%
Violence and Aggression (Wales) - Module A	1777	1667	93.81%

Directorate	Required	Achieved	Compliance
ACES Directorate	30	14	46.67%
Corporate Directorate	240	220	91.67%
Health & Wellbeing Directorate	4330	3777	87.23%
Hosted Directorate	730	632	86.58%
NHS Quality Improvement Directorate	590	547	92.71%
Operations and Finance Directorate	1000	917	91.70%
People & OD Directorate	290	282	97.24%
Policy Research & International Directorate	490	482	98.37%
Public Health Services Directorate	9520	7987	83.90%
Quality Nursing & Allied Profs Directorate	360	339	94.17%
SPRs Directorate	190	146	76.84%

Statutory & Mandatory Training Compliance

Target = 95%

68.6 70.8 71.8 75.5 75.9 77.5 79.7 82.2 83.3 85.1 85.7 86.4

Apr-17 May-17 Jun-17 Jul-17 Aug-17 Sep-17 Oct-17 Nov-17 Dec-17 Jan-18 Feb-18 Mar-18
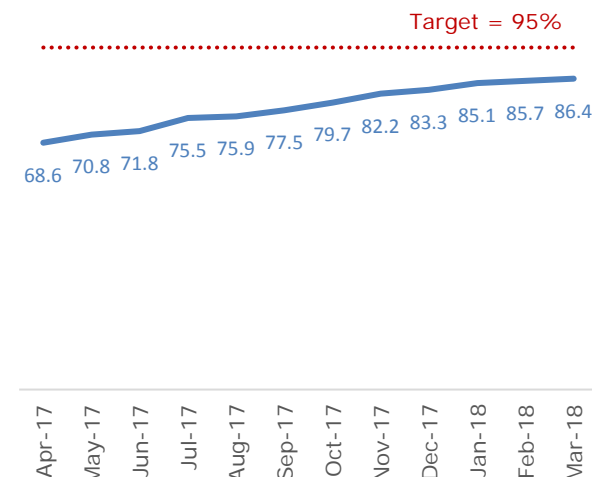
Summary of performance

- Compliance with level one statutory and mandatory training subjects in the core skills training framework is a key priority for the Welsh Government, with a tier one target compliance rate of 85%, although we have set a higher internal target for 95% compliance.
- The compliance rate as at end of March 2018 is 86.35% (an increase from 85.74% at end February 2018).

Actions to improve performance

- Compliance with Statutory and Mandatory training continues to improve month on month and individual matrices will be updated with effect from April to include reports on other training mandated nationally.
- Systems development in respect of Statutory and Mandatory compliance will be delivered in the 2018/19 performance year and Directorates have been tasked to increase their compliance levels to the target threshold by the end of the current performance year. Compliance with statutory and mandatory training will continue to be monitored and reported monthly.

Agency Spend

Monthly Agency Spend
May 2017 to April 2018

£'000

143k 137k 185k 155k 170k 168k 175k 190k 163k 161k 228k 171k

May-2017 Jun-2017 Jul-2017 Aug-2017 Sep-2017 Oct-2017 Nov-2017 Dec-2017 Jan-2018 Feb-2018 Mar-2018 Apr-2018
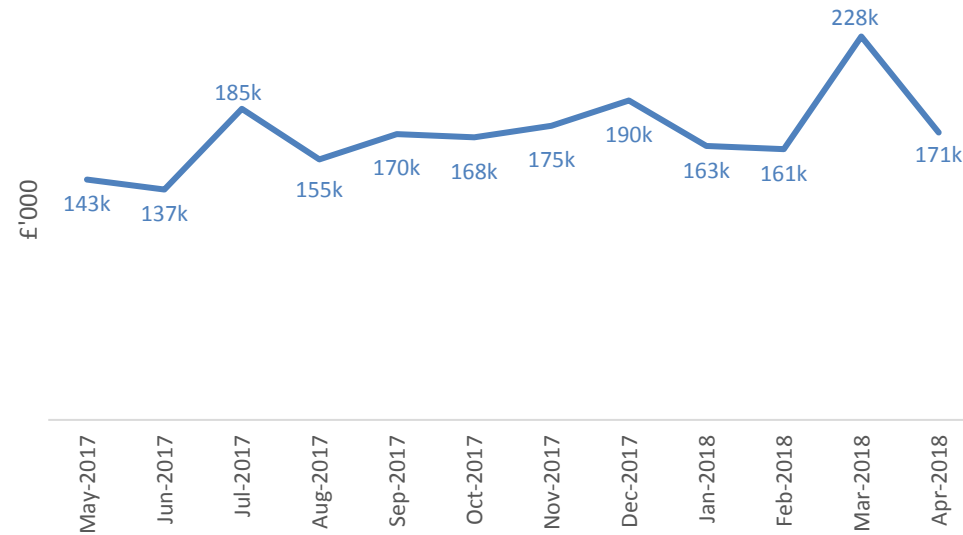
Rolling 12 Months Agency Spend by Category

Healthcare Scientists £597,000

Administrative, Clerical & Board Members £705,000

Allied Health Professionals £12,000

Medical & Dental £732,000
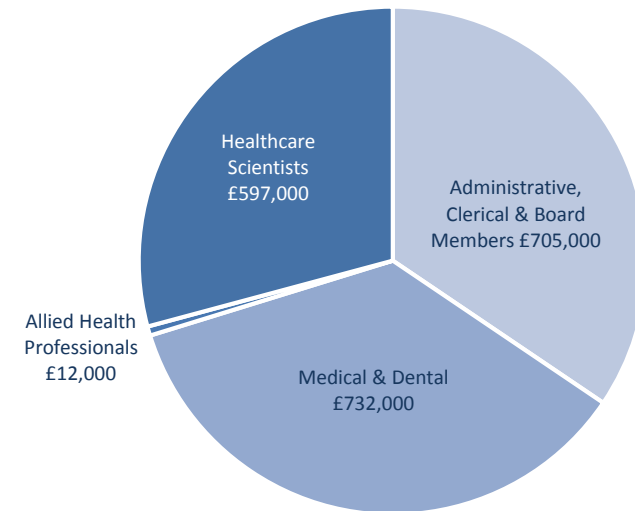
Summary of performance

- Agency spend for April 2018 totals £171k, equating to 2.6% of total expenditure. This is consistent with the average for 2017/18 (2.6% of total pay).
- There has been a decrease of £57K in agency costs from March to April due to a significant decrease in expenditure in the category 'Administrative, Clerical & Board Members' from £100K in March to £49K in April, and a slight decrease in 'Medical & Dental' agency costs, £76K to £65K.

Actions to improve performance

- Finance have provided a breakdown of 'Administrative, Clerical & Board Members' agency worker expenditure in 2017/18, and the People team will investigate to understand the reasons for the high level of expenditure in this category, and recommendations to reduce these costs.
- Welsh Government continue to scrutinise Medical and Dental agency and locum and expenditure. However, monthly reporting has ceased and reports are now due quarterly for the remainder of this year.

Overview of Quality Performance

Putting Things Right – Handing Concerns (Complaints, Claims and Incidents)

Complaints: During April 2018 2 formal and 4 'on the spot' complaints were received. The number of concerns received in April 2017 is similar, however the number of formal concerns was higher and the number of 'on the spot concerns' was lower. This would indicate that staff are more confident in trying to resolve concerns 'on the spot', which are usually issues that are relatively easy to address and can normally be dealt with in 24/48 hours.

Compliments: During April 2018, a total of 16 compliments were received. Based on the April 2018 data the ratio of compliments to formal is 8:1.

Claims: At the end of April 2018, there were 14 open claims, 12 of which relate to clinical negligence and two to personal injury claims. Furthermore, during the period 1 claim was closed. In addition to the claims, there are currently 2 redress cases being progressed.

Patient and Client Incidents: The most frequently recorded type of incidents on Datix is patient and client. During April 2018 a total of 40 patient and client incidents were reported:

- Screening Division   25
- Microbiology Division   15

This is a slight decrease compared to the same period in 2017, where 51 patient and client incidents were reported. For the reporting period the most frequently recorded incidents in the context of patient safety were laboratory incidents which totalled 11. A further analysis of the data for laboratory incidents indicates that the sub categories lost / delayed specimens was the highest reported incidents and a variety of reasons for these events are recorded on Datix (e.g. DX failure to collect samples).

Overview of Finance performance – Month 1

1   Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the Month 1 revenue position for Public Health Wales. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 14th May 2018 as part of the full financial monitoring return for Month 1.

2   Financial Position

The cumulative reported position is a net surplus of £24k, and is summarised in the table below. The cumulative non-NHS Public Sector Payment Policy positon at month 1 was 94% against a target of 95%.

Cumulative Financial Position

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-11,618	-11,325	293	2.58%
Pay	6,696	6,590	-106	-1.61%
Non Pay	4,693	4,482	-211	-4.70%
Grand Total	**-229**	**-253**	**-24**	

Details of variances by Directorate are provided in section 3, with further analysis on pay under spend and the impact on performance in section 4.

3   Financial Performance by Directorate

Directorate	Annual Budget £000s	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	Cumulative Variance £000s 2017/18
Public Health Services	45,886	3,731	3,719	-12	-143
Health and Wellbeing	24,365	2,011	1,993	-18	-277
Policy, Research & International Devt	2,253	186	186	-0	10
Quality Improvement and Patient Safety	3,632	300	285	-15	0
Quality Nursing and Other Allied Profs	2,266	186	173	-12	-104
Operations and Finance	7,548	623	624	0	43
Workforce and OD	1,519	124	121	-3	-44
Board and Corporate	1,734	143	145	2	25
Central Budgets	-89,304	-7,541	-7,507	34	463
Hosted Organisations	0	-0	-0	-0	-5
ACE's Hub Directorate	100	8	8	0	4
Grand Total	**0**	**-229**	**-253**	**-24**	**-28**

Public Health Services: £12k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	(2,302)	(2,268)	34	-1.5%
Pay	3,267	3,219	(48)	-1.5%
Non Pay	2,766	2,768	2	0.1%
Grand Total	**3,731**	**3,719**	**(12)**	

The overall Directorate under spend position of £12k at Month 1 is made up of under spends within Screening Division of £61k and Health Protection of £24k which in turn is offsetting the £81k Microbiology Division pressure. Key highlights include:-

Screening – under spend of £61k

Income: £2k under achievement, due to under recovery of staff recharge income (vacant post), which was partly offset by Cervical Screening Wales course fees.

Pay: £50k under spend
- vacancies in a number of areas including Breast Test Wales (£27k), Diabetic Eye Screening (£8k)
- A vacancy/turnover factor of £70k has been covered within this position.

Non-Pay: a small underspend of £12k against a £1.5m Month 1 budget.

Microbiology – over spend of £81k

Income: £25k under achievement, due to lower actual income against budget for other income. Work is ongoing to ensure more accurate budget profiling in relation to significant programmes of work and over-activity. Adjustments will be agreed and actioned for month 2 reporting.

Pay: £29k over spend
- The vacancy/turnover factor has been increased from £533k to £967k for 2018-19, which means a total of £81k of vacancies/turnover is needed to contribute to a break-even position on a monthly basis. This £81k target has been offset by a number of vacancies in medical, laboratory, and admin staff categories for month 1.
- In April two locum agency consultants in North Wales cost £64k. Agency staff are also being used in Cardiff Bacteriology to cover the new 24/7 working arrangements. This is a continued trend from 2017-18 and will need to be factored into forecast positions.

Non Pay: £22k over spend mainly relates to over spends in laboratory consumables in North Wales and Swansea laboratories.

Health Protection – under spend of £24k

Income: a small over achievement of £2k due to higher than anticipated conference income

Pay: £13k under spend

- Mainly as a result of a recent consultant retirement and transfer of a member of staff to another division.
- The pay variance for the division includes a vacancy/turnover factor in month of £21k

Non Pay: a small underspend of £9k as a result of lower than anticipated spending

Health and Wellbeing: £18k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-214	-232	-17	7.5%
Pay	1,562	1,607	45	2.8%
Non Pay	663	618	-46	-7.4%
Grand Total	**2,011**	**1,993**	**-18**	

The overall Directorate under spend position of £18k at Month 1 is made up of under spends within the divisions of Health Improvement and Primary Care, which in turn are offsetting pressures in Health Intelligence, Health and Wellbeing Management Admin, and Local Public Health Teams. Key highlights include:-

Health Improvement – under spend of £28k

Income: There is a small under achievement on income of £1k within the CAMHs team, which is offset with an under spend in pay.

Pay: £2k under spend, which is offset by the underachievement on income as mentioned above.

Non Pay: The £28k under spend is within Health Improvement Programmes. Non pay plans are due from the division with the expectation that the budgets will need to be re-phased.

Health Intelligence – over spend of £10K

Income: Break-even position reported. All income has been invoiced as per agreed income budgets.

Pay: £9k over spend due to the cumulative vacancy/turnover factor of £10k.

Non Pay: £1k over spend due to library annual subscription fees.

Primary Care – under spend of £27k

Income: Break-even position reported. All income has been invoiced as per agreed income budgets.

Pay: £24k under spend as a result of several vacancies within the Primary Care team following a staff restructure. This also includes an in month vacancy/turnover factor of £5k

Non Pay: £3k under spend is due to expenditure expected to be incurred later in the financial year.

Health & Well Being Management and Admin – over spend of £14k

Pay: £19k over spend
- This over spend is as a result of agency costs within month 1 totalling £8k
- The pay variance for the division includes the cumulative vacancy/turnover factor of £11k

Non Pay: £5k under spend is due to expenditure expected to be incurred later in the financial year.

Local Public Health Teams – over spend of £14k

The reported over spend of £14k is due to the budgets associated with the Healthy Schools Scheme yet to be uploaded. This will be actioned in month 2.

Policy, Research and International Development: Break-Even

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-52	-74	-21	28.7%
Pay	189	225	36	16.0%
Non Pay	50	35	-15	-42.6%
Grand Total	**186**	**186**	**-0**	

The overall Directorate position at Month 1 is a break-even position. There has been an over recovery in income which is mostly offset by staffing costs. The pay is overspending by £36k, £6k of which is relating to the vacancy factor.

Quality Improvement and Patient Safety: £15k under spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-36	-36	0	0.0%
Pay	276	261	-15	-5.7%
Non Pay	60	60	0	0.0%
Grand Total	**300**	**285**	**-15**	

The overall Directorate position reported at Month 1 is a £15k under spend wholly against pay. This is as a result of 3 vacancies within the Directorate. The vacancy factor offset within this position is £7k for month 1.

Quality Nursing and Other Allied Professions: £12k under spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-3	-11	-8	69.0%
Pay	176	171	-4	-2.5%
Non Pay	14	13	-0	-2.7%
Grand Total	186	173	-12	

The overall Directorate position reported at Month 1 is an under spend of £12k. There is an over-recovery of income of £8k in relation to the Welsh Government Future Generations Commissioner funding and income for a Band 7 secondment. There is an under spend of £4k against pay as a result of backfill arrangements for an outward secondment to Board & Corporate. Within this position a vacancy factor of £4k has been covered off for month 1.

Operations and Finance: Break Even

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-14	-16	-2	10.0%
Pay	360	361	1	0.3%
Non Pay	278	279	1	0.4%
Grand Total	623	624	0	

The overall Directorate position reported at Month 1 is break even. Under spends of £4k against Finance and £1k for Estates are offset by over spends of £3k for Communications, £2k for IM&T and £1k for Strategy & Planning. Total pay budgets show an over spend of £1k after covering off the vacancy factor for month 1 of £7k.

People and Organisational Development: £3k under-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-9	-9	-0	0.0%
Pay	105	101	-4	-3.7%
Non Pay	28	28	1	2.0%
Grand Total	124	121	-3	

The overall Directorate position reported at Month 1 is an under spend of £3k. An under spend of £4k on pay is the result of an 8a vacancy after covering off a vacancy factor of £2k for the month. This is offset by an over spend of £1k on non pay.

Board and Corporate: £2k over-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-4	-17	-13	77.9%
Pay	139	157	18	11.3%
Non Pay	8	5	-3	-54.1%
Grand Total	**143**	**145**	**2**	

Board and Corporate Month 1 position is £2k overspent. This is mainly as a result of an £18k over spend on pay due to an outward secondment and a vacancy factor of £2.3k. This is offset by an over recovery against income of £13k for the secondment.

Central Budgets: £34k over-spend

Type	Cumulative Budget £000s	Cumulative Actual £000s	Cumulative Variance £000s	% Variance
Income	-7,797	-7,789	8	-0.1%
Pay	21	20	-2	-8.8%
Non Pay	235	262	28	10.6%
Grand Total	**-7,541**	**-7,507**	**34**	

Central Budgets include Core Income, Welsh Risk Pool, and Investment budgets. There are no unallocated reserves within this position. The over spend at Month 1 is mainly as a result of £16k relating to Permanent Injury payment.

Hosted Organisations
- **NHS Wales Health Collaborative** - The NHSWHC is reporting an under spend of £66k at month 1. This is a result of a pay under spend of £94k due to vacancies across the organisation and a non pay under spend of £167k due mainly to timing of projects. This is offset by an under-recovery of income of £195k as some income streams are drawn down in line with project spend. Any under spend for the year will be returned to funding organisations and therefore within the Public Health Wales monitoring position this is being reported as a break-even position.
- **Finance Delivery Unit** – The FDU is reporting an under spend of £51k at month 1. This is the result of a pay under spend of £39k due to a number of vacancies within the new structure currently undergoing recruitment, and a non pay under spend of £12k following very little non pay spend in the month. It is assumed that any under spend for the year will be returned to Welsh Government and therefore within the Public Health Wales monitoring position this is being reported as a break-even position.

Adverse Child Experiences Hub

The ACE's hub forecast is that of break-even and therefore the position reported for month 1 reflects the current spending plans of the division.

4   Pay Analysis

The table below summarise the pay position by Directorate, and includes the analysis of the vacancy/turnover factor that is reported within the pay position for Month 1:-

Directorate	Total Pay Budget £000's	Budget Excluding Vacancy Factor £000's	Vacancy Factor £000's	Budget Month 1 £000's	Actual Pay Month1 £000's	Variance Excluding Vacancy factor £000's
ACES HUB Directorate	414	35		35	35	0
Board and Corporate	1,672	142	-2	139	157	18
Health and Wellbeing Directorate	18,744	1,628	-66	1,562	1,607	45
Hosted Directorate	6,797	566		566	433	-133
NHS Quality Improvement	3,313	283	-7	276	261	-15
Operations and Finance	4,345	367	-7	360	361	1
Policy Research and International Directorate	2,266	194	-6	189	225	36
Public Health Services Directorate	39,261	3,439	-172	3,267	3,219	-48
Quality Nursing and Other Allied Profs Directorate	2,143	180	-4	176	171	-5
Workforce & Org Develop Directorate	1,257	107	-2	105	101	-4
Central	947	0	21	21	20	-1
Grand Total	**81,161**	**6,942**	**-246**	**6,696**	**6,590**	**-106**

It is worth noting that the £106k underspend on pay has in the main come from Hosted Directorates and is not therefore an underspend that can be used for Public Health Wales purposes. The overall pay position for Public Health Wales at month 1 is therefore a small overspend of £27k, however this is after taking into account (£246k) negative budget for vacancy/turnover factor.

The graph below shows the cumulative variance (£000s) by directorate and by pay type. Agency and locum actual costs for the year to date are £0.171m, equating to 2.6% of total pay expenditure. This is the same as the levels in 2017/18 (2.6%), primarily due to difficulty in recruiting microbiology consultants and having to employ two locum microbiologists in North Wales. In addition, difficulty recruiting to biomedical scientist (BMS) positions with North Wales and Cardiff laboratories has resulted in significant BMS agency expenditure.

Pay Type
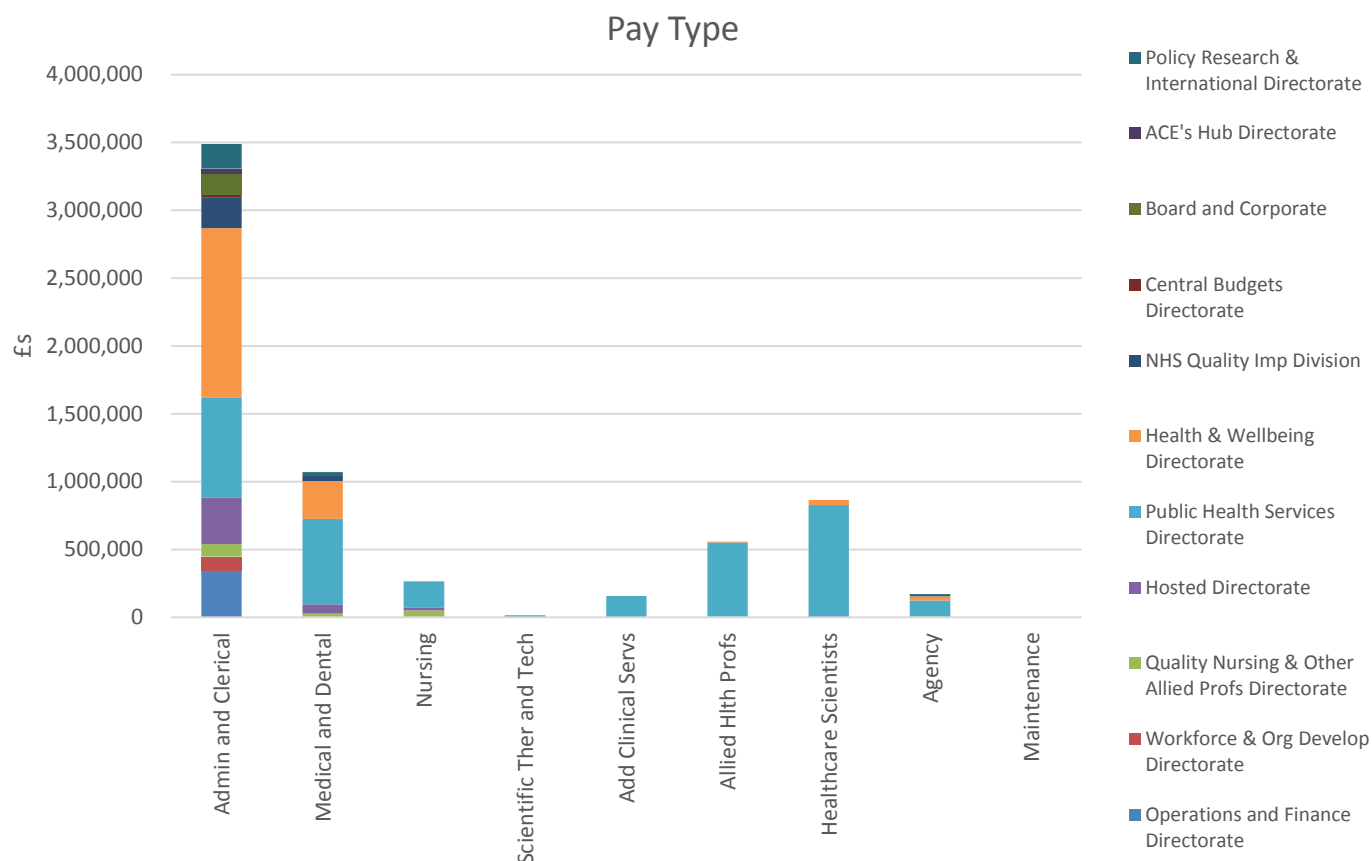
5 Budget Phasing

The budgets for 2018/19 in the main have been uploaded in equal twelfths. However, there are several discreet budgets that have been phased differently in month 1 to reflect the timing of this expenditure. These include the following areas:

Area of Spend	Directorate	Phasing / Allocation
Investments	Central	March Only
Pay Award funding	Central	March Only
Molecular Diagnostics	Microbiology	April (Income & Non Pay)

Work is currently ongoing to identify where expenditure profiles differ to equal twelfths, and Directorates will be able to request a change in profiling as long as a detailed spending profile is provided. The budgets will then be phased to match the proposed spending plans with the plans monitored throughout the year.

6 NHS Wales Service Level Agreements (SLAs) and Long Term Agreements (LTAs)

Public Health Wales are working towards the deadline of 30th June for the sign off of all agreements. The current status is as follows:-

- ➢ The majority of microbiology SLAs cover a three year period. As these were agreed in 2017/18 they will not need to be renewed until 2020/21. The exceptions are:
  - • Cwm Taf UHB – This was finalised week ending 4th May 2018.

- Betsi Cadwaladr UHB – Discussions have commenced due to a number of changes requested to the current SLA.
- Welsh Ambulance Trust – Awaiting signed copies.

➢ Screening SLAs are also renewed on a three year period. Updated financial appendices were issued for 2018/19 week commencing 16th April 2018.

➢ The SLA with NWIS for the provision of ICT support is currently being discussed.

7   Savings

The savings target needed in order to achieve a balanced budget in 2018/19 is £2.198m. These have been grouped into 6 individual schemes for the purposes of monitoring against these savings targets. All savings schemes have now been identified, however there are an additional £400k of savings linked to organisational efficiency workstreams which will not materialise until part way through the year. Whilst every effort will be made to ensure the savings plans are achieved in 2018/19, there is nevertheless a risk that they are not achieved in full. Therefore, 25% under-achievement has been built in as an element of risk management.

Delivery of these schemes will be monitored closely and reported on accordingly.

8   Forecast Position

Public Health Wales is currently anticipating a breakeven position, in line with the 2018/19 budget setting process and detailed work of the Integrated Medium Term Plan (IMTP).

The Finance Business Partners will work with Directorate and Divisional senior management to ensure that any changes to forecast plans are included in the detailed projections and that assumptions and risks associated with the figures are captured. This ensures that monthly changes to plans can be monitored closely, and reported to each senior management team as part of routine financial performance reporting.

9   Capital Programme

Public Health Wales capital funding for 2018/10 totals £1.615m, split as follows:-

➢ Discretionary £1.293m
➢ Strategic £0.322, which is in respect of CSIMs year 3

Bids have been invited from across Public Health Wales to access the discretionary capital funding. These bids will be reviewed by the Capital Planning group, and the list of approved bids will be ratified by Executive Board before commencement of schemes. Reporting on the capital programme agreed will commence from month 2.

10 Recommendations

The Board are asked to note:-

- The month 1 position for Public Health Wales is a small surplus of £24k on revenue;
- The financial performance of the Directorates at Month 1, with the key issues highlighted;
- Summary of the position for Hosted Organisations and ACEs Hub;
- Pay Analysis, highlighting the vacancy/turnover factor, significant pay under-spends and pay variance by categories of pay expenditure;
- The position in respect of budget phasing for month 1 and the ongoing work to re-profile key budgets where expenditure plans are available;
- The current status in respect of SLAs/LTAs;
- Savings target of £2.198m and the unidentified element of £400k relating to organisational efficiency;
- The anticipated break-even position in line with IMTP and the work to now ensure robust monitoring of forecast plans throughout the financial year, and
- The status of the Capital Programme for 2018/19.

End of Year Performance Review: Well-being Statement and Objectives

1   Purpose

To provide an end of year update on Public Health Wales' response to the Well-being of Future Generations (Wales) Act 2015 and progress against the well-being objectives.

2   Background

The Well-being of Future Generations (WFG) Act came into effect on 1 April 2016; key milestones for the Act are summarised in Annex 1. Public Health Wales set its first well-being objectives in March 2017 by taking a WFG 'lens' to the organisation's Integrated Medium Term Plan, reflecting our position at a point in time i.e. in the final year of a three strategic plan (Figure 1).

Figure 1: Public Health Wales' well-being objectives, March 2017-March 2018.

Public Health Wales will work with others to:

1 Build capacity and support system change, to protect and improve health and reduce inequalities

2 Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment

3 Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life

4 Minimise public health risks from current and emerging diseases, environmental hazards and emergencies

5 Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage

6 Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales

7 Strengthen our role in global health and sustainable development, realising the benefits of international engagement

These well-being objectives were updated in March 2018, providing full alignment with organisational long term strategic priorities.

In May 2018, the Future Generations Commissioner for Wales has published *Well-being in Wales: The journey so far[1]*, which examines well-being objectives set by public bodies and provides advice on how organisations can demonstrate they are taking effective steps to meet their objectives.

In parallel, the Auditor General for Wales has published *Reflecting on Year One: How have public bodies responded to the Well-being of Future Generations (Wales) Act 2015?[2]*, which aims to:

- provide an overview of how the 44 public bodies are responding to the Act;

- identify and disseminate emerging practice to help public bodies learn and improve; and

- help inform the focus of future audit work under the Act.

The overall conclusion of the Auditor General is that "*Public bodies support the principles of the Well-being of Future Generations (Wales) Act 2015 and are taking steps to change how they work*".

3 The Health and Sustainability Hub

The Health and Sustainability Hub (in Policy, Research and International Development Directorate) was created to support Public Health Wales to meet its duties in the early years of the Act and to maximise opportunities afforded by the Act. The decision to establish the Hub has been commended by Andrew Goodall (CEO NHS) and Sophie Howe as demonstrating leadership in supporting the implementation of the WFG Act for both Public Health Wales and the wider NHS and public service.

3.1 Supporting an organisational response

The Hub led the development of Public Health Wales' well-being statement and objectives in March 2017, and more recently has developed a new well-being statement, following the update of organisational well-being objectives in March 2018.

The Hub has undertaken considerable staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act; over 120 'engagements' have taken place in 2017-18 across all Directorates and with corporate leads for support functions. The Hub has

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[1] Available at: https://futuregenerations.wales/wp-content/uploads/2018/05/2018-05-10-FGCW-1-year-Report-_English.pdf
[2] Available at: https://futuregenerations.wales/wp-content/uploads/2018/05/Reflecting-on-Year-1-English.pdf

also delivered several lunchtime talks with Cynnal Cymru-Sustain Wales, Size of Wales and the BBC.

The Hub has supported the development of Public Health Wales' approach to environmental sustainability, and has delivered a workshop for corporate leads on the subject with Cynnal Cymru. In October 2017, the Hub facilitated Public Health Wales becoming the first public sector organisation in Wales to achieve recognition in Cynnal Cymru's 'carbon literacy' training.

3.2   Enabling a collaborative approach

A 'PSB Support Network' has been set up for the Public Health system in its work with Public Services Boards (PSBs).   To date, this has involved working in partnership with People and Organisational Development Directorate to deliver three workshops for Public Health leads in local areas.

The Hub is participating in the Sustainable Development Co-ordinators' Cymru network and the National Bodies Network, through which it is identifying opportunities for developing joint well-being objectives and joint ways of working to deliver shared outcomes.

The Hub's collaboration with the Office of Future Generations Commissioner and Betsi Cadwalader Health Board on a 'Live Lab' programme of work to explore and explain the practical implications of the Act and support innovation, transformation, and organisational cultural change has been highlighted at a recent WAO national learning event as one of the ways Public Health Wales is leading and supporting system change.

Two recent publications, supported by the Hub, highlight Wales as a country case study, providing a concrete example of a national approach to sustainable development (*Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world* (2017)[3] and *Sustainable development in Wales and other regions in Europe – achieving health and equity for present and future generations (2017))*[4].

4   How has the Act made a difference?

The WFG Act, and in particular the 'long-term' way of working, is one of the drivers for Public Health Wales developing a long-term organisational strategy to 2030.

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[3]Available at:
www.sahealth.sa.gov.au/wps/wcm/connect/4760078042fd0137a2cff68cd21c605e/17061.3+HiAP+Who+Case+Study+Book-ONLINE.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4760078042fd0137a2cff68cd21c605e-lYyto6K
[4] Available at: www.euro.who.int/en/publications/abstracts/sustainable-development-in-wales-and-other-regions-in-europe-achieving-health-and-equity-for-present-and-future-generations-2017

The decision to align organisational strategic priorities and well-being objectives means that future measurement of progress and impact will be further integrated within organisational performance monitoring processes.

4.1 Measuring our Progress to Date: Mapping against actions within our Integrated Medium Term Plan

To monitor progress against our well-being objectives, each well-being objective was mapped against the contributory actions within the Operational Plan 2017/18. Table 1 summarises the number of year one Operational Plan actions that contribute to achieving each of the well-being objectives. It is worth noting that some actions contribute to more than one well-being objective.

Table 1: Number of Operational Plan actions contributing to well-being objectives

Well-being objective	Number of actions contributing to objective
1	138*
2	46
3	106*
4	93
5	49
6	16
7	10

*N.B Duplicative actions have been removed since reporting at mid-year

Performance against each of the well-being objectives at year-end is summarised in Figure 2. The charts highlight the status (see key) of completion of the contributing Operational Plan actions to each well-being objective, by percentage.

Where actions that contribute to well-being actions are behind schedule (red) or responsibility now sits with an external agency (blue), exception reports have been provided by relevant Directorates and are included in the March 2018 integrated performance report.

Figure 2: Performance against well-being objectives

Legend:
- On track or completed (green)
- Behind schedule but will be completed within agreed timescales (not applicable in quarter 4) (yellow/orange)
- Behind schedule and will not be completed within agreed timescales (red)
- Responsibility now sits with an external agency (blue)

Contribution to Wellbeing Objective 1 — 138 actions: 85%, 14%, 1%

Contribution to Wellbeing Objective 2 — 46 actions: 72%, 24%, 4%

Contribution to Wellbeing Objective 3 — 106 actions: 84%, 14%, 2%

Contribution to Wellbeing Objective 4 — 93 actions: 80%, 19%, 1%

Contribution to Wellbeing Objective 5 — 49 actions: 90%, 10%

Contribution to Wellbeing Objective 6 — 16 actions: 69%, 31%

4.2   Case Studies

Two case studies provide examples of activities that contribute to achieving the well-being objectives, influencing cultural and system change whilst embedding the sustainable development principle.

- Public Health Wales' environmental sustainability approach
- Supporting our Teams to 'baseline' their responses to the Well-being of Future Generations Act

Further details are provided in *Annex 2.*

5   2018/19 - Sustainable Development: everybody's business

In addition to continued communications and engagement work across the organisation to further raise awareness and understanding of the Act and ongoing collaborative working, examples of further work to embed sustainable development in 2018-19 include:

5.1   'Be the Change' campaign

Following the example of the United Nations, the Health and Sustainability Hub is developing 'bite size' practical guides for Public Health Wales staff as part of an overall campaign to *'Be the Change'.* The guides will offer

'top tips' to challenge staff to reduce negative impacts and maximise positive impacts across the well-being goals, and will be tailored to the work of the organisation and its services.

5.2   SIFT tool

The Hub is progressing a new tool - Sustainability Improvement for Teams (SIFT). The tool will help to translate the high level ambition of the legislation into meaningful actions that can be delivered by individuals and teams with the aim of changing cultural norms over time and making the ways of working 'everyday' practice. The SIFT tool development has been informed by findings from Quality Improvement, advice and experiences from NHS 1000 Lives, learning and expertise from organisational change and organisational development and public sector reform. The tool is being tested in a number of settings and once testing is complete, opportunities to widen its use in other sectors and settings will be explored with the Wales Audit Office and through the National Bodies Network.

5.3   Sustainability Showcase events

Together with Public Health Network Cymru and the Office of the Future Generations Commissioner, a series of events are being held across Wales with the aim of providing local organisations (across sectors) with an opportunity to showcase their sustainable development work. The events are also providing space for local networking and are supporting work to map and understand emerging practice.

5.4   Environmental sustainability

Public Health Wales' approach to its environmental sustainability includes calculating the organisation's carbon footprint. The Hub is working with Staff Health and Well-being to organise two further 'marketplace' events, building on the positive 'pilots' in Swansea and Cardiff in March 2018 (see case study in annex 2).

5.5   Supporting 'Long-term thinking'

In July 2017, the Future Generations Commissioner published a report[5] on the learning from the local well-being assessments of each PSB. A key recommendation was the need "*to build capacity, expertise and confidence to understand forecasting, future trends and the needs of future generations, including considering scenarios and trends which are less certain*". To support this response, work will be undertaken to identify successful approaches (including international examples) to long term

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[5] Future Generations Commissioner for Wales (2017). Well-being in Wales: Planning today for a better tomorrow. Available at: https://futuregenerations.wales/wp-content/uploads/2017/07/FGCW_Well-being_in_Wales-Planning_today_for_a_better_tomorrow_2017FINALENG.pdf

thinking that can be adapted to the Welsh context and to establish a peer learning and support group, providing opportunities to build skills and expertise in Wales to undertake foresight work.

5.6   Sustainable Environments

Working with the Research and Development Division and the Environmental Public Health Service, a new *'Making a Difference'* chapter summarising the evidence around effective air quality management interventions is being developed to guide and support collaborative action to tackle air pollution, health risks and inequalities.

The Hub is developing a briefing on the impact of the built and natural environment (places and spaces) on population health with a view to producing relevant, accessible and timely public health advice for PSBs and other key stakeholders.

6   Recommendations

The Board is asked to **note** activity and progress towards achieving the organisational well-being objectives.

Annex 1: Key milestones for the Well-being of Future Generations (Wales) Act 2015

Key dates	
1 April 2016	WFG Act comes into effect and PSBs set up
Summer 2016	Health and Sustainability Hub set up
Autumn 2016	Future Trends report published by Welsh Government
March 2017	Public Health Wales publishes its first Well-being Objectives
	PSBs publish Well-being Assessments
March 2018	Public Health Wales updates its Well-being Objectives
May 2018	Wales Audit Office publishes *Reflecting on Year One: How have public bodies responded to the Well-being of Future Generations (Wales) Act 2015?*
May 2018	Future Generations Commissioner publishes *Well-being in Wales: The journey so far*
May 2018	PSBs publish Well-being Plans
May 2018	Wales Audit Office National Learning Event
Health and Sustainability Hub key actions	
To date	Leading the development of Public Health Wales' revised Well-being Statement
	Ongoing staff and stakeholder engagement and collaboration activities
	Supporting an organisational approach to environmental sustainability
	Setting up a PSB Support Network for local Public Health leads
	Collaborative working with the Office of the Future Generations Commissioner
Underway	New publications to raise awareness of the Act and Public Health Wales' response
	Developing a framework to support the embedding of sustainable development for teams (SIFT Tool)
	"Be the change" movement/campaign to engage staff
	New resources e.g. on topics such as Air Quality
	Sustainability Roadshows with Public Health Network Cymru

Annex 2: Case Studies report

1   Public Health Wales' environmental sustainability approach

Introduction

Public Health wales is working to improve its environmental sustainability, in contribution to a *prosperous*, *healthier* and *resilient* Wales. We are also responding to the Welsh Government's vision for a 'carbon neutral Welsh public sector by 2030'. We are proud to be the first public sector organisation in Wales to achieve Cynnal Cymru's 'carbon literacy' training, which is accredited by the Carbon Literacy Project in Manchester.

Our decarbonisation approach has five working groups:

- Buildings, energy and waste
- Sustainable procurement
- Green travel
- Calculating and reducing our carbon footprint
- Leading, engaging and learning

The approach, which was developed in 2017-18, is being shaped by the five ways of working:

Long term

We are developing our approach alongside the development of the organisation's long term strategy.

Prevention

We recognise that improving our environmental sustainability will contribute to addressing key public health issues including air pollution, obesity and climate change. Our actions are demonstrating leadership and modelling behaviour change, as we aim to move towards the Act's vision for a low carbon society.

Integration

We developed our approach with a working group of colleagues from across the organisation and its locations. The five working groups again have cross-organisation representatives. Our environmental sustainability approach will contribute to several of our well-being objectives, including 'Influencing the wider determinants of health', and 'Promoting healthy behaviours'.

Collaboration

In delivering our approach, we are learning from Natural Resources Wales' best practice in its 'Carbon Positive Project' on carbon management. We are also pleased to be working with WRAP Cymru, on our strategic procurement work, and Carbon Trust Wales, on our carbon footprint.

Building on 'Our Space', and the acclaim which it has received, we are also working with the Welsh Government, WCVA and Wales Co-operative Centre to explore further the opportunities for the public sector to create inspiring workplaces using remanufactured office furniture.

Involvement

We have used our intranet and staff Facebook group, alongside our Health and Sustainability Hub, to engage colleagues in supporting this work. We also conducted a 'staff commute survey' to calculate our combined annual commute and target a reduction in the following years. We are pleased to have piloted three 'sustainability marketplaces' to enthuse our staff about environmental sustainability, by providing a range of stalls, on topics including recycling, travelling, healthier eating and well-being, and bike checks.

A selection of stalls from our 'sustainability marketplace'

2   Supporting our Teams to 'baseline' their responses to the Well-being of Future Generations Act

In 2016-17, working with the City and County of Swansea's Sustainable Development Unit and Netherwood Sustainable Futures, Public Health Wales built a corporate picture of how the sustainable development principle (and its five ways of working) is being addressed and delivered through the organisation, to develop its starting position and response to the Well-being of Future Generations Act.

In 2017-18, the Health and Sustainability Hub has kept these research tools 'live' by adapting them to support the National Safeguarding Team to assess its current position in relation to the legislation (at team-level).

This 'benchmarking' exercise consists of a number of work packages including:

- an online staff survey on levels of awareness and understanding of the Act
- a survey 'matrix' for the team lead on the contribution of the team's work to Wales' well-being goals
- telephone interviews (semi-structured) with stakeholder organisations on the opportunities through the Act for further collaboration

The team will receive a summary overview of its cultural, corporate and collaborative 'readiness' for the Act, with recommendations for its work-plan. The Health and Sustainability Hub aims to be able to offer these 'tools' to other teams across the organisation, to further embed the Act in the organisation.

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		7.3

Quality and Impact Indicators

Executive lead:	Mrs Sian Bolton (Acting Executive Director Quality Nursing and Allied Health Professionals)
Author:	Mrs Sian Bolton (Acting Executive Director Quality Nursing and Allied Health Professionals)

Approval/Scrutiny route:	Executive team: 21 May 2018

Purpose

The paper provides the Board with a copy of the Quality and Impact Indicators identified by each Directorate to support the Quality and Impact Framework. These will be reported quarterly to the Board as part of the integrated performance report. It is proposed that the indicators will be reviewed annually to determine their relevance and to support improvement.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Board is asked to:

- **Receive assurance** that the Quality and Impact indicators have been developed and will be reported on quarterly as part of the integrated performance report

Link to Public Health Wales Strategic Plan	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required so no Equality or Health Impact Assessment has been undertaken.
Risk and Assurance	Quality and impact underpins all the work that Public Health undertakes. Currently identified on the Corporate Risk Register (CRR) and the Directorate Risk Register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes
Financial implications	There are no direct financial implications in relation to collating information relating to the indicators.
People implications	The implementation of the indicators could potentially have an impact on the workload of existing staff. It is proposed to address this by developing in-house, a dashboard, which will assist in collating the data inputted by Directorates.

1. Purpose / situation

The purpose of this paper is to provide Board members with the Quality and Impact indicators which have been developed by each Directorate, to support the implementation of the Quality and Impact Framework. The Board is asked to receive the paper for assurance.

2. Background

The Quality and Impact Framework ('the Framework') was approved by Board at the end of 2016. The Framework sets out to create 'a culture where all staff, regardless of their location, Directorate or focus of work, have a will, knowledge and support to ensure that Public Health Wales is an organisation known for quality and achieving outcomes which impact positively on the health and wellbeing of the people of Wales'.

The Framework consists of five pillars, set out below, that support quality and impact:
- Safety
- Effective and timely
- Listening and learning
- Leadership and culture
- Impact

One key deliverable of the Framework was the development of quality and impact indicators. This is also reflected within the Board Assurance Framework.

The development of these indicators also link to the 'value and impact' work being undertaken by the Performance and Operations Directorate in addition to the evaluation work being undertaken by the Policy Research and International Development Directorate. All contribute to demonstrating the value of the work we do, both in terms of the impact on population health, and the cost effectiveness or return on investment.

During 2017 the Quality Nursing and Allied Health Professionals Directorate supported each Directorate to identify quality and impact indicators against each of the five pillars within the Framework. These have generally been developed by a cross section of staff within Directorates, as opposed to being developed solely by managers. This has resulted in the development of indicators which are less strategic than was originally intended. However, following discussion by the Executive Team and recognising the work that staff have committed to their development it was agreed by the Executive Team in May 2018 to implement, with a review at the end of March 2019.

For 2018/19 each Directorate was asked to identify a minimum of two indicators per pillar; for the Public Health Services Directorate this was undertaken at Divisional level. All Directorate indicators have been agreed and signed off by the relevant Executive lead.

3.   Description/Assessment

Following collation of the indicators from across the Directorates, over 110 were identified. On review a significant number of these would be monitored at a local level as opposed to those monitored at a corporate level. A total of 26 indicators were identified as being of a significant level to be reported at a corporate level; although as previously stated these vary in the level of detail. The indicators identified are from across all Directorates, although the number included from each Directorate varies. It should be noted that many of the current performance indicators can also be viewed as quality and impact indicators, and these are reported in a separate section within the integrated performance report. The attached indicators (Appendix A) are shown in the same format used for monitoring performance indicators.

It is proposed that the indicators are reported against quarterly and that Directorates complete all indicators that are relevant; with the acknowledgement that not all indicators will apply to all Directorates. The indicators will be reported using the same format currently used for performance reporting.

The Quality Nursing and AHP Directorate will work with the Performance Team to develop a 'dashboard' that can be populated by Directorates. This will then enable the QNAHP Directorate to provide the necessary quality information for the integrated performance report which the Board receives.

4. Recommendation

The Board is asked to:
- **Receive assurance** that the Quality and Impact indicators have been developed and will be reported on quarterly as part of the integrated performance report.

Appendix A: Draft Quality and Impact Indicators
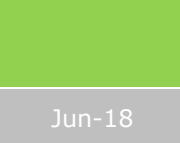
Quality Indicators Performance Dashboard

🟥 >10% below target   🟨 Within 10% of target   🟩 On target   ⬜ Not applicable

Indicator		Timeframe				Strategic Priority
Safety	Target	Apr-18	May-18	Jun-18		
All major Public Health Wales research projects are compliant with the Research Governance Framework (UK Policy Framework for Health and Social Care Research)	100%			🟩		7
Serious incidents are reported within 24 hours and investigations completed within 60 working days	90%			🟩		6
All internal / external appointments will receive pre-employment checks, including: right to work; professional registration; occupational health assessments; DBS (as appropriate)	100%			🟩		All
The Welsh Government target for front facing staff in receipt of the Influenza vaccine is achieved	65%			🟩		5
Collation and analysis of staff concerns to identify any trends or hotspots	100%			🟩		All
Effective and Timely	Target (days)	Apr-18	May-18	Jun-18		
Research permissions granted within 40 days, following a complete submission to Health and Care Research Wales Permissions Team	100%			🟩		7

	Target	Apr-18	May-18	Jun-18	
Outbreaks are responded to within the agreed timescales and surveillance undertaken to determine effectiveness of response.	100%			🟩	5
Enquiries from public, government or stakeholders are acknowledged within 48 hours of the query being raised with a clear indication of a time frame for a response.	100%			🟩	All
A reduction in the rate of inappropriate referral to Microbiology for urinalysis. (Current level is 20%)	10% over 2 years			🟩	5
Compliance with specific KPIs for Corporate Safeguarding and risk management and infection, prevention and control	100%			🟩	All
Increase percentage of approved corporate/trust-wide policies and procedures which have not exceeded their review date (currently 61%)	75% (18/19)			🟩	All
Listening and Learning	Target	Apr-18	May-18	Jun-18	
Increase in the number of collaborative partnerships, e.g.: national, international enhancing scientific / thought advancement for Wales	20% increase			🟩	6
Improvements from severe or catastrophic concerns within Public Health Services (patient safety incidents, complaints and claims) are shared across the organisation and wider NHS as appropriate and lessons learnt demonstrated	100%			🟩	6
Staff have a minimum of 2 formal My Contribution reviews per year, the first being in line with the organisational planning cycle	100%			🟩	6
Ensure the Board and its committees are operating in compliance with the relevant sections of the Public Health Wales' Standing Orders	100%			🟩	All

	Target	Apr-18	May-18	Jun-18	
Planned products (as identified within the IMTP) have documented user involvement / feedback in their development	100%				1
Leadership and Culture	Target	Apr-18	May-18	Jun-18	
All major projects for example any externally funded project, projects costing in excess of 20k, IMTP deliverables will have evaluation plans in place	100%	0	0		7
All Consultants have up to date Job Plans and relevant appraisals in place	100%	0	0		5
Increase workplace equality index by 10% during 2018/19 (71% = 338th current position)	81%	0	0		All
Management and Leadership Development Programme receive positive feedback	100%	0	0		7
Impact	Target	Apr-18	May-18	Jun-18	
Increase number of peer reviewed publications published in high impact journals (Impact factors are calculated yearly via the Journal Citation Reports (JCR) database).	10% increase	0	0		7
NHS wide work programmes undertaken include impact measures and subsequent evaluation	100%	0	0		All
The Silver Corporate Health Standard is achieved in 2018/19, and Platinum Standard by 2020	Silver 18/19	0	0		3
Evidence of influence and impact of health intelligence advice in relation to changes in major national and / or local policy e.g.: Well-being assessments, Obesity Strategy	100%	0	0		1

Sustainability, efficiency and energy use: A reduction in the organisations carbon footprint as set by the Welsh Government	WG target to be set in 2018	0	0		6
Health Boards and NHS Trusts undertake the national pilot of Safeguarding Maturity Matrix	100%	0	0		6

1. UK Policy Framework for Health and Social Care Research

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		7.4

Our Annual Plan 2018/19

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
Author:	Chris Orr, Head of Planning Sally Attwood, Deputy Director, Strategic Planning and Performance

Approval/Scrutiny route:	Business Executive Team (21 May 2018)

Purpose

Our Annual Plan details the key milestones for delivery during 2018/19 for each of our strategic objectives as set out in our Strategic Plan 2018-21. The Board are asked to **approve** the Annual Plan including the Annual Budget/Financial Plan and the Annual Statement of Risk Appetite.

Recommendation:

APPROVE ☒	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐

The Board is asked to:
- **Approve** Our Annual Plan 2018/19, Annual budget/Financial Plan (see page 123) and the Annual Statement of Risk Appetite (see page 130)

Link to Public Health Wales Strategic Plan	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.	
This report contributes to the following:	
Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required for the Annual Plan. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Please refer to page 130.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes
Financial implications	The annual budget/ financial plan for 2018/19 is detailed on page 123 of the Annual Plan.
People implications	Specific milestones to mobilise knowledge and skills within our workforce and developing our people and organisation are detailed within this Plan.

1.   Purpose / situation

On 27 March 2018 the Board approved *Our Strategic Plan 2018-21*[1] which sets out the first three years of our new Long Term Strategy. Alongside this, we have developed an Annual Plan (attached) which details the key products and associated milestones for 2018-19 and includes our Annual Budget/Financial Plan and Annual Statement of Risk Appetite. How the different levels of plans fit together is set out on page 9.

2.   Background

The Annual Plan aims to provide greater definition to the first 12 months of *Our Strategic Plan 2018-21.* It has involved significant collaborative working across directorates and teams; sharing information quickly among the planning co-ordinators; and putting together product-based plans that take account of supporting functions. Worthy of mention is the receptiveness of staff to work differently. The content of the attached annual plan is derived from the plans prepared by directorates.

In terms of tracking progress, reporting on the production, quality assurance and sign-off of products will be largely through directorates. From a corporate perspective, it is proposed that the milestones which have been identified, are used to track progress. The attached plan shows these milestones which have been derived from the planning process and directorates have determined where these fall in 2018-19.   Regular monitoring and reporting on progress will be carried out during the year.

3.   Transition Year

As detailed within *Our Strategic Plan*, we have recognised that 2018-19 will be a transition year; involving significant change to the way we work, what we do and how we allocate resources. This will include:

- organisational development
- evaluation
- colleague development
- best use of our resources

As part of this transition year, we will also be looking at how we improve our planning, change management and performance management arrangements.

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[1] The Integrated Medium Term Plan required by Welsh Government. While no formal feedback has been received, engagement with officials would indicate that no concerns have been raised.

4. Annual Statement of Risk Appetite

Included within our Annual Plan 2018/19 is our Annual Statement of Risk Appetite. This statement is the manner in which the Board of the organisation communicates to its workforce and other key stakeholders what level of risk it is prepared to accept in pursuit of its objectives. This in turn allows the organisation at all levels to determine the level of resource it is prepared to commit to managing the identified risks. The Board of Public Health Wales determines their Risk Appetite annually in line with the development of the Strategic Plan (IMTP).

In order to ensure that the risk appetite is communicated effectively, the Board publishes an Annual Statement of Risk Appetite (see page 130). The risk appetite is determined at one of five levels and from 'Keen' where we will actively pursue risks in order to deliver challenging objectives, to 'Risk Averse' where we want to ensure that we continue to operate safe and effective services.

5. Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 provides the foundations on which underpins our Long Term Strategy and work over the next three years.

As part of the development of our Long Term Strategy, we have started the journey to implement a new approach to planning within Public Health Wales. This collaborative approach includes involvement across the organisation and aims to ensure the five ways of working are embedded at the core of everything we do. We will place the five ways of working at the heart of this work. This will involve:

Identifying where we can add value through action that supports positive outcomes in the long term, both for current and future generations. Our Long Term Strategy outlines our priorities up to 2030.

Prevention is a pivotal focus of our Long Term Strategy and an underlying theme within all our priorities

Identifying how the strategic priorities and objectives will contribute to multiple well-being goals and where our well-being objectives align with partner organisations

Collaborating with all parts of the organisation; and working with partner organisations to identify how we can work together to achieve our goals and achieve our organisational purpose. This approach is a feature of our new approach to planning and how we want to work.

Involving staff from across the organisation and involving stakeholders in everything we do. We have used this approach to inform the development of our long-term strategic priorities and held priority workshops to help develop the plans that underpin the priorities. We have also undertaken a public survey that obtained the views of over 3000 residents of Wales on a range of public health issues in order to inform the development and implementation of our Long Term Strategy and subsequently Our Strategic Plan (IMTP) and our Annual Plan 2018/19.

6. Recommendation

The Public Health Wales Board is invited to **approve** (subject to any amendments):

- *Our Annual Plan* 2018/19
- Annual budget/ Financial Plan
- Annual Statement of Risk Appetite

Ein Cynllun Blynyddol

Our Annual Plan

Draft V0q

2018 - 2019

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru
Public Health Wales

Contents

Executive Summary

Our annual plan

Our Long Term Strategy details our new long term priorities for 2018 to 2030. The first three years are outlined in our Strategic Plan (IMTP) that details the actions we will take to work towards the delivery of our new Long Term Strategy and how we intend to achieve our purpose of 'Working to achieve a healthier future for Wales'.

Our Annual Plan 2018/19 describes the specific actions we will undertake to deliver each of our priorities and strategic objectives. The plan details the products and key milestones, by month, which will be delivered during 2018/19 and underpins our Strategic Plan (IMTP) 2018- 2021.

The focus of our work will be on the delivery of our long-term strategic priorities, which are set out below:

Our Strategic Priorities / well-being objectives
1. **Influencing the wider determinants of health**   We will collaborate with others to understand and improve factors that impact on everyone's health. This will include a focus on key determinants including family, friends and communities, housing, education and skills, good work, money and resources and also our surroundings.
2. **Improving mental-well-being and building resilience**   We will help everybody realise their full potential and be better able to cope with the challenges that life can bring. Population approaches to improving mental well-being help individuals to realise their full potential; cope with the challenges that life throws at them; work productively; and contribute to their family life and communities. Good mental well-being impacts physical as well as mental health and has the potential to influence related inequalities in health.
3. **Promoting healthy behaviours**   We will understand the drivers of unhealthy behaviour and make healthy choices easier for people. By rapidly reducing smoking prevalence, increasing physical activity, promoting healthy weight, and preventing harm from a range of behaviours including substance use we will reduce the burden of disease and help reduce health inequalities arising from long

term conditions such as obesity, cancers, heart conditions, stroke, respiratory disease and dementia.

4. **Securing a healthy future for the next generation through a focus on early years**
We will work with parents and services to ensure the best start in life for all children in Wales. Early years are defined in policy in Wales as the period from pregnancy to seven years of age. A child's early years are a key time to ensure good outcomes later in life including better learning, access to good work and a fulfilling life.

5. **Protecting the public from infection and environmental threats to health**
We will apply our expertise to protect the population from infection and threats from environmental factors, working in collaboration with others to mitigate these risks to human health. This will involve early detection, good planning and application of resource in collaboration with others to provide an effective response for our population.

6. **Supporting the development of a sustainable health and care system focused on prevention and early intervention**
We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include a focus on national population-based screening, reducing variation and inequality in care and harm in its delivery and supporting care moving closer to the home.

7. **Building and mobilising knowledge and skills to improve health and well-being across Wales**
We will develop the skills, policy, evidence-based knowledge to help us and our partners improve health and well-being. Through our work, we will enable the timely generation, review and communication of local, national and international knowledge to effectively improve, protect and sustain the health of current and future generations in Wales. We will inform policy and practice through expert, impartial, trusted intelligence leading a whole-system, cross-sector approach for population health.

The challenges we face

We have made great strides in improving the health of the population in recent years. Our population is living longer than ever before. Like many other countries, we face increasing challenges about how to stay healthy as we get older. We also continue to have intractable health inequalities across different parts of Wales. This means that we are not as healthy as we could be as we age. Some of us also need significant support and this contributes to serious challenges in the sustainability of health and care services in Wales.

Our recently refreshed [Health and its determinants in Wales report](#), similar to other developed countries, shows improvements in some conditions such as cardiovascular disease. However, we have an increase in avoidable diseases such as some cancers and diabetes. There is also a steady increase in poor mental well-being and mental illness.

Despite this, we have a significant opportunity to meet these challenges head on by working together across all parts of society and sectors. This must be done in a way that builds enablement and trust and focuses on what we know will bring about the best health and well-being for our people. In this context, we have taken time to understand what works best in the long term. This will help us to focus and prioritise our collective efforts to improve the health and well-being of the people of Wales. This picture of health in Wales will only become more complex in coming years if what we do in the future is the same as we have done in the past.

Our opportunities to make a difference

We do not underestimate these challenges, but we believe that we have significant opportunities to deliver tangible improvements for the people of Wales at a pace and scale not previously seen. We must look to utilise and maximise our collective assets, develop and nurture close collaborations between Public Health Wales, academia and partners across the wider research infrastructure in Wales and embrace the principles of sustainability and prudent healthcare and the unique opportunities presented by the Well-being of Future Generations Act (Wales) Act 2015 (WFGA).

The WFGA gives us exciting opportunities to work across boundaries and with people and partners that we have not previously worked closely with and continue to enable us to introduce a fundamental shift in the way we work. We will do this by continuing to embrace the five ways of working set out in the Act. These are:

Long term   *Prevention*   *Integration*   *Collaboration*   *Involvement*

Examples of how we are embedding the five ways of working are detailed within our plan and further case studies and examples can be found in our refreshed Well-being Statement [ADD LINK]. We have also set out in the detail of the plan how each strategic priority/ well-being objective aligns and contributes to the Well-being goals and the key milestones that will be delivered during 2018/19.

Our Priorities 2018-2030

Building & mobilising knowledge and skills to improve health and well-being across Wales

Influencing the wider determinants of health

Improving mental well-being and resilience

Supporting the development of a sustainable **health and care system focused on prevention** and early intervention

Working to Achieve a Healthier Future for Wales

Promoting healthy behaviours

Protecting the public from infection and environmental threats to health

Securing a **healthy future** for the next generation

Our Values:

Working together with trust and respect to make a difference

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Part 1

Working to achieve a healthier future for Wales

1.1   Introduction

Throughout 2017, we have been working on a new Long Term Strategy to help us:

- deliver the most we can for the **people of Wales**
- **meet** and exceed the requirements of Well-being of Future Generations (Wales) Act 2015 (hereafter, the WFG Act)
- **collabo**rate with our partners in the areas of most need
- **understand** the challenges facing us as we advance towards an ageing population with greater and more complex health challenges

The duration of the Long Term Strategy is 2018 to 2030 which aligns to the global aspiration of achieving the United Nations sustainable development goals.

This document is our Annual Plan 2018/19, which sets out the key products and milestones we will deliver during 2018/19 as part of the delivery of the first year of our new Integrated Medium Term Plan 2018-21.

For each of our seven long term strategic priorities we have outlined in our Strategic Plan, why this is a priority, what success looks like by 2030 for Public Health Wales and what we intend to achieve over the next three years.

Our approach has been to use the WFGA as our underpinning and guiding framework. You will see throughout the content of this plan how we have embraced the opportunity presented by the Act and this is also reflected through our new priorities, which are also our well-being objectives.

We know that we cannot deliver the ambitious and transformational objectives within this plan on our own. We have therefore highlighted key partners to our success in the development and delivery of our actions.

Structure of our plan

This plan highlights the key milestones that will be delivered during 2018/19. It is designed to sit alongside our Strategic Plan (IMTP) and Long Term Strategy and therefore does not duplicate information that sits within the other documents. This is illustrated by the diagram below. It demonstrates the 'line of sight' and alignment between our strategy through to specific individual objectives set for our staff. As part of our performance management and governance arrangements, we will track progress in delivery of this plan and through these processes provide assurance that we are on track to meet our Long Term Priorities

Our Plans from 2018 to 2030

Long Term Strategy

This will enable us to focus on how we can best **work with our partners** to have the **maximum impact** in improving health and well-being and reducing health inequalities in Wales. The new strategy helps us achieve our new purpose: *Working to achieve a healthier future for Wales*

Strategic Plan

Our Strategic Plan (otherwise known as our **Integrated Medium Term Plan** 2018-21) sets out what we will deliver over the first three years of our Long Term Strategy to deliver each of **our seven priorities**

Annual Plan

Our Annual Plan includes the **key milestones** for each priority and strategic objective **during 2018/19**

Directorate / Divisional Plans

Programme and project plans will support the **major developments and changes** detailed within this plan

2019   **2021**   **2030**

Connecting our people to the mission

'My contribution' is our process for helping staff to see how their role has a real impact on the success of Public Health Wales

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Transition year

The new Strategy will involve significant change to the way we work, what we do and how we allocate resources. It is important that this change is managed and that the nature of the transition is carefully planned and understood.

There will be a number planned components to this transitional process, which will enable a smooth and effective improvement to the way we work. These changes will take place a alongside delivery of the products and milestones detailed within this plan and include:

- Organisational development- It is agreed that in order to share the accountability for planning and delivery of our priorities across the organisation, we must develop forms of matrix working which are effective but not overly burdensome.
- Colleague development- New skills will be needed to ensure that colleagues across the organisation have the engagement, planning and delivery skills needed to deliver this plan. Each division has completed workforce plans, which are being consolidated to produce a training plan, which reflects the new ways of working.
- Evaluation- Work will continue to develop methodologies to evaluate the outcomes of our work, to measure the impact and to ascertain the value. This will be brought together and will inform future decision-making.
- Best use of our resources- With many resources committed over the short term, the shift of such resources to reflect our new priorities and commitments will be effected over a number of years. In the first "transitional" year, the focus will be on the reinvestment of cost improvement savings and the investment pot in areas prioritised in this new Strategy. In this transitional year, much of the funding will be of a pump priming nature and will be used to non-recurrently facilitate the change and support many of the areas described above.

We will continue to work to improve across all our functions. It should be recognised however that this plan assumes that core services such as delivery of our Screening services, Health Protection service, Safeguarding and Microbiology services and our duties as a Category 1 responder required under the *Civil Contingencies Act* 2004 will continue alongside developments highlighted within this plan.

It is important to note that a number of our new strategic priorities, and underpinning strategic objectives, represent new developments, actions, stakeholders and skills for us. Consequently, in the context of these new areas, it will be essential for us to build our knowledge and learning during 2018/19, and beyond, in order to best understand the most effective way of achieving these priorities over the course of this Plan. We will continue to review the actions in this area and, where appropriate, make informed changes if required.

Part 2

Our Strategic Priorities

2.1 Strategic Priority 1

Influencing the wider determinants of health

2.1.1 Overview

The wider determinants of health are social, economic and environmental factors that influence health, wellbeing and inequalities. By influencing the design and implementation of national and local policies and strategies relating to these determinants, we will improve people's well-being and reduce population level inequalities in health.

Key determinants of health and well-being are:

- our family
- our friends and communities
- the quality and security of our housing
- our level of education and skills
- availability of good work
- money and resources
- our surroundings

For further information please refer to page 47 of our Strategic Plan.

2.1.2 What we will do

Within this strategic priority there are five strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

> SO.1.1- By 2021 we will have demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice

We want to assess the impact that our evidence and advice have on our partners within the NHS and across the public sector.

In 2018/19, we will create a statement of intent and a business case for the project. We will explore the tools and methods for assessing use of evidence, knowledge and advice in policy and practice. We will also learn from previous

assessment of policy impact of Public Health Wales, international partners, behaviour change theory and key stakeholder views.

We will also build on current relationships, working collaboratively with partners and policy makers to inform and support sustainable policy development and cross-sectoral working. We will achieve this through delivering on the following milestones:

- creating a suite of briefings on addressing the wider determinants of health, including the impact of BREXIT to support policy makers and stakeholders.
- identifying research opportunities and undertaking research related to the impact of BREXIT (subject to identifying funding), we will develop an integrated approach to the way in which we respond to land use planning consultations and applications in Wales.

We also have a key role in influencing decisions to optimise public health impacts from proposed policy, service and land-use planning developments. Over the next three years, we will seek to enhance integrated working across the organisation and with our partners to maximise our influence on decision making processes on these issues at local, regional and national level. Building on our routine consideration of impacts from an environmental health protection and planning perspective we will refine and improve the way we work to ensure that the broader determinants of health are considered and that coherent responses are provided to others to minimise health impacts and inequalities.

Working with partners (such as Welsh Government and local planning authorities) and through extensive engagement with stakeholders, during 2018/19 we will have developed a new draft planning pathway, protocol and Portal (single Public Health Wales point of access for Environmental advice/HIA of Planning proposals for stakeholders

Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
New planning pathway, protocol and Portal (single PHW point of access for Environmental advice/HIA of Planning proposals for stakeholders)	Undertake a survey of key stakeholders					✓							
	Engagement workshops held									✓			
	Planning portal proposal developed (including proposals for shadow implementation)												✓
	Draft pathway complete												✓
Improving the use of Evidence, Knowledge and Advice on Policy and Practice	Project Initiation Document produced									✓			
	Statement of intent and business case produced												✓
Informing sustainable policy development and cross sectoral working	Suite of briefings on the Wider Determinants of Health												✓
	Brexit implications understood												✓
	Research opportunities identified												✓
	Position statements published												✓
	Bank of policy statements developed												✓
	Training delivered						✓						

S0.1.1 By 2021 we will have demonstrated the impact of knowledge, evidence and advice on policy and practice relating to wider determinants both nationally and locally e.g. Housing, education, employment, economic development and planning policy and practice

SO.1.2- By 2021 we will have renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health

The Healthy Working Wales Programme is an effective source of support to employers as it enables them to develop a work environment that is supportive of well-being; increases action relating to the wider determinants of health; and supports employers in creating good work.

In 2018/19, we want to support employers to be able to demonstrate a growing awareness and understanding of the positive and negative impacts of the quality of work and the work environment on health and wellbeing and how poor health and wellbeing can impact on their economic outcomes and productivity. We will also be working to support implementation of the Employability Plan by taking action to support employers and primary care to reduce the number of people who fall out of work through ill health.

This will include delivering on the following milestones:

- developing a plan to increase understanding of relationship between work and health
- developing a revised delivery model for Healthy Working Wales
- re-establishing the Strategic Advisory Board for Healthy Working Wales
- establishing a monitoring and evaluation framework for the Healthy Working Wales Programme.

SO.1.2- By 2021 we will have renewed the Healthy Working Wales Programme (Corporate Health Standard and Small Workplace Award) in addition to building partnerships between primary healthcare and employers to help create good work and prevent people falling out of work as a result of ill health														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBUARY	MARCH
Healthy Working Wales	Plan developed to increase understanding of relationship between work and health								✓				
	Revised delivery model for Healthy Working Wales developed			✓									
	Strategic Advisory Board for Healthy Working Wales re-established				✓								
	Monitoring and evaluation framework for the Healthy Working Wales Programme established.											✓	

SO.1.3- By 2021 we will have built on the success of the Welsh Network of Healthy Schools Scheme and will work with others to increase both the action relating to the wider determinants of health and to support better educational attainment

Over the next three years, we will support the development of a whole-school approach to health and well-being in line with strategic priorities increasing the focus on the wider determinants. We will continue to support the implementation of the Education Reform Programme in Wales working with others to ensure that poor health and wellbeing are not a barrier to learning and educational attainment.

In 2018/19, our work will focus on continuing to provide specialist support to the Health and Wellbeing Area of Learning and Experience and supporting improved educational attainment. This will include:

- holding an event to engage health and third sector organisations in the development of the new curriculum

- agreeing the revised criteria for recognising achievement within the Welsh Network Healthy Schools Scheme

SO1.3- By 2021 we will have built on the success of the Welsh Network of Healthy Schools Scheme and will work with others to increase both the action relating to the wider determinants of health and to support better educational attainment														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Supporting improved educational attainment	Event to engage health and third sector organisations in the development of the new curriculum held		✓										
	Revised criteria for recognising achievement within the Welsh Network Healthy Schools Scheme agreed									✓			

SO.1.4- By 2021 we will have stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales

The impact of the wider determinants of health can be reduced or made worse by a range of other factors. The extent to which people feel in control of their lives; the experience of childhood trauma and adversity (ACEs) and our level of health literacy can all have an effect.

Empowering Communities

We will continue our work to understand and share best practice in empowering individuals and communities. The principles of engagement for community empowerment have been developed in partnership with experts in the field and rigorously tested with communities. Through this work, we will support community and public sector organisations to recognise and understand the importance of individual and community empowerment for health and well-being and work to encourage organisations across Wales to adopt the principles in their work with communities.

During 2018/19 we will:

- Publish a set of principles for Community Engagement for Empowerment
- Develop a case for action on the role of power and empowerment in health outcomes

ACEs and Housing

We have a strong track record in demonstrating the links between ACEs and deep rooted inequalities in health and well-being and are looking to further understand the link between ACEs and homelessness; recognising that homelessness is more likely in those who have experienced childhood adversity and trauma.

In 2018/19, we will lead a research project in collaboration with housing partners on ACEs and homelessness. This work will be linked to the Public Health and Housing Multi-agency Partnership Group and informed by engagement with our partners in Cardiff University, Homelessness organisations and groups.

In delivering this strategic objective, we will also produce an academic paper to develop our understanding of the impact of globalisation and new technologies on employment, health and wellbeing.

S0.1.4 By 2021 we will have stimulated action to better understand and address the mechanisms through which wider determinants impact on health and well-being in Wales		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBE	DECEMBER	JANUARY	FEBRUARY	MARCH
Area	**Milestones**	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBE	DECEMBER	JANUARY	FEBRUARY	MARCH
Empowering Communities	Set of principles for Community Engagement for Empowerment agreed and published			✓									
	Case for action on the role of power and empowerment in health outcomes published												✓
Research to improve the understanding of housing, homelessness and health including ACEs	Project Steering Group established			✓									
	Research, data collection and analysis										✓		
	Report 1 published												✓
Academic paper to develop our understanding of the impact of globalisation and new technologies on employment, health and wellbeing	Literature review of employment and health (precarious/job polarisation)										✓		
	Data Analysis											✓	
	Future Research opportunities identified												✓

> **SO.1.5- By 2021 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others' decision-making**

Health Impact Assessment is a means of assessing the impact of policies and programmes on the health of the population. The Public Health (Wales) Act places specific obligations on public bodies in Wales to undertake HIAs to demonstrate they are taking account of the impact their policies and decisions have on health in the short and longer-term. Building on our experience and success working in the field of Health Impact Assessment, over the next three years (subject to additional funding) we will deliver on our statutory requirements around Health Impact Assessment and develop guidance and training resources to assist public bodies to deliver effective health impact assessment. We do recognise that this has the potential to be a significant increase in the work of a small team and we look forward to working closely with Welsh Government colleagues as the function develops further.

Health Impact Assessment Training Strategy

Over the next three years, we will develop and deliver a Health Impact Assessment Training Strategy, skills and knowledge pathway and delivered a programme of Health Impact Assessment training that assists public bodies to embed Health Impact Assessment into their programme planning and decision-making processes.

Key milestones for 2018/19 include:

- working with stakeholders to develop new training courses for Health Impact Assessment- based on a training needs analysis of Public Services Boards and public bodies.

- developing in parallel and publishing new Health Impact Assessment guidance for Wales and begin work with Cardiff Metropolitan University to review the content and format of the e-learning module.

S0.1.5 By 2021 we will have embedded evidence based Health Impact Assessment as a key influence on ours and others decision making													
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Health Impact Assessment (HIA) Training Needs Assessment, Strategy and Learning Resources	Training strategy published									✓			
	New Health Impact Assessment course produced						✓						
	2 Health Impact Assessment courses delivered and evaluated									✓			✓
	E-learning course updated												✓
	Training and capacity needs identified to address new Welsh Government Health Impact Assessment guidance when published												✓
Health Impact Assessment Guidance and Resources	Advisory group established												✓
	Draft Health Impact Assessment guidance developed												✓
	New Health Impact Assessment guidance published												✓
	Training and support needs of member states identified						✓						
	Adapted Health Impact Assessment resources finalised									✓			
	Income generation opportunities identified and understood												✓

2.2 Strategic Priority 2

Improving mental well-being and building resilience

2.2.1 Overview

Population approaches to improving mental well-being help individuals to realise their full potential, cope with the challenges that life throws at them, work productively and contribute to their family life and communities. Good mental well-being impacts physical as well as mental health and has the potential to influence related inequalities in health. Resilience is a key component of mental wellbeing. This will include a focus on:

- Family
- Friends and communities
- Adverse Childhood Experiences (ACEs)

2.2.2 What we will do

Within this strategic priority there are four strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

> **SO.2.1-** By 2021 we will have increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities

A cross organisational programme will be established and in Year 1 will focus on agreeing mechanisms for identifying priority areas for action; understanding partners' and stakeholders' views on opportunities for prevention; and also to identify effective interventions. We will build on our emerging work with partners in Cymru Well Wales to increase recognition of the importance of brain development in adolescence and in supporting young people to be psychologically well and resilient. By the end of 2018/19, a milestone for the programme will be recommendations on priorities for action.

Alongside this work, we will produce the case for collective action on mental well-being in Year 1 and build a coalition with key partners to begin a national conversation on what it means to be mentally well. We hope that this will be the start of an ongoing dialogue changing the way we talk about mental well-being. In collaboration with the World Health Organisation Collaborating Centre (WHO CC), we will also undertake a literature review of individual and community resilience and evidence base programmes for action and agree a

Prosperous

Healthier

More Equal

Cohesive communities

plan for an event with the WHO CC on return on investment for actions developing resilience. Actions include a Community and Individual Resilience Review and an event on Community and Individual Resilience - exploring return on investment to support resilience.

S0.2.1 By 2021 we will have increased the visibility and priority of work to promote mental wellbeing through investment in a co-ordinated cross organisational programme reflecting public and partner priorities

Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Mental health and well-being programme	Cross-organisation programme of work established to promote mental health and wellbeing developed								✓				
	Priorities agreed for promoting mental health and well-being across the population												✓
National conversation	Compelling case for collective action on mental wellbeing developed				✓								
	Delivery plan for a national conversation agreed												✓
Final report & Flagship event in collaboration with WHO CC	Literature review of individual and community resilience and evidence base programmes for action						✓						
	Agreed plan for event with WHO CC on return on investment for actions developing resilience									✓			

SO.2.2- By 2021 we will have developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs

We will continue our work to promote good mental health and wellbeing for children and young people, including our support to the Together for Children and Young People Programme and the work of the ACEs Hub in developing ACE informed education. We will build on our existing programmes of work in pre-schools; schools and further and higher education.

During 2018/19 our key milestones include:

- agreeing a whole school approach to improving mental well-being and resilience together with how we will measure success

- developing and disseminating guidance and tools to support a whole school approach to mental wellbeing

S0.2.2 By 2021 we will have developed and disseminated best practice guidance and tools on whole school approaches to mental wellbeing and resilience including ACEs														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBE	DECEMBER	JANUARY	FEBRUARY	MARCH
Whole school approach to mental well-being and resilience	Whole school approach to mental well-being and resilience agreed				✓								
	Guidance and tools to support a whole school approach to mental well-being developed and disseminated.												✓

SO.2.3- By 2021 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work

Increasingly we recognise the impact of work on our mental well-being. Good work can increase our sense of purpose and fulfilment and help build and maintain social networks, which promote our mental well-being. Work can also be a cause of additional stress and anxiety and poor working environments can seriously impact on our mental well-being.

Over the next three years, we will work through our Healthy Working Wales programme to develop guidance and tools for employers to help them to promote the mental well-being of their employees and we will strengthen the Corporate Health Standard and Small Workplace Health Award to increase the focus and priority given to mental well-being (see priority 1).

During 2018/19, the key milestone will be to establish a partnership between primary healthcare and employers to prevent people falling out of work as a result of ill health, and agree priorities for action.

S0.2.3 By 2021 we will have developed and disseminated best practice guidance and tools on promoting wellbeing through work															
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Healthy Working Wales Programme	Partnership between primary healthcare and employers established to prevent people falling out of work as a result of ill health, and priorities for action agreed.												✓

To support our partners to develop trauma-informed services for prevention and mitigation of ACES, through the Cymru Well Wales ACE Support Hub we will work in conjunction with partners to support Public Service Boards in delivering their ACE focused Well-being Objectives

Through the Public Health, Criminal Justice and Policing Programme, funded by the Police Transformation Fund we will transform the approach to policing and vulnerability, working closely with the sector over the next three years.

We will be working with the ACE Support Hub to develop links between sport and recreation and neighbourhood policing teams and create opportunities for communities to participate in activities that are proven to increase resilience.

We are also piloting and evaluating an ACE recovery tool-kit to assess its effectiveness in building resilience in individuals and families.

By the end of year 2018/19 we will have:

- formally committed to working with policing and criminal justice in Wales supporting them to build resilience through a public health approach to policing and criminal justice.
- established local public health criminal justice and policing partnership Steering Groups in the four Police Force/ Police and Crime Commissioner areas in Wales.
- piloted an ACE recovery toolkit.

S0.2.4 By 2021 we will have worked with the NHS, local authorities, criminal justice, policing and other partners to develop trauma/ACE informed services and organisations														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Establish Infrastructure For Public Health Policing and Criminal Justice Programme	Partnership Agreement						✓						
	Establish Steering Groups						✓						
	Options paper and implementation plan												✓
	Communications plan						✓						
ACE Recovery Toolkit	ACE recovery toolkit piloted												✓

2.3 Strategic Priority 3

Promoting healthy behaviours

2.3.1 Overview

People's health related behaviours are influenced by a range of factors including their social, economic and physical environment and their mental well-being. By making it easier for people to adopt healthy behaviours we will reduce the burden of disease and help narrow the gap in heath inequalities arising from long-term conditions such as cancers, heart conditions, stroke, respiratory disease and dementia.

By focusing on the following areas, we aim to have an environment and society in which the healthy choices are the easy choice.

- Reducing smoking prevalence
- Promoting healthy weight
- Increasing physical activity
- Preventing harm from drug[1] and alcohol use
- Understanding Behaviour and Behaviour Change

For further information please refer to page 69 of our Strategic Plan.

2.3.2 What we will we do

Within this strategic priority there are ten strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

[1] This includes use of illicit drugs, performance enhancing drugs and other psychoactive substances and misuse of prescribed medications

Healthier

More Equal

Cohesive communities

Vibrant culture and thriving

Smoking

Over the next three years, we will fully implement the existing *Help Me Quit* programme. This will include the development of a wider range of support options, including those, which maximize the use of technology. We will take action to increase the proportion of smokers who are aware that quitting with NHS help provides the best chance of success and help health professionals support smokers to access the best help for them.

During 2018/19 this will include through the Help me Quit Programme, continuing to increase the proportion of smokers who are aware that quitting with NHS help give them the best chance of success, increasing the number of referrals of smokers from health professionals and increasing the range of evidence based options for support for smokers wanting to quit.

Key milestones for 2018/19 include:

- developing a Decision aid action plan to give smokers the 'best chance' to quit
- developing minimum service standards for all NHS providers
- developing a Project Initiation Document for new Help Me Quit contact centre model

During 2018/19, Public Health Wales will also develop and monitor a plan to deliver and manage the Public Health Wales led action in the Tobacco Control Delivery Plan. This will include completing evidence reviews on:

- the role of parents who smoke as a key determinant of smoking uptake among children
- interventions to prevent smoking uptake in non-educational settings
- the role of social marketing programmes, particularly those utilising new technology and social media
- extending smoke-free premises into further non-enclosed public spaces
- effective public health action on the harms associated with second-hand smoke particularly where children are present and in the home

We will also continue to deliver the JUSTB programme targeted at those schools where young people are at highest risk of becoming smokers.

S0.3.1 Work with others to reduce the proportion of the population who smoke		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Help Me Quit	Phase 3 social marketing campaign delivered successfully												✓
	Decision aid action plan to give smokers the 'best chance' to quit developed		✓										
	Minimum service standards for all NHS providers developed						✓						
	Project Initiation Document for new Help Me Quit contact centre model developed			✓									
	Business case developed for use of social marketing to increase quit attempts developed.								✓				
Tobacco Control Delivery Plan	Tobacco control evidence reviews completed for the Tobacco Control Delivery Plan												✓

Healthy Weight

SO.3.2- By 2021 we will have supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy

The Welsh Government's national obesity prevention and reduction strategy is due for completion by March 2019. Public Health Wales is working to support the development of the strategy. We will be focusing in 2018/19 on gathering and interpreting relevant data and evidence to support the strategy development process. This will also include synthesising evidence and learning from international experience with a view to its application in Wales. We will also be supporting engagement with key sectors and audiences in developing key themes within the strategy.

During 2018/19, in support of development of the national obesity prevention and reduction strategy we will develop an indicator and evaluation framework for Obesity Strategy.

S0.3.2 By 2021 we will have supported Welsh Government to develop and implement a new national obesity prevention and reduction strategy														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Obesity Strategy	Case for change produced			✓									
	Evidence reviews completed						✓						
	Indicator and evaluation framework for Obesity Strategy developed									✓			

SO.3.3 By 2021 we will have worked with others to increase the proportion of children who are a healthy weight when they start school

Our aim is to implement fully the current *10 Steps to a Healthy Weight* programme. By 2021, we would expect that the ten steps are being used as a basis for system wide action to increase the proportion of children who start school at a healthy weight.

During 2018/19, we will focus on three key areas which include the first year of life including infant feeding; playing outdoors and avoiding sugary drinks.

Key areas of work include:

- developing proposals for action to increase the proportion of children who are a healthy weight in the first year of life

- developing action to reduce consumption of sugar sweetened beverages

- understanding the current capability and opportunity for professionals to support families to adopt the 10 Steps understood

- agreeing evaluation framework for the 10 Steps to a Healthy Weight Programme

In following years there will be a focus on promoting sleep and reducing screen time, increasing consumption of fruit and vegetables, reducing maternal weight gain in pregnancy,

S0.3.3 By 2021 we will have worked with others to increase the proportion of children who are a healthy weight when they start school													
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
10 Steps to a Healthy Weight	Proposals for action in the first year of life developed						✓						
	Action developed to reduce consumption of sugar sweetened beverages					✓							
	The current capability and opportunity for professionals to support families to adopt the 10 Steps understood												✓
	Agree evaluation framework for the 10 Steps to a Healthy Weight Programme					✓							

An Active Wales

SO.3.4- By 2021 we will have worked with others to achieve demonstrable increases in the proportion of children who walk or cycle to school

Active travel, including walking and cycling to school, is an easy way to build more physical activity into children's lives and also supports environmental sustainability by reducing car emissions. Our aim is to improve understanding and recognition of the importance of active travel among schools, parents, children and professionals.

Features of this work will include:

- schools being able to understand and monitor the travel behaviours of their pupils and have plans in place to improve active travel using best available evidence
- organisations working on active travel will be working together to maximise their collective impact, making the most of their unique contributions.

Three strands of work will focus on: agreeing with partners the all-Wales priorities for co-ordinated action to increase active travel to school; and also identifying and sharing evidence on the factors that support or prevent active travel to school and use this to inform action. Work will also be undertaken to support schools to understand and monitor pupils' travel behaviour and use this to inform improvement.

During 2018/19, we will:

- agree with partners All Wales priorities for coordinated action to increase active travel to school
- undertake an evidence review on factors influencing active travel to school
- complete the Hands Up pilot and validation study

S0.3.4 By 2021 we will have worked with others to achieve demonstrable increases in the proportion of children who walk or cycle to school														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Active Travel to school	All Wales priorities agreed for coordinated action to increase active travel to school						✓						
	Evidence review on factors influencing active travel to school completed												✓
	Hands Up pilot and validation study completed						✓						

SO.3.5- By 2021 we will have agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales

Together with Sport Wales and Natural Resources Wales and other agencies, we will have united activity under a common brand to engage the public and motivate change in physical activity across the life stages. A pre-requisite will be a shared vision for improved levels of physical activity based on a shared understanding of the problem and the best available evidence of what works.

Three strands of work will be undertaken:

- agreeing, designing and implementing the joint work programme
- developing the national indicators and mechanisms to monitor change in the population and inform decision-making
- exploring innovative funding approaches with Sport Wales such as an approach to the Well-being Bond and Challenge Fund for Sport

By the end of 2018/19, we plan to:

- finalise and agree a joint plan and develop detailed delivery plans developed for year one actions
- agree a joint approach with Sport Wales on increasing physical activity in education settings
- develop a common evaluation framework and tools for physical activity interventions

SO.3.5 By 2021 we will have agreed and implemented with Sport Wales and Natural Resources Wales a joint programme of work to promote a more active Wales														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Physical activity	Joint plan finalised and agreed and detailed delivery plans developed for year one actions			✓									
	Joint approach with Sport Wales agreed on increasing physical activity in education settings								✓				
	Common evaluation framework and tools for physical activity interventions in place												✓

Alcohol and Drug Misuse

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SO.3.6- By 2021 we will have developed a new comprehensive programme of prevention of alcohol related harm

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There is growing recognition of the need to focus work in the area of drug and alcohol use on prevention. We will be working with our partners at a national and local level to establish a joint understanding of alcohol related harm to the population in Wales and agreeing the action necessary to improve outcomes and reduce impact.

In Year 2018/19, we will establish a cross-sector partnership that will agree mechanisms for identifying priority areas for action; make recommendations for action; seek to understand partner and stakeholder views on opportunities for prevention; and also identify effective interventions. Agreed priorities for action will be the key milestone for year 1.

S0.3.6 By 2021 we will have developed a new comprehensive programme of prevention of alcohol related harm														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Prevention of alcohol related harm	Cross sector alcohol harm prevention partnership covened		✓										
	Priorities for collective action to reduce alcohol related harm agreed.												✓

SO.3.7- By 2021 we will have developed a programme to reduce the use and harm from drugs

In common with the priority above relating to alcohol related harm, there is a recognition that both within Public Health Wales and more broadly across sectors the balance of work on has been on treatment and harm reduction rather than prevention. Our work on ACEs has highlighted the importance of tackling substance use effectively to interrupt the cycle of poor health and other outcomes.

To achieve this we are planning to establish a cross-organisational programme board for substance misuse. Its remit will be to agree mechanisms for identifying priority areas for action and make recommendations. It will also seek to understand partner/stakeholder views on opportunities for prevention and identify effective interventions. By the end of Year 2018/19, Public Health Wales will agree priorities for public health action to prevent the uptake and problematic use of substances based on population harm. This programme of work will be taken forward in 2019/20.

S0.3.7 By 2021 we will have developed a programme to reduce the use and harm from drugs		APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Area	**Milestones**	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Substance Misuse Prevention	Establish a cross organisation partnership to consider substance use related harm and the potential for prevention			✓									
	Priorities for cross-organisational action on substance misuse prevention agreed												✓
Provide effective substance misuse education, training and awareness tools	Develop evidence based training and information sources for a range of audiences on reducing the harm from substance misuse												✓

SO.3.8- By 2021, we will have increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales

Our understanding of patterns of behaviour is essential if we are to take the right actions to influence these behaviours in Wales. We have good information on key health behaviours, particularly through national surveys. We have built on this describing our understanding of the impact of behaviours through the burden of disease study. We will undertake a programme of work to enhance and improve this. In 2018/19 we will undertake more in-depth analysis of the data available to help to gain a better picture of the distribution of behaviours across different groups and their current and potential future impacts on health.

Key milestones for 2018/19 include:

- undertaking initial web-based profiling of key health behaviours from existing data sources
- scoping new sources of information for understanding patterns of behaviour / emerging behaviours

S0.3.8 By 2021, we will have increased understanding of new patterns of behaviour (or emerging behaviours) that could impact on health and well-being in Wales														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Understanding of new patterns of behaviours	Initial web-based profiling of key health behaviours from existing data sources completed										✓		
	New sources of information for understanding patterns of behaviour / emerging behaviours scoped												✓

SO.3.9- By 2021, we will have increased understanding of the effective methods of behaviour change across staff working in public health

Behaviour change is at the core of everything we do and we want to ensure that our work draws on the latest behaviour change science and approaches so that we can maximise our impact. We will build on the work of our newly established Behaviour Change team, increasing the use of social marketing approaches and a range of other tools. By the end of 2018/19, we will understand the extent to which behavioural change theory is currently used in programmes to change people's behaviours, and identify where knowledge and skills need developing across the public health workforce.

Key actions for 2018/19 include:

- understanding and describing the current application of behaviour change theory across the public health system
- undertaking a training needs analysis to understand the knowledge and skills required by the public health workforce to apply behaviour change theory to the programmes and functions

S0.3.9 By 2021, we will have increased understanding of the effective methods of behaviour change across staff working in public health															
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH		
Behaviour change	Current application of behaviour change theory across public health system described								✓						
	Training needs analysis completed											✓			

SO.3.10- By 2021, Work with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.

By making high quality, consistent and up to date health promotion information more easily accessible to the public, individuals will be able to make better choices for themselves, their families and people they care for.

To achieve this, organisations providing health information at both national and local levels need to work together more closely - sharing content, avoiding duplication, ensuring consistency and ultimately providing better access for the people of Wales. The key milestones are that by the end of 2018/19, key stakeholders will have committed to a shared approach for the provision of health promotion information for the public.

During 2018/19 key actions include:

- developing proposals for improving health promotion information to the public
- agreeing principles for sharing content with key partners
- holding an engagement event with providers to identify opportunities for better information provision

S0.3.10 Work with others to ensure that people in Wales have easy and timely access to information to support them in taking control of their own health and wellbeing.														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBE	DECEMBER	JANUARY	FEBRUARY	MARCH
Health promotion information	Proposals for improving health promotion information to the public developed				✓								
	Engagement event held with providers to identify opportunities for better information provision											✓	
	Principles for sharing content with key partners agreed												✓

2.4 Strategic Priority 4

Securing a healthy future for the next generation through a focus on early years

2.4.1 Overview

Policy in Wales defines early years as the period from pregnancy to seven years of age. A child's early years are a key time to ensure good outcomes later in life, including better learning, access to good work and a fulfilling life.

The origins of many inequalities in health lie in early childhood and before birth. The early years are a critical part of childhood development as youngsters when they grow, develop, play and learn. This phase is a key factor in determining future health and well-being.

ACEs are an international concern and there is a growing body of evidence that our experiences during childhood can affect health throughout the life course. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence, which can themselves lead to mental health illnesses and diseases such as cancer, heart diseases and diabetes later in life.

For further information please refer to page 82 of our Strategic Plan.

2.4.2 What we will do

Within this strategic priority there are five strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

> SO.4.1- By 2021 we will have worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years

The early years of a child's life lay the foundations for a healthy childhood and lead to better health and well-being into adulthood. Our work with parents indicates that many find this period of rapid change overwhelming and that this is made even more difficult for vulnerable families. The evidence base for the benefits of parent support and intervention is well established but can be challenging to put into practice.

Healthier

More Equal

Cohesive communities

Vibrant culture and thriving

We will work with others to describe a parenting offer that meets the needs of all parents and is rooted in universal services drawing on the views of parents, professionals and the international evidence base.

We will also work with our partners to ensure that parents have access to the information they need when they need it to support them in being a parent and giving their child the best start in life. Information will be in a format that is accessible and appropriate to their child's needs and development. Parents will be confident that the information is accurate; is from a trusted source and updated as knowledge changes; and the most important issues are given the greatest priority

Further, we will work with others to ensure that organisations providing information are working together, sharing content and avoiding duplication. We will ensure that information is available to support health professionals in their routine contacts with families through the Healthy Child Wales programme.

During 2018/19 key milestones include:

- agreeing the health and wellbeing content relevant to developmental age prioritising with partners
- producing recommendations for information formats and platforms
- establishing a process for engaging parents and professionals in co-producing information provision.
- reviewing the current parenting support offer in Wales through the First 1000 Days Programme

S0.4.1 By 2021 we will have worked with partners to develop a co-ordinated programme of support for all parents based on insight and evidence focused on the early years														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Health Information for Parents project	Health and wellbeing content relevant to developmental age agreed and prioritised with partners							✓					
	Recommendations for information formats and platforms produced											✓	
	Process in place for engaging parents and professionals in co-producing information provision.												✓
First 1000 Days programme	Review the current parenting support offer in Wales												✓

SO.4.2- By 2021 we will have undertaken research to inform policy around early years

We are establishing a new research agenda and associated processes (see strategic priority 7) which will be informed by the need for research within the context of improving health and well-being in early years of life.

Aligned with the new research agenda and the priorities identified by the Early Years Programme Board, a range of research will be undertaken which will, in turn, inform future policy.   It is intended that Research Development Groups will be needed to commission and/or undertake research.

In 2018/19, this work will focus on agreeing the priorities for the research programme through an established Research Development Group and commissioning the research once funding has been identified.

S0.4.2 By 2021 we will have undertaken research to inform policy around early years															
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Lead a research and evaluation (R&E) programme focused on First 1000 days	Research Development Group established						✓						
	Agreed priorities									✓			
	New research commissioned once funding identified												✓

SO.4.3- By 2021 we will have worked with others to improve outcomes in the first 1000 days and to reduce exposure to adversity in the early years

We will seek to identify and communicate the priority risk and protective factors for the first 1000 days and we will develop and test new approaches to the identification of risk in early childhood to prevent children being exposed to multiple adverse experiences and trauma in their early life. More specifically, we will develop a framework to promote infant mental health and support the workforce in the First 1000 Days in taking preventive action.

Key milestones for 2018/19 include:

- identifying and communicating the priority risk and protective factors for the First 1000 Days programme outcomes

- developing a case for action infant mental health framework for Wales

- undertaking action to increase participation in the First 1000 Days Collaborative

- delivering the First 1000 Days quality improvement offer to collaborative members

S0.4.3 Worked with others to improve outcomes in the First 1000 Days														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
First 1000 Days Programme	Priority risk and protective factors for the First 1000 Days programme outcomes identified and communicated												✓
	Case for action for an infant mental health framework for Wales developed										✓		
	Action taken to increase participation in the First 1000 Days Collaborative.												✓
	First 1000 Days quality improvement offer delivered to collaborative members.												✓

SO.4.4- By 2021 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years

The aim of the current Healthy Pre-School Scheme is to support and acknowledge the work of early years settings in actively promoting and protecting health and wellbeing. The programme considers all aspects of health: physical, social, emotional and mental. We will work with our partners in the first year to complete a review of the current scheme and ensure that it remains fit for purpose in the future, complementing the work of other bodies. We will develop options for future delivery to be agreed by Welsh Government that more effectively meet the needs of a range of early years settings from Child Minders to Nursery Schools. We will embrace technology to increase the reach of the programme across Wales.

In 2018/19, this will focus on undertaking a review of the existing scheme and refreshing as required.

S0.4.4 By 2021 we will have revised and re-launched the Healthy Pre-School scheme to increase action to promote health and wellbeing in the early years															
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Healthy Pre-Schools	Healthy Pre-School Scheme reviewed and refreshed												✓

SO.4.5- By 2021 we will have worked with partners to improve oral health of the children in Wales

In Wales, we have high levels of dental disease in children which impacts of children's lives now and into their future. To address this, in Year 1, at the population level, we are planning to:

- provide strategic public health leadership for the national child oral health improvement programme – Designed to Smile
- pilot prevention in practice e-learning with dental foundation trainees.

Key milestones for 2018/19 include:

- launching the new Designed to Smile website
- National 'Once for Wales' evidence based products created including training sessions and teacher lessons resources developed for dental practices and health visitors
- evaluating the Pilot project- e-learning with dental foundation trainees and Lift the Lip

S0.4.5 By 2021 we will have worked with partners to improve oral health of the children in Wales		APRI	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEBR	MAR
Area	**Milestones**												
Designed to Smile	New Designed to Smile website goes live						✓						
	Training sessions and teacher lessons resources developed for dental practices and health visitors									✓			
	Pilot project- e-learning with dental foundation trainees evaluated									✓			
	Pilot project- Lift the Lip evaluated									✓			

2.5 Strategic Priority 5

Protecting the public from infection and environmental threats to health

2.5.1 Overview

To prepare for and respond to future challenges Public Health Wales provides health protection services including communicable disease control, environmental public health services and emergency preparedness and response, together with laboratory, clinical and public health microbiology services to the whole population in Wales.

We believe that there are three key themes running through our future actions, namely the need for:

- an integrated, whole system approach to the five key components of an effective infection service: surveillance, prevention of infection across the health community and wider population, early effective diagnosis of infection, early effective treatment of infection and early effective intervention to control the spread of infection

- a relentless determination to drive down the risks from healthcare associated infections (HCAI) and antimicrobial resistance (AMR) and strengthen our response to other risks including vaccine preventable diseases

- an effective approach to the risks to health from environmental hazards and, working with others, support Wales to better prepare for and deal with the expected effects of climate change.

For further information please refer to page 90 of our Strategic Plan.

2.5.2 What we will do

Within this strategic priority there are three strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

Prosperous

Resilient

Healthier

Cohesive communities

Globally responsible

SO.5.1- By 2021, working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation.

Public Health Wales provides a 24 hour, 365 day a year service to respond to infectious disease threats to the population of Wales. This requires a close working relationship between our Health Protection and Microbiology services.

Public Health Wales has recognised for some time that it both needs to modernise and transform its infection service. Having established new senior management structures and internal governance systems in 2017, we now need to redefine the model of a National Infection Service in Wales.

Our plan is to establish an over-arching Transformation Programme to support the development of the proposed service. Its scope will be worked up during 2018/19. This is a major change initiative and, together with essential immediate action to stabilise the current service, will need to call on additional resources not presently included in the current operational functions. An indicative timeline has been developed and indicates that the implementation of the new service could begin in 2023. This estimate is based on current planning assumptions for the modernisation of our Microbiology service, which would be a key component of a new National Infection Service.

The key deliverable in 2018/19 will be a report setting out the scope and shape of the Transformation Programme. This will be supported by a report on the future business model (requiring further work on cost-demand modelling) and the start of work to draft a new service specification. Both will require stakeholder engagement, especially from the health boards. We will also report on a scoping of workforce and development training needs. An important linked deliverable will be a report with recommendations on technological developments applied to health protection services. These products will provide us with the intelligence that will inform the future design of the Infection Service but their delivery will require project support and filling a vacant change management post. During this initial phase of transformation, it will also be necessary to deliver actions to stabilise the current service (a requirement that will likely extend throughout the term of our Strategic Plan) in response to immediate challenges.

SO.5.1- By 2021, working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities and has the capacity and skills to introduce and embed innovation.														
Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Microbiology Transformation Plan	Immediate and medium term stabilisation plan implemented						✓						
	Microbiology Transformation Board established and work plan agreed and published						✓						
	Service specification produced inclusive of costing and needs analysis and sustainable microbiology laboratory model developed												✓
	Workforce development / education scoping exercise undertaken and report published									✓			
Molecular technology into laboratories across NHS Wales	Report on readiness of laboratories across Wales are for molecular technology developed					✓							
Genomic research into pathogens	Preliminary results of research into selected pathogens published												✓
Sustainable All Wales Acute Response Service (AWaRE)	Updated Standard Operating Procedures (SOP) developed to minimise variation in practice and ensure a consistent, high quality Health Protection service is delivered												✓
Enhanced integrated surveillance systems	Real-time overview reports of infections in Wales in support of the Health Protection System developed and reported and available to Public Health Wales.												✓

SO.5.2- By 2021 we will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases

A new UK strategy for Antimicrobial Resistance is expected in 2018 and we are prepared to support Welsh Government in the development of a new national action plan for Wales. In the meantime we will continue in 2018/19 to support the current national delivery plan and the implementation of the HCAI National Collaborative. In addition we will work with Welsh Government to review the immunisation offer in Wales and continue to provide system leadership to the NHS through direct support and advice, training and education and intelligence for action.

In 2018/19 we will continue to support the National HCAI Collaborative, organising regular events for health boards and trusts to report on the progress they are making. We will also continue to support and evaluate the current AMR Delivery Plan and when the new UK Strategy is published (expected 2018) we will support Welsh Government in its assessment of the implications for Wales. We will also further enhance our health protection intelligence capability (including building on our achievements over the last year overseeing the implementation of ICNet, which is due to complete in July 2018) through the development of a wide range of intelligence products. Through a recently established governance structure agreed with Welsh Government we will also develop a suite of agreed products as key outputs of our Vaccine Preventable Disease Programme. Further to the publication in January 2018 of the final report of the Sexual Health Review we will establish, in 2018/19, a project to implement the recommendations for Public Health Wales.

SO.5.2- By 2021 we will be providing effective and trusted system leadership on a range of designated risks including HCAI and AMR and vaccine preventable diseases													
Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Healthcare associated infections (HCAI)	ICNet roll-out completed including enhanced surveillance modules									✓			
	Three Infection Prevention and Control forums delivered		✓					✓					✓
	Guidance on Infection Prevention and Control developed and issued for primary and secondary care									✓			
	Three national collaborative events delivered											✓	
	Deliver the STOP campaign which focuses on improving use and maintenance of intravenous lines and catheters												✓
Reduce inappropriate /increase appropriate antibiotic prescribing (AMR)	Web portal developed and annual point prevalence survey delivered.							✓					
	Two Antimicrobial stewardship forums delivered						✓						✓
	Antimicrobial guidance for primary and secondary care developed									✓			
Hepatitis elimination programme	System to report on the WHO targets for the elimination of hepatitis as a major public health threat developed and prevalence of HCV estimated								✓				

Reduce burden of STIs in the population	Revised Sexual Health Service Specification completed and published	✓																
	Project to deliver options for long acting reversible contraceptive provision in Substance Misuse Services completed and evaluated															✓		
	Bevan Exemplar project completed and evaluated as proof of concept for CT/GC dry swab testing in the community													✓				
Contribute to reducing morbidity and mortality due to vaccine preventable diseases	Flu campaign communications in Wales delivered and evaluated																	✓
	Measles elimination task and finish group established							✓										
	Routine surveillance of socioeconomic inequalities in uptake and timeliness of childhood vaccinations developed and implemented and annual Summary Report produced					✓												

SO.5.3- By 2021 we will have effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change

Public Health Wales also provides a 24 hour, 365 day a year service to respond to threats from environmental hazards as well as expert advice and support to health boards in response to environmental permitting and local environmental health issues including poor air quality. Recent legal challenge has led to increased UK action to address the issue of poor air quality. Public Health Wales has already produced guidance for the NHS and will support the Welsh Government in its response to the need for a new Air Quality Strategy and the development of a Clean Air Plan for Wales.

Climate change is widely acknowledged as one of the greatest public health threats of this century. As evidenced by the WFGA, Wales is already taking a long-term approach to securing the health security of its people using a sustainable development approach. Public Health Wales has worked with partners across Wales to develop a 'model' or 'pathfinder' that can be used to drive long-term sustainable development for health in response to global health threats including from climate change. This will be supported by our recent success in achieving World Health Organization recognition as a WHO Collaborating Centre in Investment for Health and Wellbeing.

The focus in 2018/19 will be outputs (products) arising out of our support to Welsh Government including scoping the components of a new Air Quality Strategy. As part of the modernisation programme for health protection we will also review and report on changes necessary to strengthen our environmental public health response.

SO.5.3- By 2021 we will have effective arrangements in place to support the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Contribute to reductions in morbidity and mortality linked to environmental hazards	Policies, research, and practice developments by the new Wales Clean Air Programme Board reflect integration with public health												✓
	Scoping for development of a Public Health Wales-wide planning portal to influence place-making planning policies and decisions to reduce public health risks and inequalities completed												✓

2.6 Strategic Priority 6

Supporting the development of a sustainable health and care system focused on prevention and early intervention

2.6.1 Overview

The Parliamentary Review outlines the vision for one high-quality, seamless NHS and Social Care system underpinned by the "Quadruple Aim" to improve health and wellbeing, improve experience and quality of care, enrich the wellbeing, capability and engagement of the workforce, and increase the value achieved from health and care funding.

We recognise the need to support NHS Wales to deliver this vision in the context of a growing and changing pattern of population need and expectation; unwarranted variation of service delivery and workforce challenges. Our support aims to accelerate improvements in patient outcomes and experience and enable the development of a sustainable health and care system focused on prevention and early intervention. We want to collaborate to support the development of sustainable and accessible models of care that focus on prevention, population based screening, timely intervention, and continuous improvement in order to maximize population benefit across the life course and to reduce the impact of long-term conditions.

The sustainable development principle of the WFGA will also drive us to involve service users and collaborate with service providers to focus on what is important to them. We will adopt this approach and support the redesign and transformation of health and care system to reduce harm and improve the quality and experience of care in Wales, contributing to a healthier Wales.

Within this priority our work will be focused within following key areas:

- Maximising opportunities for prevention through clinical settings
- Primary Care Transformation
- 1000 Lives Improvement
- Population Based Screening Programmes

Healthier

More Equal

What we will do

Within this strategic priority there are eight strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

SO.6.1- By 2021, we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care

Our 1000 Lives Improvement Service will continue to deliver a range of programmes to meet key health system challenges. This includes:

- unscheduled care support to health boards and trusts, agreed on an annual basis by the Unscheduled Care Board, focusing on the big 5 demands on unscheduled care, particularly falls and frequent attenders
- planned care support to health boards and trusts, agreed on an annual basis by the Planned Care Programme Board
- a new National Frequent Attenders Programme which aims to ensure that all emergency departments have a multi-agency service for frequent users of unscheduled care services

Key milestones for 2018/19 include:

- through the Frequent Attenders Programme, undertaking a baseline analysis of the scale, scope and impact of frequent attenders in Emergency Departments
- delivering three national workshops through the Frequent Attenders Programme
- working with health boards to develop and agree a work programme for reducing demands on unscheduled care
- through the Planned and Unscheduled Care Boards, agreeing and delivering a programme of tailored support

SO.6.1- By 2021, we will have enabled the NHS and social care to deliver sustainable, seamless and person centred pathways of care across planned and unscheduled care													
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Unscheduled Care	Frequent Attenders Programme: Baseline analysis of the scale, scope and impact of frequent attenders in Emergency Departments completed				✓								
	Frequent Attenders Programme: Second baseline audit undertaken							✓					
	Frequent Attenders Programme: Three national workshops delivered									✓			
	Frequent Attenders Programme: Work programme for each health board developed and agreed											✓	
	Unscheduled Care Board: Agree and deliver tailored support												✓
Planned Care	Tailored support for the Planned Care Board agreed and delivered												✓

SO.6.2- By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery

1000 Lives Improvement continue to work with partners to contribute reducing variation, inequality and harm in care delivery. During 2018/19 this will include:

- supporting delivery of a national programme to enable NHS organisations to meet the requirements of the Nurse Staffing Act.

- launching an Emergency Laparotomy Collaborative and holding two national events and improvement support to health boards and trusts. This will continue through year 2 and in Year 3 there will be a final collaborative event and review of the programme will be undertaken

- continuing the Rapid Response for Acute Illness Learning Set (RRAILS) peer review process for health boards and Trusts with acute services which has a rolling schedule between April 2018 and October 2020

- improvement support to health and social care providers in the non-acute setting will be through the Out of Hospital Acute Deterioration Patient Safety Collaborative Programme

- commencing a two-year developmental programme on medicines safety

- undertaking new work within the Single Cancer Pathway Programme providing improvement support to health boards, underpinned by IQT training and shared learning across Wales

- Scoping and developing an improvement programme for care homes in Wales to increase the quality of care provided to care home residents in Wales with a focus on safety and reliability, person centred care, and leadership and team working (subject to scope and funding being agreed).

SO.6.2- By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Nurse Staffing	Support delivery of a programme of work to enable NHS organisations to meet the requirements of the Nurse Staffing Act												✓
Emergency Laparotomy	Scope, develop and launch Emergency Laparotomy Collaborative						✓						
	Deliver 2nd Emergency Laparotomy Collaborative event												✓
Acute Deterioration	RRAILS peer review completed for BCUHB and ABU UHB												✓
	Establish Out of Hospital Patient Safety Steering Group						✓						
	Establish standardised Out of Hospital Acute Deterioration metrics in all non-acute hospital areas												✓
	Launch Acute Deterioration Dashboard work stream						✓						
Medicines Safety - Reducing Medicines Related Harm	Creation of high level driver diagram		✓										
	Develop measurement and evaluation framework				✓								
	Establish National Medicines Management Collaborative							✓					

SO.6.2- By 2021, we will have used patient safety as a driver to reduce variation, inequality and harm in care delivery														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
OBS Cymru	Baseline audit of MLU paperwork completed							✓					
	Fourth and fifth audits of measuring blood loss completed									✓			
	Third and fourth audits of 4 stage compliance												✓
	Second and third MLU measuring blood loss audit completed												✓
Single Suspected Cancer Pathway	Engagement with Cancer Managers to scope improvement support			✓									
	Support health boards/CSGs to develop capacity and demand models and service simulation models						✓						
	Four national workshops delivered												✓
Care Homes Programme	Scope and develop improvement programme for care homes in Wales												✓

SO.6.3- By 2021, we will have supported organisations to improve the quality of mental health and learning disability services across the life course

Using a common framework for quality improvement programmes within the mental health and learning disability portfolio, 1000 Lives Improvement works with national steering groups to review research, co-produce standards, develop an agreed data set and implement improvement plans. We work with multidisciplinary professionals, third sector partners and people with lived experience with a focus on the following areas during 2018/19:

- publishing national guidance for perinatal mental health services and embed agreeing outcome measures

- launching the national driver diagram for first episode psychosis

- embedding agreed outcome measures for the neurodevelopmental pathway

- scoping access to and provision of memory assessment services to those with learning disabilities

- agreeing and publishing the national plan for delivery of psychological therapies and develop mechanism to support

- developing a consistent dementia pathway which incorporates standards of care and outcome measures

- increasing uptake and quality of annual health checks for service users with learning disabilities

Public Health Wales is also working with Welsh Government and the pilot areas in 3 parts of Wales to support the Child and Adolescent Mental Health Services (CAMHS) In Reach to Schools Programme (until July 2020), developing governance arrangements, ensuring the co-ordination of the experience and learning acquired and supporting the independent evaluation of the Programme.

Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
SO.6.3- By 2021, we will have supported organisations to improve the quality of mental health and learning disability services across the life course													
Quality of mental health and learning disability services	Publish national guidance for perinatal mental health services and embed agreed outcome measures						✓						
	Launch the national driver diagram for first episode psychosis							✓					
	Embed agreed outcome measures for the neurodevelopmental pathway												✓
	Scope access to and provision of memory assessment services to those with learning disabilities - re audit national memory assessment services			✓									
	Agree and publish national plan for delivery of psychological therapies and develop mechanism to support			✓									
	Develop a consistent dementia pathway which incorporates standards of care and outcome measures												✓
	Increase uptake and quality of annual health checks for service users with learning disabilities												✓

SO.6.3- By 2021, we will have supported organisations to improve the quality of mental health and learning disability services across the life course													
Area	**Milestones**	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Child and Adolescent Mental Health Services (CAMHS)	In Reach to Schools Programme components agreed and understanding developed of how local areas are addressing them.												✓

SO.6.4- By 2021, we will have supported the NHS in Wales to implement the Safeguarding maturity matrix

To drive improvements, reduce variation and share learning across NHS Wales and wider partners, we will support the NHS in the implementation of the Safeguarding maturity matrix. During 2018/19 will include the development and piloting of the Safeguarding Maturity Matrix, which will include data gathering, synthesis of information, with further refining over years 2 and 3 with direct input from Nurse Directors and the Safeguarding Network. At the end of each year an annual report will be produced. National pieces of work may be required if gaps are identified.

Key milestones for 2018/19 include:

- sharing, piloting and discussing the Safeguarding Maturity Matrix with health boards and Trusts through safeguarding committees
- undertaking a pilot with report on Maturity Score and improvement plan to National Safeguarding Team
- evaluating the Safeguarding Maturity Matrix pilot for acceptability to stakeholders and feasibility to provide data for national picture

SO.6.4- By 2021, we will have supported the NHS in Wales to implement the Safeguarding maturity matrix														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
A Safeguarding maturity matrix for children and vulnerable adults, developed collaboratively based on previous standards produced by the All Wales Safeguarding Network	Chief Nursing Officer and Nurse Directors agree final version of safeguarding maturity matrix	✓											
	Safeguarding Maturity Matrix shared and pilot discussed with health boards and Trusts through safeguarding committees					✓							
	Pilot undertaken with report on Maturity Score and improvement plan to National Safeguarding Team								✓				
	Safeguarding Maturity Matrix pilot evaluated for acceptability to stakeholders and feasibility to provide data for national picture											✓	
	National Safeguarding Team final report to Chief Nursing Officer, Nurse Directors and Safeguarding Network												✓

SO.6.5- By 2021 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations

One of our statutory functions is to provide population-based screening programmes. These are governed by recommendations from the UK National Screening Committee and Welsh Government. Key improvements over the lifecycle of our Strategic Plan are:

In 2018/19, key milestones include:

- starting a review of the information we provide to the public with a view to enabling informed choice and improving uptake

- starting to implement recommendations arising from engagement with service users with learning disabilities

- implementing Human Papilloma Virus primary testing in Cervical Screening

- supporting health boards to implement screening for Patau's and Edwards' and introduced non-invasive pre-natal testing as a contingency test

- starting phased implementation of faecal immunochemical test as screening test for Bowel Screening

- establishing a robust failsafe for Diabetic Eye Screening Wales

SO.6.5- By 2021 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations														
Area	**Milestones**	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Screening Service User Engagement	Service user experience report re-developed							✓					
	Learning disability recommendations report produced									✓			
Screening For the Future Programme	Programme formally established			✓									
	Engagement and communication plan developed			✓									
	Management structures scoped and reviewed to ensure sustainability for future developments and recommendations published									✓			
	Sustainable, multi-disciplinary workforce plan across Screening developed												✓
	Quality assurance input and requirements for each programme reviewed				✓								
Screening Picture Archiving	Screening Picture Archiving Implementation for the Wales Abdominal Aortic Aneurysm Screening Programme completed	✓											
Informatics Solution for Cervical Screening Wales	CSIMS Go Live							✓					
Implement Human Papilloma Virus primary testing for Cervical Screening	Confirmed changes to the Cervical Screening Laboratories completed						✓						
	Training to Smear takers designed and delivered						✓						
	HPV Primary Screening Go Live							✓					

SO.6.5- By 2021 we will deliver and develop evidence based national population screening programmes in line with UK National Screening Committee and Welsh Government recommendations														
Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Implement Faecal Immunochemical Testing in Bowel Screening	Informatics Solution (BSIMS) developed and tested									✓			
	Laboratory and FIT Programme preparation completed									✓			
	Local plans with Health Boards to manage capacity in Colonoscopy, Pathology, Radiology & Surgery for implementation of FIT developed and published										✓		
	Phased Introduction of FIT commenced										✓		
Implementation of Non-Invasive Prenatal Testing and implement screening for Edwards' and Patau's syndrome	Communications tools for service users and professionals updated including written materials and website		✓										
	Project evaluation report for first year completed												✓
Establish a robust failsafe for Diabetic Eye Screening Wales	Implementation plan developed for establishing robust failsafe for DESW	✓											
	Quality manual with Standard operating processes agreed and published												✓
Implement risk-based intervals for Diabetic Eye Screening	Implementation plan for risk-based intervals for Diabetic Eye Screening developed			✓									

SO.6.6- By 2021 we will have developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease

Many of the major chronic diseases have common risk factors and there is a need to work on these challenges together – through Implementation Groups – to maximise opportunities for prevention.

During 2018/19 our key milestones include:

- through Making Every Contact Count, agreeing a knowledge and skills framework for having effective behaviour change conversations
- Establishing a mechanism for recording effective behaviour change conversations in primary care
- Identifying an all Wales approach to assist Nursing and Midwives contribution to population health and developing a program of work to up skill and roll out this approach across Wales over the next 3 years.
- establishing mechanisms to demonstrate the impact of the NERS programme
- identifying knowledge, skills and competencies required for NERS staff
- Establishing a quality assurance system for NERS and identifying knowledge, skills and competencies required for NERS staff.
- developing a draft strategy on prevention in clinical settings

SO.6.6- By 2021 we will have developed a co-ordinated approach to prevention in clinical settings including primary care to reduce the avoidable burden of disease

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Making Every Contact Count	Knowledge and skills framework for having effective behaviour change conversations agreed							✓					
	Mechanisms for demonstrating the impact of Making Every Contact Count agreed												✓
	Support nurses and midwifes contribution to improving population health												✓
	Identification of an all Wales approach to assist Nursing and Midwives contribution to population health.			✓									
National Exercise Referral Scheme (NERS)	Mechanisms to demonstrate the impact of the NERS programme established												✓
	Knowledge, skills and competencies required for NERS staff identified						✓						
Prevention in clinical settings strategy	Draft strategy produced									✓			

Ensuring the sustainability of primary care is essential for public health and quality improvement activities and a new model for primary and community care is essential. In contributing to this transformation programme, we will be broadening the scope to include a population approach; looking at the wider role of multi-disciplinary teams and professions; focusing on prevention as well as social prescribing. We will seek to deliver assigned actions for transforming primary and community care within a whole system approach.

In 2018/19, we will see the start of the implementation of the new model and scaling up of good practice which will be published. Development of GP clusters will be supported by a new governance framework, leadership and skills programmes and national learning events. A cluster leads network will be established and learning from the pacesetter programme will be supported. Years 2 and 3 will continue the implementation, monitoring and review of the transformation programme.

Key milestones for 2018/19 include:

- establishing a Cluster Leads Network and holding a cluster leads peer conference
- producing Cluster leadership skills & Training Questionnaire report and agreeing forward workshop plan
- delivering a National Primary Care Conference 2018
- development of Stage 1 of an Integrated All Wales Cluster Needs Assessment Framework
- publishing the Cluster Governance Framework 'A guide to good practice'
- critical appraisal undertaken of the Pacesetter Programme national learning workshop
- producing a Clinical Triage questionnaire report
- deployment of Primary Care Patient Safety Tool in pilot practices

SO.6.7- By 2021 we will have delivered the public health contribution to the national programme for transformation of primary care														
Products	**Milestones**	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBE	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Cluster development	Cluster Leads Network established; cluster leads peer conference held						✓						
	Cluster leadership skills & Training Questionnaire report produced and forward workshop plan agreed				✓								
	National Primary Care Conference 2018 Delivered								✓				
Access to information and Intelligence	Stage 1 of anIntegrated All Wales Cluster Needs Assessment Framework produced			✓									
Innovation	Critical Appraisal of the Pacesetter Programme national learning workshop held							✓					
	Clinical Triage questionnaire report produced					✓							
Quality Improvement and Patient Safety	Deployment of Primary Care Patient Safety Tool in pilot practices			✓									

In seeking to embed prevention and shared decision-making within the dental care system, we will be working with partners to develop and implement a three-year reform programme that has annual objectives; seeks to increase participation from dental practices; produces practice profiles; and monitors the effect of changes in key indicators, for example, the delivery of prevention items.

In 2018/19, the programme will be established and GDS reform programme objectives and plan agreed with the Welsh Government and 'Risks and Needs Profiles' for participating practices will be produced.

Key milestones for 2018/19 include:

- Agreeing the General Dental Service reform programme objectives and plan with the Welsh Government
- Identifying risks and producing needs practice profiles and baseline for key indicators for participating practices

SO.6.8- By 2021 we will have worked with partners to develop and implement the General Dental Service Reform Programme to increase prevention and maximise value of dental healthcare														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
General Dental Service Reform Programme	GDS reform programme objectives and plan agreed with the Welsh Government						✓						
	Risks and needs practice profiles and baseline for key indicators produced for participating practices				✓								

2.7 Strategic Priority 7

Building and mobilising knowledge and skills to improve health and well-being across Wales

2.7.1 Overview

Public Health Wales plays a key role in supporting evidence informed policy and practice. We can add value to the development, implementation and evaluation of joined up policy, at a local, national and international level, that supports the protection, improvement and promotion of health and well-being and reduces health inequalities across Wales. In order to achieve this we will enable the timely generation, review and communication of local, national and international evidence to effectively improve, protect and sustain the health of current and future generations in Wales. We will inform policy and practice through expert, impartial, trusted intelligence leading a whole-system, cross-sector approach for population health.

This will include:
- New public health research and development agenda
- Work with academia to develop public health research capacity and educational provision
- Informing policy and taking action
- Exploiting new technology
- A new health intelligence system
- Developments in health economics and metrics
- International engagement
- Skills

For further information please refer to page 122 of our Strategic Plan.

2.7.2 What we will do

Within this strategic priority there are nine strategic objectives which we will deliver over the next three years. Within our Annual Plan we have included for each strategic objective below the key milestones we will deliver during 2018/19.

SO.7.1- By 2021, we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels

We have built a good track record for research achieving positive impact for the population of Wales. We want to develop this further and strengthen our collaboration to inform and deliver research to improve the health of Wales. We will engage with internal and external stakeholders including *Health and Care Research Wales*, health boards, academic leaders in public health research, funding organisations and the research infrastructure in Wales in inform our new Research and Development Strategy (to be launched in 2019) for Public Health Wales. This will influence, support and deliver a leading edge public health research agenda for Wales which will inform and support the work we do.

In line with our strategic long-term priorities, we envisage some early work on developing knowledge on building resilience at individual and community level, supporting strategic priority 2. This will be set within the World Health Organization Collaboration Centre programme and would start with early work on summarizing best practice and the social return on investment of building individual and community resilience. In 2018/19 we would expect to have held a flagship workshop on resilience and produced a summary report. Subject to agreement, work would follow on identifying partners for scaling up funded research in this area. Ensuing research will link to the World Health Organization Collaboration Centre programme and extend beyond the lifecycle of our Strategic Plan.

In developing our Long Term Strategy through extensive engagement with stakeholders, it is clear that we need to develop our ability to consider key public health questions by building capacity in futures thinking using research, intelligence and knowledge systems and driving this approach through academia. In Year 2018/19, we will hold a national conference on Futures and Foresight approaches. Subject to funding, we will establish a development group and Foresight project in Year 2. This will lead to the publication of a Foresight report, aimed at supporting organisational 'long-term thinking'.

Key milestones for 2018/19 include:
- identifying actions and priorities for taking forward Futures work
- delivering and evaluating a National Conference and webinar on Futures & Foresight approaches
- developing and launching the new Public Health Wales Research Strategy
- completing the implementation of the Four Nations Research Compatibility Programme

SO.7.1- By 2021, we will have developed and delivered a new public health research agenda in collaboration with academic and other partners in Wales and internationally which will have measurable impacts at national and international levels														
Area	**Milestones**	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
National Conference and webinar on Futures & Foresight approaches	Stakeholder views and resourcing identified												✓
	Actions and priorities identified for taking forward Futures work												✓
	National Conference delivered and evaluated												✓
Public Health Wales Research Strategy	Internal and external engagement on development of Research strategy												✓
	New Research strategy launched												✓
	R&D retrospective Annual report				✓								
Research governance review	Implementation of the Four Nations Research Compatibility Programme completed												✓

SO.7.2- By 2021, we will have increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.

Public Health Wales have a strong track record of influencing partners locally and nationally with public health knowledge, informed by evidence and intelligence. We believe there is now an opportunity to increase our influence and impact for greater use of public health knowledge in policy and practice. The WFGA and the Public Health Act provide levers and opportunities unique to Wales. By 2019-20 we expect to have completed our thinking on a new operating model for knowledge dissemination and by the end of Year 2 we will have produced a business case to support investment. Implementing the preferred model – for example a centre for knowledge dissemination, is dependent on funding and would be piloted and assessed in Year 3.

To achieve this our focus during 2018/19 will be to complete a literature review of evidence based approaches to addressing ACEs with a report and academic paper developed to inform further work.

Other key milestones for 2018/19 include:

- Developing the 'As is' description of current model of knowledge dissemination
- Undertaking a review of 'what works' in knowledge dissemination

SO.7.2- By 2021, we will have increased the dissemination and use of public health knowledge with a particular focus on, sustainable approaches health, health impact assessment and life course approaches to public health including addressing ACEs.														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Knowledge Dissemination on evidence based approaches to addressing ACE's	Literature review of evidence based approaches to addressing ACEs with a report and academic paper						✓						
Future models for knowledge dissemination	'As is' description of current model of knowledge dissemination developed									✓			
	Review of 'what works' in knowledge dissemination completed												✓

In Year 2018/19 we will examine the use of the internet/technology to support health in Wales with a view to establishing a collaborative Technology and Health Working Group and work plan. Through research and evidence we will increase our understanding on the impact of technology on health e.g. social media as well as the wider determinants of health e.g. employment, with a view to looking longer term at how we can harness technology to provide cost effective solutions for improving health and well-being.

This will include producing a technology and health report and establishing a working group to take this work forward in future years.

SO.7.3- By 2021 we will have increased our understanding of how new technologies can be adopted and exploited to better utilise population health data, improve access to and use of knowledge for improving health and reducing inequalities.														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Technology and Health Programme	Survey Data Collection Completed										✓		
	Tech & Health Report Produced												✓
	Working Group Established to take forward report implications												✓

SO.7.4- By 2021, we will have developed a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next decade.

The health intelligence functions support our actions through all priority areas of this plan. A strategic review of intelligence functions across Public Health Wales identified opportunities relating to governance, resource demand mismatch, use of efficient, modern and consistent methods and stakeholder understanding of the organisation's unique role. We are now in a position to develop an operating model informed by this strategic review.

During 2018/19, current health intelligence functions across Public Health Wales will be baselined and a new operating model will be designed as part of the Sustainable Health Intelligence for tomorrow (SHIFT) project. We will engage staff and external stakeholders in an agile design process to accelerate implementation of the model and benefits realisation. The model will incorporate leading practice and be fully connected to the wider health intelligence community across Wales. By the end of Year 2018/19, key elements of the model will have been implemented.

Through Years 2 and 3, the new model will be largely embedded, with user value and operational performance being measured, and continuous improvement activity underway. More complex areas of the model will also continue to be implemented. Benefits will be continually tracked through years 2 and 3.

SO.7.4- By 2021, we will have developed a new operating model for our health intelligence resources which adopts emerging data science techniques to understand and address the public health challenges we face today and will face in the next decade.														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	
Operating model for Health Intelligence (SHIFT project)	Baseline of current health intelligence operating model			✓										
	Development of target operating model, based on leading practice in data science						✓							
	Further design, build and implementation of model												✓	

SO.7.5- We will increase our use of health and economic measurement techniques, including social return on investment in order to provide evidence based advice to inform public health policy and practice and measure our own impact on population health.

To achieve this, we will undertake a range of reviews including learning from other countries. Following a needs assessment and consideration of how social and economic evaluation can be embedded in all our work, we will develop an option appraisal for completion early in Year 2. Subject to funding, implementation can begin in Year 3.

Alongside this, in Year 2018/19, we will be completing an appraisal of how we currently evaluate the impact of our actions on the health of the population in Wales. This will inform capability and capacity development in evaluation skills and the development of tools and web based resources to strengthen our approach to evaluation. We will also improve on the dissemination of learning from evaluations across Wales and further afield.

Key milestones for 2018/19 include:

- developing a quality assurance Framework for evaluation
- developing a baseline map of Public Health Wales evaluations
- identifying training needs on evaluation
- collating tools and intranet resources

SO.7.5- We will increase our use of health and economic measurement techniques, including social return on investment in order to provide evidence based advice to inform public health policy and practice and measure our own impact on population health.

Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Develop and deliver a programme to strengthen impact evaluation across Public Health Wales.	Quality assurance Framework for evaluation developed									✓			
	Baseline map of Public Health Wales evaluations produced												✓
	Training needs on evaluation identified									✓			
	Tools and intranet resources collated												✓

> SO.7.6- Through implementation of our International Strategy we will develop, with the World Health Organization, a world-leading Centre for Investment in Health and Well-being, harness public health expertise developed abroad, and disseminate research, knowledge, innovation and learning developed in Wales.

Taking forward this strategic objective there are three components in our work plan:

- to continue to support the implementation of our International Health Strategy which features in Year 1 cross-organisational and external engagement; an international roadshow in 2019 and support to campaigns such as *Nursing Now*

- to manage and support the implementation of the newly designated World Health Organization Collaboration Centre on 'investment for Health and Well-being' across Policy, Research and International Development and the organisation. The development of an Expert Knowledge Platform is a key element of this plan

- to continue to support the implementation of the Charter for International Health Partnerships in Wales across the NHS, including publishing an all-Wales implementation toolkit in Year 1; progressing a training resource on Global Citizenship; and evaluating the impact of the Charter in Years 2 and 3

During 2018/19, key milestones include:

- establishing a management Board for the World Health Organisation Collaborating Centre and producing a first year report

- developing and launching a World Health Organisation Collaborating Centre advocacy framework and toolkit

- developing the International Health Strategy implementation plan

- launching the Charter for International Health Partnerships Toolkit

- supporting the Asylum Seekers and Refugees agenda through analysing and publishing Practitioner led research (HEAR) results and an Organisation of Sanctuary Proposal to Board

Area	Milestones	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEBR	MAR
	SO.7.6- Through implementation of our International Strategy we will develop, with the World Health Organization, a world-leading Centre for Investment in Health and Well-being, harness public health expertise developed abroad, and disseminate research, knowledge, innovation and learning developed in Wales												
WHO Collaborating Centre	WHO CC Launch and Leaflet produced						✓						
	WHO CC Management Board established												✓
	WHO CC Expert Network established												✓
	WHO CC First Year Report published												✓
WHO CC Advocacy Toolkit	WHO CC Advocacy Framework produced						✓						
	WHO CC Advocacy Toolkit produced and Launched												✓
PHW International Health Strategy (IHS) implementation	IHS Implementation Plan and first 3-year Action Plan		✓										
	Wales for Africa (Health) Conference									✓			
Charter for International Health Partnerships implementation	Charter Implementation Toolkit launch												✓
	IHCC Progress Report 2015-17 launch		✓										
Supporting the Asylum Seekers and Refugees agenda	Practitioner led research (HEAR) results analysed and published												✓
	Organisation of Sanctuary Proposal to Board												✓

We will work with our staff and partners to help them access consistent, up to date and relevant information to inform decisions for the best health outcomes for our communities in Wales. We will work with other organisations providing health information for decision making to share content, avoid duplication, ensure consistency and provide better access.

We have successfully developed a range of tools and mechanisms to help local and national stakeholders meet their information needs, including the Public Health Outcomes Framework reporting tool and evidence summaries. Building on our findings on the use of intelligence in local wellbeing assessments, we will work with partners to identify and support local service needs for knowledge and skills. We will continue the development of official statistics to ensure they are trustworthy, of high quality and provide value, working with the users and developing our use of technology to this end.

An important element of this is supporting Directors of Public Health and their teams with intelligence to maximise population health outcomes through health services.

During 2018/19 the key milestones include:

- working with local partners to agree priorities for a Public Health Wales offer to support local health services and public services boards.

Taking forward our Knowledge Mobilisation Strategy we have been working on a programme of ensuring knowledge is effectively accessed, used and shared to inform decisions within Public Health Wales. This includes during 2018/19, completing an options appraisal highlighting the costs and benefits of a corporate repository and identifying the preferred option to enable sharing of corporate knowledge and learning.

We will also publish an Evaluation report highlighting the progress of implementing the knowledge mobilisation strategy and making recommendations for further improvement and sharing knowledge on a range of public health topics through a variety of means.

SO.7.7- We will increase the capacity and capability of our own workforce and that of our stakeholders to access, understand and utilise public health knowledge by developing their skills and by using new technologies to provide smarter interfaces to access and interpret such knowledge.

Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Public Health Wales offer to local partners	Priorities proposed for intelligence support to local partners to maximise population health outcomes												✓
Corporate repository	Options appraisal completed									✓			
Knowledge mobilisation strategy	Evaluation report published on strategy implementation						✓						
Range of public health topics delivered through a variety of means (PH Network Cymru)	Proposal developed for Massive Open Online Course and Public Health and Critical Thinking talk					✓							
	Development group established (if funding available)						✓						
	Massive Open Online Course commissioned (if funding available)												✓
	Julian Tudor Hart Lecture delivered									✓			

Communications for Improvement aims to ensure that strategic communication is recognized as a key component of quality improvement work. Informed by international partners, we intend to build the *Six Steps for Communications with Impact* framework into the 1000 Lives Improvement activity. In Year 1, we will provide support to two NHS Wales quality improvement hubs; develop a research programme with Swansea University on the role of communications in improvement; and develop a work plan for 2019-20.

We will roll out *Improving Quality Together* (IQT) and in 2018/19 we will deliver training including as part of 1000 Lives Improvement programmes. We will support the Wales Deanery to deliver IQT training and support a third sector and social care organisation through the methodology.

As part of the *Making Choices Together* movement, in 2018/19 we will also design and deliver a Patient Leadership Programme. This aims to develop effective patient and community leaders able to influence and contribute to the decision-making process and support the shaping of local healthcare services. The first cohort will focus on cancer and involve patients and carers. Following evaluation, the programme will become aligned to ongoing 1000 Lives Improvement for Years 2 and 3. Also as part of *Making Choices Together,* we will design and deliver in Year 1 a shared decision making to be piloted with clinical teams in oncology services. In Years 2 and 3, we envisage developing and evaluating this approach across all Health Boards and Trusts and within primary care. In addition, annual programmes include:

- the preparation, shortlisting, scrutiny and delivery of the NHS Wales Awards. This is an important mechanism for sharing good practice

- facilitating the ongoing series of Q Network events in partnership with the UK nations. This forms a national community aligned to the Health Foundation's: Habits of an Improver

- Education Programme for Patients – self management courses for a range of conditions.

SO.7.8- By 2021, we will have increased quality improvement capacity and capability within NHS Wales and its partner organisations through Improving Quality Together, Q Network and person-centred care.

Area	Milestones	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEBR	MAR
Communications for Improvement	Deliver workshop & launch #QiComms Charter at the International Forum		✓										
	Write journal paper on the role of communications in improvement with Swansea University												✓
Improving Quality Together	Launch revised IQT Silver curricula in tandem with Wales Deanery/HEIW & HBs/Trusts'						✓						
	Pilot IQT website and training accessed by 3rd sector												✓
	Scope suite of associated modules for QI training to be hosted on the IQT website												✓
Making Choices Together	Design, deliver and evaluate pilot patient leadership programme					✓							
	Develop and deliver revised patient leadership programme based on evaluation											✓	
	Design, deliver and evaluate pilot shared decision making programme for oncology teams										✓		
Q Network	Deliver 5 national events and 4 site visits												✓
Education Programmes for Patients	Deliver a comprehensive programme of supervision, tutor and conversion training												✓
NHS Wales Awards	Deliver NHS Wales Awards 2018 ceremony						✓						
	Establish and complete task and finish group for NHS Wales Awards 2019							✓					
	Gain agreement for NHS Wales Awards 2019 business case									✓			
	Preparation and launch of NHS Wales Awards 2019												✓

The development of new *Population Health Standards* for Wales will be of significant benefit in coherently aligning the levers and drivers for good population health in Wales. The *Population Health Standards* will comprise of a series of best practice 'domains', each of which will have a number of 'standards' which, in turn, will be supported by the 'features' of what successful implementation of each standard will be. It is envisaged that the features will outline what would be expected in the implementation of the standard as *core*, what *good* would look like and how *excellence* would be demonstrated – thereby providing a maturity matrix for organisations and sectors to assess and monitor themselves against and to be used for the purpose of external assurance and scrutiny. The development of the *Population Health Standards* brings an opportunity to bring key partners together as part of the continued change process to embed good population health in Wales. The key benefits of the Population Health Standards will be to improve health and well-being in Wales by providing a guide in the development of good policy nationally and in the development and implementation of good planning locally. We will be developing these standards jointly with the Welsh Government, and wider partners, and it will be important to share our collective assets in developing what will be transformational Standards to improve health and well-being in Wales.

Key milestones for 2018/19 include:

- publishing evidence review and stakeholder engagement report published
- developing detailed proposals for an assessment process drawing from the evidence base and stakeholder engagement.

SO.7.9- By 2021, we will have aligned the levers and drivers for good population health in Wales through the development and implementation of population health standards for key partners.														
Area	Milestones	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
Population Health Standards	Evidence review and stakeholder engagement report published										✓		
	Detailed proposals for implementation of population health standards developed, based on the evidence base and stakeholder engagement developed												✓

Part 3

Our ways of working

3.1   How we will enable delivery of our plan

We are supported by a number of internal enabling functions whose work is critical to delivering our seven strategic priorities. The WFGA underpins the basis for how enabling functions support the wider organisation, with a particular focus on the Sustainable Development Principle and the five ways of working. The enabling functions support the organisation through:

1. Providing **expertise to support delivery of a specific strategic objective**, like a campaign or a programme, in addition to our **daily organisational activity**.

2. Delivering work that **builds on the organisation's capability** and performance, for example providing cyber security, undertaking planning and monitoring impact and performance

3. Delivering services that are **essential to the organisation's operation**, this includes finance management and facilities management

As part of our transition year, we intend to work collaboratively across all our enabling functions to ensure they are further embedded within our services and are able to provide the required support to enable delivery of our Long Term Strategy.

Key milestones for delivery during 2018/19 include:

- developing the framework which helps to embed the WFGA ways of working throughout the organisation, including using the SIFT approach (Sustainable Implementation For Teams)

- we will develop a new operating model for our health intelligence resources, adopting data science techniques to understand and address the public health challenges we face now and in the future (see Priority 7)

- agreeing an approach to business intelligence across the organisation with access to modern tools and training. We will also assess the scope for artificial intelligence (AI) and robotics to contribute to the effectiveness and efficiency of our processes

- finalising and agreeing our Estates Strategy for Public Health Wales

- developing an employer brand for Public Health Wales, making explicit the employee deal, with an aspiration to make Public Health Wales the employer of choice and clarifying career paths both within our organisation and out of the wider NHS and economy

- designing and implementing a new performance framework to support decision-making to enable the Long Term Strategy and Strategic Plan to deliver our purpose

- launching Public Health Wales Long Term Strategy
- continuing to implement the Quality and Impact Framework to ensure we are a quality and impact focused organisation
- scoping of options for income opportunities, disinvestment and realignment of budgets to our priorities
- providing a digital public information platform which is agile an continuously evolves to meet the needs of our audiences

This is in addition to supporting each of our services to deliver our strategy and does not reflect the routine 'business as usual' activity. The tables below provide further detail on the key milestones that will be delivered during 2018/19.

Supporting the Implementation of the Well-Being of Future Generations Act

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Support the Well-being of Future Generations Office with the Art of the Possible Programme	Work plan developed and agreed for delivery of" Art of the possible programme" working with Well-being of Future Generations Commissioner contributing towards the Well-being goal 'A more equal Wales'												✓
Survey of individuals who represent the different protected characteristics to establish what they think are the major challenges to good health in Wales and how they would like them addressed	Survey undertaken and findings analysed												✓
Organisational approach to engagement.	Our Engagement Approach developed and implemented										✓		
	Annual Quality Statement further developed by working co-productively				✓								
Embedding the Well-being of Future Generations Act	5 Sustainability Series Guides published and launched									✓			
	Toolkit launched												✓
	SIFT tool developed following testing and research										✓		
	Marketplace events delivered						✓						✓
	Carbon briefing published						✓						
Work with and support other public bodies and cross-sector stakeholder organisations to strengthen the impact of the Act on public health, including environmental sustainability.	Workshop held at WAO event			✓									
	6 roadshow events delivered in local areas			✓									
	Literature review published and disseminated									✓			
	Case study on Sustainability and Health Inequalities submitted to EU									✓			
	Presentation given at EUPHA Conference									✓			

Supporting the Implementation of the Well-Being of Future Generations Act

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	Joint Agreement with NRW published												✓
	2 sessions to support PSB Public Health members held					✓							✓

Promoting Knowledge and Intelligence

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR

Refer to Priority 7

Developing our Digital and Information Systems

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Security	Deploy servers to DMZ									✓			
	Complete phase 1 firewalls				✓								
SHIFT Programme	Draft enterprise architecture (SHIFT project)									✓			
Antimicrobial Resistance	Complete Antibiotic portal				✓								
Informatics Division	Finalise permanent structure			✓									
DESW	Transition DESW staff to in-house support									✓			
Screening Information Management Systems (SIMS) Project	Plan 2nd Phase of Screening Information Management Systems (SIMS) project									✓			
Robotics	Assess potential viability of robotics services for PHW												✓
Health Protection	Decision for the use of Tarian in Eire									✓			

Ensuring that we have a safe and appropriate working environment

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Estates Strategy	Plan for further development of the Estates Strategy completed			✓									
	Six facet survey on our freehold estate completed									✓			
	Estates Strategy finalised and agreed												✓
Health and Safety	Health and Safety Strategy developed and agreed						✓						

Developing Our People and Organisation

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Identification and implementation flexible training options (aligned to relevant to development frameworks) for Healthcare Support Workers (HCSWs) and Biomedical Scientists to develop professionally	Fully implement the clinical Healthcare Support Worker Framework across all screening programmes.												✓
	In conjunction with the Bio-Medical Professional Lead, engage with laboratory staff to raise awareness of Modernising Scientific Careers Framework and map individuals against it.												✓
	In conjunction with OD and Learning fully implement the Modernising Scientific Careers Framework												✓
	Develop and implement the necessary training and development to support the implementations of any new Frameworks.												✓
Employer brand	Develop an employer brand for Public Health Wales, making explicit the employee deal, with an aspiration to make Public Health Wales the employer of choice (December) and clarifying career paths both within our organisation and out of the wider NHS and economy (March).									✓			✓

Developing Our People and Organisation

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Approach to Coaching and mentoring	Approach to coaching and mentoring which can stand alone as a supportive development method and complement other programmes such as Talent and Succession Management piloted										✓		
Heads of Profession Network	Heads of Profession network identified and established (November) and trained in the NHS Wales approach to strategic workforce planning (February)								✓			✓	
Talent and Succession Management	Organisational approach to Succession Planning (September) and Talent Management (March) implemented, including relevant development opportunities and programmes such as shadowing (November), secondments and apprenticeships						✓		✓				✓
Staff Survey	Action plan developed for taking forward results of staff survey									✓			
Recruitment Tools	Recruitment tools and practices developed to ensure we are selecting people who are a good cultural and technical fit for us now and in the future												✓
People and OD Directorate Business Support Centre	Pan P&OD Directorate Business Support Centre to improve efficiencies and user experience implemented, including an online resource for routine People & OD queries and advice		✓										
ESR	Benefits of ESR maximised – re-establishing the PODIS Programme Board (September) and responding to World Class Audit (February)						✓					✓	
Staff well-being	CHS Silver achieved (July) and Web-based material for promoting wellbeing for our staff enhanced (December)					✓				✓			

Developing Our People and Organisation

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Welsh Language	Action plans for the organisation and Directorates in to comply with the WL Standards												✓
Workplace Equality	Index benchmark completed as part of Stonewall Workplace Equality Index benchmarking exercise						✓						

Supporting the Planning and Implementation of Change

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Programme Management approach	Approach to programme management agreed							✓					
Performance Management Framework	Revised Performance Management Framework developed and agreed, including approach to Business Intelligence									✓			
Value and Impact	Approach to Value and Impact agreed					✓							
Environmental Sustainability Plans	Baseline carbon footprint calculated using agreed methodology												✓
Organisational Efficiency programmes	Savings identified and realised from organisational efficiency programmes: travel, subsistence and carbon footprint									✓			
Website	New Public Health Wales website designed and live												✓
Long Term Strategy	Long Term Strategy launched at Annual General Meeting, and governance and management arrangements agreed				✓								
Integrated Medium Term Plan	Integrated Medium Term Plan refreshed in line with Welsh Government planning guidance and Long Term Strategy and submitted to Welsh Government												✓

Delivering Quality and Measuring Our Impact

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
A bespoke Quality and Impact Dashboard that sits as part of a suite of dashboard indicators, including POD, Performance, HR and Finance.	Fully embed the Quality and Impact Framework across the organisation, including the Quality and Impact Hub.												
	Directorate Quality and Impact indicators reported quarterly within a Quality Dashboard.						✓						
	All Directorates to report against the Quality and Impact indicators as part of the performance management process.							✓					
Implementation of the Dementia Framework across Public Health Wales.	Delivery against the organizations action plan for dementia												✓
A Risk Management System that provides appropriate assurance to the Board and which is embedded across Public Health Wales to the extent that it is business as usual and is auditable against the requirements of ISO31000.	Publication of the first Annual Statement of Risk Appetite.		✓										
	Divisional level Risk management embedded throughout all Directorates which informs and underpins the Corporate Risk Register												✓
	All Risk Owners trained												✓
	Support the Governance Team in mapping and assessing "quality" of the sources of assurance to identify those which can be relied upon				✓								
An Information Governance Management system, which is auditable against the requirements of ISO27000 and aligned to National Cyber Security	Compliance General Data Protection Regulation (2018).G11:G15		✓										
	Public Health Wales will consistently return scores of 95% or more using the Information Governance Toolkit assessment.												✓
	Full implementation of the Information Asset Register, which will be a living document.		✓										

Delivering Quality and Measuring Our Impact

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
/ Information Governance standards.	All Personal Identifiable Information (PII) assets will be documented, data mapped and subject to up to date Data Sharing Agreements / MOUs												✔
	Annual reports will be generated by Information Asset Owners.												✔
Decision Making Framework	Overarching Framework in place		✔										
	Interactive version of Framework developed					✔							
Good Governance Framework	Framework developed				✔								
	Signposting of governance information from single point on intranet					✔							
Standing Orders	Interim review of Committee Terms of Reference								✔				
	Annual Review completed												✔
Policies, Procedures and Other Written Control Documents Management Procedure	Up to date procedure									✔			
Board Assurance Framework supporting document	Board Assurance Framework document developed				✔								

Ensuring our financial behaviours encourage, incentivise and add value

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Organisational Efficiency Programme	Action Plans developed for each of the 4 work streams and agreed by SRO				✔								
	Savings realised by work streams									✔			
Income Generation Options	Options for income generation across Public Health Wales scoped including viability of a Commercial Unit									✔			

Ensuring our financial behaviours encourage, incentivise and add value

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	Agree implementation plan for income generation												✓
Budgetary Framework	Scoping of options for disinvestment and realignment of budgets										✓		

Communicating effectively with our people, partners and the public

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Digital public information platform	Web sites decommissioning project plan agreed		✓										
	Web site decommissioning 50% complete												✓
	Engagement approach agreed (including capturing requirements of other projects e.g. SHIFT)		✓										
	Web Content strategy agreed			✓									
	Beta pages live (3 topic areas)				✓								
	MURA platform enabled							✓					
	First pilot area rolled onto MURA								✓				
Professional and trusted internal and corporate communications function	Board visibility plan implemented including Livestream of Board meetings				✓								
	Further develop digital channels, including staff e-bulletin and external Public Health Wales newsletter and social media					✓							
	Consistent brand tools rolled out to support consistent adoption of the brand guidelines (image guidelines, tone of voice, design guides for reports/publications)					✓							
	Draft submitted to CMO (aligned to long term strategy)					✓							

Communicating effectively with our people, partners and the public

Area	Milestones	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Social Marketing strategy agreed and published	Approved by Board								✓				

3.2   **Our budget strategy**

3.2.1   Introduction

Public Health Wales is required by Standing Orders (SOs) and Standing Financial Instructions (SFIs) to approve an Annual Budget for the financial year ahead before the year commences. In addition, the organisation has a statutory duty to break even over a 3-year period and therefore a balanced budget has been set for 2018/19.

The figures included in the 2018/19 budget strategy support the Public Health Wales 2017/18 Operational Plan and agree to the year one figures contained within the Integrated Medium Term Plan.

3.2.2   Financial planning approach

As part of the integrated approach to planning, we have once again ensured that our financial planning is aligned with the Strategic and Operational Plans of the Trust. The process for developing both revenue and capital plans has been integrated into the preparation of the Integrated Medium Term Plan with no stand-alone budget setting process.

A number of clear assumptions have been communicated across the organisation and built into the financial planning approach:

- pay awards set at 1% per annum;
- the financial plans considered the principles of Prudent Healthcare at all times;
- our long-term strategic priorities guide our actions and the deployment of resources, and we continue to direct more resources and more effort to those areas that have been prioritised;
- cost pressures identified to be funded from the full range of resources available;
- any internal investments or resource realignments support strategic priorities and are aligned with the WFG act. They have also been assessed against the potential to generate future savings or income;
- financial sustainability will require continuous improvement and efficiency in our processes and each Directorate was expected to demonstrate 1% efficiency reduction in expenditure or income generation, and

- capital investment plans are linked to programmes, which are in turn linked to agreed priorities or supporting enablers.

The plans to deliver on our priorities have formed a key focus of the budget setting and workforce planning process for 2018/19. This process included initial scrutiny meetings were held in November and December 2017, followed by formal scrutiny meetings with Executives during February and March 2018.

3.2.3   Our revenue plan

Table 1.1 demonstrates that financial plans are balanced, as part of a viable and sustainable plan. They are set within the resource allocation and planning parameters set out in the Public Health Wales Grant Allocation Letter received on 21 December 2017.

Table 1.1: Financial Plans

	2018/19 £000s	2019/20 £000s	2020/21 £000s
Baseline budget			
Expenditure	117,343	119,110	120,003
Income	-117,343	-119,110	-120,003
Net budget	0	0	0
Cost pressures			
Pay	2,362	3,162	3,162
Non pay and Income changes	1,603	1,603	1,603
Total inflationary cost pressures	3,965	4,765	4,765
Welsh Government funding for pay award and prices	-1,767	-1,767	-1,767
Savings Plans	-2,198	-2,998	-2,998
Net position	0	0	0

These figures include the following assumptions:

- any changes in income assumptions adequately reflect the costs of service changes
- the savings plans will be fully realised

The above figures do not include the NHS Wales Health Collaborative, Finance Delivery Unit and the ACEs Hub, which are hosted within Public Health Wales and have a separate budget strategy.

3.2.4   Cost pressures

Our overall financial pressure in 2018/19 is 3.38% or £3.965m. The individual elements of this pressure are highlighted in table 1.2.

Table 1.2: Cost Pressures

	Cost Pressure £000s	Cost Pressure %
Pay inflation		
Increments	639	
Pay Award	742	
Other Pay pressures	982	
Non pay cost pressures	2,059	
Income Changes	-456	
Total cost pressures	3,965	*3.38%*
Less Welsh Government funding for pay award and prices	-1,767	
Total Net cost pressure	2,198	*1.87%*

The total cost pressure of £3.965m includes inflationary cost pressures and the following specific service pressures:-

- Additional recurrent costs of the Breast Test Wales Picture Archive System;

- Establishment of a transitional investment fund to facilitate the change required by the Strategy, and

- Ensuring accommodation across all locations is fit for purpose, including addressing health and safety requirements

3.2.5 Savings and investment strategy

In order to cover the net cost pressure, investment strategy and set a balanced budget, we have agreed and implemented a savings plan target of £2.198m (1.89%), as shown in table 1.3.

Table 1.3: Savings

Type of Saving	Amount £000s	%
Budget holders consuming cost pressures	-1,108	
General Cost Improvement Plans	-1,090	
Total	-2,198	-1.89%

- The savings plans are a combination of pay and non-pay, and have been fully risk assessed in terms of achievability and service impact;

- A corporate transitional investment fund along with re-investment of individual directorate 1% efficiency plans are part of the agreed approach to the investment strategy;

- However, investment funds will not be granted until savings plans are delivered further mitigating the risk of deviating against the proposed break-even plan,

- Pay incremental pressure has been funded in Directorate draft financial plans

All savings schemes have been identified, however there are £400k of savings linked to organisational efficiency work streams, which are not anticipated to materialise until part way through the year.

The savings target has been grouped into 6 individual schemes for monitoring purposes, as per the table below:-

Table 1.4 – Savings Analysis

Directorate / Division	High £000s	Medium £000s	Low £000s	Grand Total £000s
Changes in Staff Establishment			1,401	1,401
Non pay reductions			397	397
Organisational Efficiency - Workforce	200			200
Organisational Efficiency - Procurement	100			100
Organisational Efficiency - T&S	50			50
Organisational Efficiency - Estates	50			50
Grand Total	400		1,798	2,198

The risks have been classified by the finance Division according to the following criteria:

- High Risk savings are those which do not yet have fully worked up plans and there is a high level of uncertainty around the achievability of the savings

- Medium Risk savings are those which have fully worked up plans but there is an element of uncertainty around the value of the savings and / or the achievability of the savings

- Low Risk savings are those that have fully worked up plans and are deemed to be fully achievable

3.2.6　Reinvestment and realignment of our resources

An element of the pay and non-pay pressures are a direct result of ensuring our financial plan supports our Integrated Medium Term Plan, ensuring that resources are targeted to our priorities. These include:

- formally reviewing existing programmes and services to ensure they are delivering real health benefits and value for money
- undertaking a number of service-specific modernisations and developments.
- investing in our services and supporting infrastructure.
- restructuring the organisation and reorganising our resources internally to better deliver our strategy.

3.2.7　2018-19 Revenue Plan by Directorate

Table 1.5 shows the updated position in respect of the revenue budget plan by directorate as per Month 1 upload.

Table 1.5: Annual Budget by Directorate as per Month 1

Sum of Annual Budget Row Labels	Column Labels Income	Non Pay	Pay	Grand Total
ACE's Hub Directorate	(400,000)	85,899	414,101	100,000
Board and Corporate	(45,534)	107,230	1,672,423	1,734,119
Central Budgets Directorate	(93,567,849)	3,316,410	947,261	(89,304,178)
Health & Wellbeing Directorate	(2,568,847)	8,190,558	18,743,685	24,365,396
NHS Quality Imp Division	(431,417)	750,648	3,313,250	3,632,481
Operations and Finance Directorate	(172,268)	3,375,574	4,345,059	7,548,365
Policy Research & International Directorate	(629,847)	616,682	2,266,102	2,252,937
Public Health Services Directorate	(20,258,562)	26,883,722	39,261,208	45,886,368
Quality Nursing & Other Allied Profs Directorate	(41,810)	164,408	2,143,220	2,265,818
Workforce & Org Develop Directorate	(103,000)	364,402	1,257,292	1,518,694
Grand Total	(118,219,134)	43,855,533	74,363,601	0

The reconciliation of the Month 1 actual revenue budget to the IMTP revenue budget plan is shown in Table 1.6 below. Funding for 2018/19 relating to Police Transformation Fund and Healthy Schools to be confirmed and budgets uploaded

when agreements finalised. Other adjustments are in respect of movements post completion of IMTP. Ongoing updates on revenue plan will be reported routinely through monthly performance report to Board.

Table 1.6 – Month 1 Actual Revenue Budget

	£000
IMTP	117,343
WG Funding for Pay Award and Prices	1,767
TOTAL	119,110
Ledger Month 1	118,219
Police Transformation Fund not in ledger	874
Healthy Schools Adjustment not yet actioned in ledger	1,262
ACEs Hub included within ledger	-400
Public Health Services Adjustment within ledger	-643
Other income adjustments incl. SLA uplift within ledger	-202
TOTAL	119,110

The budgets for 2018/19 in the main have been uploaded in equal twelfths. However, there are several discreet budgets that have been phased differently in month 1 to reflect the timing of this expenditure. These include the following areas:

Area of Spend	Directorate	Phasing / Allocation
Investments	Central	March Only
Pay Award funding	Central	March Only
Molecular Diagnostics	Microbiology	April (Income & Non Pay)

Work is currently ongoing to identify where expenditure profiles differ to equal twelfths, and Directorates will be able to request a change in profiling as long as a detailed spending profile is provided. The budgets will then be phased to match the proposed spending plans with the plans monitored throughout the year.

3.2.8   Financial Risk

We are currently anticipating a breakeven position, in line with the 2018/19 budget setting process and detailed work of the Integrated Medium Term Plan (IMTP).

We manager our financial risk through monthly scrutiny of the financial position and forecast expenditure plans. Finance Business Partners will work with Directorate and Divisional senior management to ensure that any changes to forecast plans are included in the detailed projections and that assumptions and

risks associated with the figures are captured. This ensures that monthly changes to plans can be monitored closely, and reported to each senior management team as part of routine financial performance reporting.

3.2.9   Our capital plan

Our recurrent discretionary capital funding is £1.580m. We have also benefited from strategic capital funding for the development of a Cervical Information Management System with 2018/19 being the final year of a 3-year programme. £0.762m funded over a 3-year period 1 April 2016 – 31 March 2019, with £0.322m being the final allocation due in 2018/19.

A proposal to set a 5-year strategic capital replacement programme has been discussed with Welsh Government, and further work is required before sign off. This in the main covers Screening and Microbiology services. Additional work required to phase the requirements over the 5-year period and to ensure that robust business case process in place to support the replacement programme.

Bids have been invited from across Public Health Wales to access the discretionary capital funding. These bids will be reviewed by the Capital Planning group, and the list of approved bids will be ratified by Executive Board before commencement of schemes. Reporting on the capital programme agreed will commence from month 2.

A Capital Investment Strategy will be developed to incorporate the above vision for the strategic capital replacement programme, and position in respect of the 2018/19 discretionary capital programme.

3.3   Annual Statement of Risk Appetite

Public Health Wales recognises that no organisation can operate in a risk free environment. Risk however is not something to be feared, rather if it is understood and managed properly it can benefit the organisation, its staff and key stakeholders.

A key element in a risk management system is the concept of 'Risk Appetite', which is the manner in which the Board of the organisation communicates to its workforce and other key stakeholders what level of risk it is prepared to accept in pursuit of its objectives. This in turn allows the organisation at all levels to determine the level of resource it is prepared to commit to managing the identified risks. The Board of Public Health Wales determines their Risk Appetite annually in line with the development of the Strategic Plan (IMTP).

In order to ensure that the risk appetite is communicated effectively, the Board publishes an Annual Statement of Risk Appetite. The risk appetite is determined at one of five levels and from 'Keen' where we will actively pursue risks in order to deliver challenging objectives, to 'Risk Averse' where we want to ensure that we continue to operate safe and effective services.

The statements that follow for each priority indicate the risk appetite at the highest level in the organisation, in line with our strategic priorities. It should be noted then that the statements provide an overall picture of our risk appetite. Within each Strategic Priority however there will be specific Strategic Objectives where the appetite (at an operational level) may be different. This reflects, for example, where within a Strategic Priority we identify the need to innovate in order to deliver our objectives, whilst at the same time avoiding risks which may have a negative impact on service delivery.

3.3.1   Risk appetite for our Strategic Priorities

This section sets out the organisation's strategic priorities and the related risk appetite level. An explanation of the different levels can be found in the explanatory notes below.

Influencing the wider determinants of health
*Appetite level – **Accepting***

Given the crucial nature of this priority area to our overall purpose we are willing to take great risks in pursuit of it. However, this is an area where many players are involved and we need to spend some time analysing our core and organisationally specific role and responsibilities. Before we do this we will be

more cautious in taking relational and financial risks to achieve it. Overall therefore we are taking a balanced approach and our risk appetite at this time is accepting.

Improving mental well-being and building resilience

*Appetite level – **Willing***

Mental wellbeing and resilience is an important intermediary between the determinants of health and the likelihood of people exhibiting unhealthy behaviours. We are therefore willing to take a range of risks in pursuit of this priority area.

Promoting health behaviours

*Appetite level – **Accepting***

Promoting healthy behaviours is well understood as a priority and in many areas we understand what we need to do to achieve the objectives in this area. There will be some risks we need to take in pursuit of this priority, especially around investing sufficiently to make a difference at a population level but overall we don't need to take great risks in this area so our risk appetite is accepting.

Securing a healthy future for the next generation through a focus on early years.

*Appetite level – **Willing***

Getting this right is crucial to deliver our core purpose of improving health into the future so we are willing to take large risks in pursuit of these objectives.

Protecting the public from infection and environmental threats to health

*Appetite level – **Cautious***

Our environmental public health and infection services have a record of actively seeking and adopting new technologies and innovative ways of meeting their responsibilities at the individual and the population level and their appetite is willing; however in preparing for and responding to the risks from infections and environmental hazards we will always be risk averse. Therefore, in taking an overall view of our risk appetite we will be cautious.

Supporting the development of a sustainable health and care system focused on prevention and early intervention

*Appetite level – **Accepting***

We accept that in order to change significantly the approach to and pathways of care within the Welsh health system we will need to be disruptively innovative. This may necessarily require the acceptance of risk. In some areas of Strategic Priority 6 a greater degree of risk appetite is appropriate. In areas such as safeguarding, screening or patient safety, we would expect to have a lower appetite for risk.

Building and mobilising knowledge, capacity and capability to improve health and well-being across Wales.

*Appetite level – **Willing***

Risk is an essential part of the research, development and exploitation of new technologies required to advance knowledge. We are willing to accept these risks in order that Public Health Wales can act as a leader in the field of building and mobilising knowledge.

Table 1.7 – Risk Appetite by Strategic Priority

Explanatory Notes

Risk Appetite	
Risk Averse	We will seek to manage risks in these circumstances down to the lowest possible level so that the risk severity remains low.
Cautious	We will adopt a cautious approach to risk management in these circumstances and only accept risks with a low to moderate severity.
Accepting	We are prepared to accept risk in these circumstances but would not normally expect it to have a severity greater than moderate.
Willing	This is an area where we are prepared to exploit opportunities and in order to do so we will accept moderate to high risks.
Keen	In order to pursue this objective and to develop the organisation, we will actively seek out opportunities and accept high or occasionally extreme risks.

For full details on risk scoring, please refer to the Public Health Wales Risk Management Procedure.

3.3.2 Strategic risks

As part of the development of our new Long Term Strategy and our Strategic Plan, our Board has identified the strategic risks that it faces in working to deliver on its strategic priorities. This has included exploring the threats to delivery of our strategic objectives and the risk appetite of the organisation.

We recognise that risk is both a dynamic and evolving -process, it is therefore our expectation that strategic risk will continually need to be reviewed over the lifetime of our plan. The strengthened systems and processes of risk management within Public Health Wales will ensure that these risks are actively managed and mitigated accordingly.

The following strategic risks, detailed in the table below, have been identified for the delivery of our Strategic Plan. These risks will form part of the Board Assurance Framework, with each risk having an assigned Executive Director lead. Each risk will have controls identified and, where required, a risk action plan which will be reviewed on an ongoing basis and reported regularly to the Board. A process to ensure operational risks align with our Strategic risks will also be undertaken and these will be managed at a Directorate and Divisional level.

Risk Descriptor
There is a risk that Public Health Wales will:
1	Find itself without the workforce it requires to deliver its strategic objectives
2	Cause significant harm to a patient, service user or staff member
3	Fail to deliver a sustainable, high quality and effective infection and screening service
4	Suffer a major IT security breach resulting in a failure to service delivery and/or loss of personal data
5	Fail to effectively influence stakeholders and support others to deliver the population health gains required to achieve its purpose
6	Fail to secure and align resources to deliver on its strategic priorities
7	Fail to sufficiently consider, exploit and adopt new and existing technologies

Part 4

Appendices

4.1 Appendix 1 - Delivery Framework and Performance Trajectories

This section of our plan details Public Health Wales' delivery framework for 2018/19. The delivery framework details the key service, quality and resource indicators we will use to monitor our internal performance. Accompanying these key indicators are the expected trajectories for service performance over the next year. Indicators and respective targets will be updated in line with the newly published NHS Delivery Framework 2018/19.

4.1.1 Health improvement

Health Improvement	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Help Me Quit					
The percentage of adult smokers who make a quit attempt via smoking cessation services[1]	5% annual target	1.5%	1.0%	1.0%	1.5%
The percentage of smokers treated who are CO-validated as successful at 4 weeks[1]	40% annual target	40%	40%	40%	40%
Number of smokers treated by Stop Smoking Wales[2]	Discussions are ongoing with Welsh Government in relation to proposed changes to reporting the number of treated smokers. Suggestion for indicators to focus on the quality of service provided and outcomes rather than volume, based on the new model for smoking cessation services				
Percentage of treated smokers who have a CO reading at 4 weeks	80%	80%	80%	80%	80%
Average waiting time for an appointment in this month (days)	14 days	14 14 14	14 14 14	14 14 14	14 14 14
Percentage of treated smokers who Quit smoking at 4 weeks (Self reported)	50%	50%	50%	50%	50%
Smoking Prevention Programme					
Number of schools targeted*	60	60			

Welsh Network of Healthy School Scheme					
Schools achieving level 1 – 5 award*	180	180			
Schools achieving the National Quality Award (NQA)*	50	50			
Healthy Working Wales³					
Organisations completing a CHS mock assessment	Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2018/19 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.				
Private sector organisations completing a mock assessment					
Organisations completing a full assessment					
Private sector organisations completing a full assessment					
Organisations achieving a Small Workplace Health Award					
Number of Work boost interventions delivered					
National Exercise Referral Scheme performance					
Number of 1st consultations	23,500	5,875	11,750	17,625	23,500
Number of 16 week consultations	16,300	4,075	8,150	12,225	16,300
Number of referrals	6,500	1,625	3,250	4,875	6,500

4.1.2 Microbiology

Microbiology services	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Microbiology - CPA accreditation status	Accredited	Accredited	Accredited	Accredited	Accredited
EQA performance (Bacteriology)	95%	85%	85%	87%	90%
EQA performance (Virology)	95%	95%	95%	95%	95%
EQA performance (Specialist and reference units)	95%	95%	95%	95%	95%
EQA performance (Food, Water and Environmental Laboratories)	90%	90%	90%	90%	90%

Microbiology services	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Turnaround time compliance (Bacteriology)	95%	90%	90%	93%	95%
Turnaround time compliance (Virology)	95%	95%	95%	95%	95%
Turnaround time compliance (Molecular)	95%	95%	95%	95%	95%
Turnaround time compliance (Specialist and reference units)	95%	95%	95%	95%	95%
Turnaround time compliance (Food, Water and Environmental Labs)	95%	95%	95%	95%	95%
Turnaround time compliance urgent samples (bacteriology/virology) - Annual	95%	95%			
Non processed samples (Bacteriology)	≤1.5%	2.0%	2.0%	2.0%	2.0%
Non processed samples (Virology)	≤1.9%	2.1%	2.1%	2.1%	2.1%
Non processed samples (Specialist and Reference Units)	≤0.3%	0.6%	0.6%	0.6%	0.6%

4.1.3   Screening

Screening programmes	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Breast screening: assessment appointments within three weeks of screen	90%	70%	80%	85%	90%
Breast screening: normal results sent within two weeks of screen	90%	95%	95%	95%	95%
Breast screening: per cent women invited within 36 months previous screen	90%	90%	90%	90%	90%
Cervical screening waits for results: within four weeks	95%	95%	95%	95%	95%
Cervical screening coverage	80%	76.5%	76.5%	77%	77%
Bowel screening coverage	60%	52%	52%	53%	54%

Screening programmes	Target	Planned 18/19			
		Q1	Q2	Q3	Q4
Bowel screening waiting time for colonoscopy	90%	55%	60%	65%	70%
Abdominal aortic aneurysm surveillance uptake: small	90%	90%	90%	90%	90%
Abdominal aortic aneurysm surveillance uptake: medium	90%	90%	90%	90%	90%
Newborn hearing screening percent of babies who complete the Newborn Screen within 4 weeks	90%	98%	98%	98%	98%
Newborn hearing screening percent of babies completing the assessment procedure by 3 months of age	85%	85%	85%	85%	85%
Newborn bloodspot screening coverage (newborns)	95%	94%	95%	94%	95%
Newborn bloodspot screening avoidable repeat rate	<=2%	4.0%	3.5%	3.5%	3.0%

4.1.4 Health Protection

Healthcare Associated Infections[4]	Target	Projected 17/18											
		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
The rate of laboratory confirmed C.difficile cases per 100,000 population		The Healthcare Associated Infection trajectories are targets for which Health Boards and Trusts are accountable for delivering, as the interventions require direct responsibility for the healthcare of the associated patients. Public Health Wales' role is to collect, analyse, and share data, and where appropriate, to advise and guide regarding interventions and practices.											
The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population													
The rate of laboratory confirmed E.coli bacteraemias cases per 100,000 population													

Vaccination and Immunisation	Target	Projected 18/19			
		Q1	Q2	Q3	Q4
Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	96.5%	96.4%	96.7%	97.3%
Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	95.8%	95.8%	95.7%	96%
Uptake of the influenza vaccination among: 65 year olds and over	75%	68%			
under 65s in high risk groups	55%	47.8%			
pregnant women	Not available	76.8%			
health care workers	60%	51.5%			

4.1.5 Quality

Quality	Target	Projected 18/19											
		Q1			Q2			Q3			Q4		
% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	75%	75%			75%			75%			75%		
Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Number of new Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	100%	100%			100%			100%			100%		

4.1.6 Workforce

Workforce	Target	Projected 17/18											
		Q1			Q2			Q3			Q4		
Percentage of NHS employed staff who come into contact with the public who are trained in an appropriate level of dementia care	75%	75%			75%			75%			75%		
Percentage compliance Disclosure and Barring Service checks for newly employed staff who come into contact with children	100%	100%			100%			100%			100%		
Percentage compliance for Disclosure and Barring Service checks for newly employed staff who come into contact with adults at risk	100%	100%			100%			100%			100%		
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	76%	77%	78%	78%	79%	80%	81%	82%	83%	84%	85%	85%
Percentage compliance for all completed Level 1 competency with the Core Skills and Training Framework	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	70%	70%						75%					
Overall staff engagement score – scale score method	70%	70%						75%					
Percentage of sickness absence rate of staff	<=3.25%	3.6%	3.5%	3.5%	3.4%	3.2%	3.2%	3.3%	3.4%	3.5%	3.6%	3.6%	3.5%

Additional notes

1. Discussions to be held with Welsh Government in relation to the proposed change to reporting the percentage of treated smokers. It is suggested that reporting of this indicator is to be at an all-Wales level allied to Help Me Quit, and Welsh Government targets. Comparisons to previous years will therefore not be appropriate.
2. Indicator proposed for removal based on the above note (1) – indicators to focus on the quality of service provided and outcomes rather than volume.
3. Discussions currently taking place with Welsh Government in relation to the funding for this programme for 2018/19 onwards. The development of performance trajectories are subject to the successful conclusion of these discussions. Following confirmation of funding, performance indicators and trajectories will be developed with Welsh Government.
4. The Healthcare Associated Infection trajectories are targets for which Health Boards and Trusts are accountable for delivering, as the interventions require direct responsibility for the healthcare of the associated patients. Public Health Wales' role is to collect, analyse, and share data, and where appropriate, to advise and guide regarding interventions and practices.

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		8.1

Joint Working Proposals with Sport Wales and Natural Resources Wales

Executive lead:	Dr Chrissie Pickin, Executive Director of Health and Wellbeing
Author:	Dr Julie Bishop, Director of Health Improvement

Approval/Scrutiny route:	Not applicable

Purpose
This paper sets out proposals developed jointly with Sport Wales and Natural Resources Wales to accelerate action to increase levels of physical activity in Wales in line with the commitments set out in Prosperity for All.

Recommendation:

APPROVE AND ENDORSE ⊠	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐

The Board is asked to:

- **Endorse** the establishment of a formal partnership with Sport Wales and Natural Resources Wales to deliver increased levels of physical activity

- **Approve** the proposed approach to the work and the joint aspirations

- **Approve** the proposals to establish a joint programme board to oversee the work

- **Approve** the initial areas for joint working in the short term (Year 1) and medium term (Year 2 – 3).

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours

Summary impact analysis	
Equality and Health Impact Assessment	This work is included within Public Health Wales agreed Integrated Medium Term Plan. The proposals outlined related to the mechanisms through which our agreed priorities will be delivered.
Risk and Assurance	Not currently included on any risk register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 1 - Staying Healthy
Financial implications	The plan has been developed from a resource neutral perspective. However, it is clear that the scale of the work that is required in this area and the desire for rapid action will require additional resources in subsequent years.
People implications	Necessary realignment of roles has been undertaken previously as a result of Divisional review in 2017/18.

1. Purpose / situation

This paper sets out the approach to be taken jointly by Sport Wales and Natural Resources Wales to deliver increased levels of population physical activity set out in an oral statement in October 2017 by the Minister for Social Services and Public Health and subsequently in correspondence from the Cabinet Secretary for Health and Social Services and the Minister for Culture, Tourism and Sport in December 2017.

2. Background

The working relationship between Public Health Wales, Sport Wales and Natural Resources Wales is well established and over recent years the three bodies have sought to strengthen partnership working including through the Cymru Well Wales initiative. One of the areas in which increased collaboration was identified was physical inactivity and during the last year work has been undertaken jointly to look at a core set of indicators for physical activity.

'Getting Wales Moving' was published in March 2017 and was the result of a tripartite programme between Public Health Wales, Sport Wales and Welsh Government and captured the outcome of an extensive engagement exercise with local and national agencies across Wales.   The resulting report summarises our collective view of the change required to deliver a more active Wales. The report also reflects on learning from past experience to deliver improved results.

3. Description/Assessment

Welsh Government has made a public commitment to increase levels of physical activity in the population and has charged Public Health Wales, Sport Wales and Natural Resources Wales with taking a leading role in delivering action to help achieve this commitment within the programme for government.

Public Health Wales and its partners have individually and collectively identified increasing physical activity as a priority within their respective organisational plans. Since December the three organisations have been working to establish a clear set of priority areas for action and mechanisms for joint action, including the establishment of a Programme Board (see Annex). Each organisation is ensuring appropriate assurance through their organisations relevant processes.

The development of the partnership and governance has been undertaken with reference to our Joint Working Framework.

Increasing levels of physical activity within the population will require sustained, co-ordinated effort at scale. For Public Health Wales this will need to be balanced and resourced against a range of other commitments and priorities. Levels of physical activity within the population have remained relatively static and it is unlikely that demonstrable change will be achieved in the short term.

Sport Wales and Public Health Wales have also been asked to work in partnership with Welsh Government to deliver the commitments relating to the Challenge Fund and Wellbeing Bond.

Public Health Wales and its partners have received an initial response to the draft plans which were submitted to Government in March. The letter acknowledges the proposals and requests a meeting to discuss the pace of delivery and impact. A meeting has also been scheduled for the Chief Executives of the three organisations in June. A meeting was held on 23 May 2018 with policy leads within Welsh Government and representatives of Sport Wales, Natural Resources Wales and Public Health Wales. At that meeting a series of actions were agreed. These include further and ongoing dialogue between the three organisations and Government colleagues; a series of joint team building workshops during the summer and a meeting with ministers to report progress after the summer recess.

3.1 Well-being of Future Generations (Wales) Act 2015

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:

In recognising the importance of increasing physical activity levels in the population this work is contributing to reducing the burden of disease in the longer term.

This work is about reducing preventable ill health from non-communicable disease e.g. cardiovascular disease and cancers and will also contribute to improving air quality through increased active travel.

 The proposals contained in the plan set out specific actions to integrate previously separate areas of work

 The work is about collaboration both between the three agencies but also with a wider range of partners

 The proposed work programme builds on an extensive programme of engagement across Wales undertaken through the Getting Wales Moving initiative.

4. Recommendation

The Board is asked to:

- **Endorse** the establishment of a formal partnership with Sport Wales and Natural Resources Wales to deliver increased levels of physical activity

- **Approve** the proposed approach to the work and the joint aspirations

- **Approve** the proposals to establish a joint programme board to oversee the work

- **Approve** the initial areas for joint working in the short term (Year 1) and medium term (Year 2 – 3).

Physical Activity Collaborative Approach

Draft Action Plan

Date: 28th March 2018	**Version:** 4

1   Purpose

This paper sets out the joint approach and initial priorities for action agreed between Public Health Wales, Sport Wales and Natural Resources Wales to provide collective leadership and increased impact on levels of physical activity in Wales.

2   Background

The working relationships between Public Health Wales, Sport Wales and Natural Resources Wales is well established and over recent years the three bodies have sought to strengthen partnership working including through the Cymru Well Wales initiative. One of the areas in which increased collaboration was identified was physical inactivity and during the last year work has been undertaken jointly to look at a core set of indicators for physical activity.

'Getting Wales Moving' was published in March 2017 and was the result of a tripartite programme between Public Health Wales, Sport Wales and Welsh Government and captured the outcome of an extensive engagement exercise with local and national agencies across Wales.   The resulting report summarises our collective view of the actions required to deliver a more active Wales. The report also reflects on learning from past experience to deliver improved results. There is a clear opportunity presented by the planned Healthy and Active Strategy to make a real difference in this area and to more effectively harness our collective action.

'*Prosperity for All*, The National Strategy' sets out the headline commitments Welsh Government will deliver over the next 3 years under a number of overarching themes. One of these is **Healthy and Active** which sets out the ambition to:

> '…improve health and well-being in Wales, for individuals,
> families and communities, helping us to achieve our
> ambition of prosperity for all, taking significant steps to
> shift our approach from treatment to prevention'

Under the theme of Healthy and Active Welsh Government have set an ambitious target to:

> 'support and encourage a substantial increase in people's
> physical activity, adopting a collaborative approach from all
> agencies involved in the promotion of healthier lifestyles,
> and drawing on Wales' significant natural resources.'

'Prosperity for All' is underpinned by the Well-being of Future Generations Act which sets out the need for a long-term focus, and five 'ways of working' to guide the Welsh public services in delivering for people. The five ways of working are Prevention; Long Term; Involvement; Collaboration and Integration aligned to seven Well-being Goals.

In an oral statement on the Independent Review of Sport Wales on 3 October 2017, the previous Minister for Social Services and Public Health made reference to the existing collaboration between Sport Wales and Public Health Wales to increase peoples' physical activity levels. On 18 December 2017, the Cabinet Secretary for Health and Social Services and the Minister for Culture, Tourism and Sport wrote to the Chief Executives of Public Health Wales and Sport Wales to endorse this continued approach and to request an update on progress.

The Cabinet Secretary requested that the two organisations prepare a proposal for actions to deliver both individually and collectively as part of the wider effort to increase physical activity levels. It was also suggested that Natural Resources Wales should be involved in the joint planning with considerable input from third sector organisations such as Sustrans Cymru.

It was suggested that the proposals should build on the joint work to date and include the following components:

- A common set of agreed measures and indicators to track progress
- Narrative with clarity on respective roles and contributions to this agenda
- Identified areas where resource and interventions will be aligned to achieve common outcomes, and a clear set of deliverables with timescales.

This paper sets out the output of initial discussion between the respective organisations and sets out a way forward for joint working.

3   Strategic Context

This collaborative approach builds on a substantial strategic legacy in Wales for improving peoples' physical activity levels but with a new emphasis on accelerating the pace for change. By outlining the context of collective physical activity actions, together with a new shared ambition, it has become clear where the efforts of our joint actions should be focused. Our approach is also underpinned by systems thinking which recognises the importance of the linkages and interactions between its component parts for maximising impact.

3.1   Creating an Active Wales

Produced in December 2009, Creating an Active Wales built on the vision in Climbing Higher and recognised the significance of a partnership approach to encouraging and supporting people in Wales to build some activity into their everyday lives. Actions focused on a menu of opportunities across four strategic aims – active environments, active children and young people, active adults and Sport for All. Creating an Active Wales set out a number of goals and targets which remain current.

4   A Future Vision

The twelve cross-cutting *aspirations* in the Getting Wales Moving report represent consensus on what we collectively need to achieve to make a difference and should provide a basis for the next phase of this work.

Table 1 12 Aspirations for an Active Wales (Getting Wales Moving, 2017)
Physical activity levels will increase disproportionately so that the gap between the most active and least active sections of the population narrows.
All levels of society increasingly see being active as a normal part of their daily lives
Increases in activity levels are visible to all and inspire further investment of effort and resource.
Create a dynamic, skilled and diverse paid and voluntary workforce delivering high quality opportunities for people to be more active
To ensure every child has access to high quality physical activity opportunities from birth.
Active travel is the norm for regular short journeys.
All levels of the health system in Wales make every contact count and advocate positively and consistently the benefits of being active.
Opportunities for participation in sport and active recreation are accessible to all and regular participation in sport is the norm for both children and adults and is increasingly sustained with age.
Being active is a routine part of everyone's working life.
All communities in Wales have access to quality facilities and spaces for people to come together to be active.
Every child in Wales will leave school with the skills, confidence and motivation to lead an active life.
The places where people live help not hinder people in becoming more active.

5   Defining the Scope

An individual's physical activity is made up of a range of different contributions, some planned, such as participation in sport or active recreation and others as part of day to day life such as walking to work or school. The diagram below (Figure 1) illustrates these components and highlights why increasing the levels of activity within a population cannot be achieved by the actions of one agency alone.   Whilst there are components that are led by specific partners in Wales, most rely on multi-agency approaches to be delivered effectively. In Wales, Health Boards, Public Service Boards, Education and schools, Natural Resources Wales and Local Authorities have significant leadership roles in this area.

Individuals make different choices about how to be active and these choices can change during the life-course, therefore securing the ambition of a substantial increase in physical activity levels requires the widest range of options to be available across our society.

Figure 1 – Components of Physical Activity
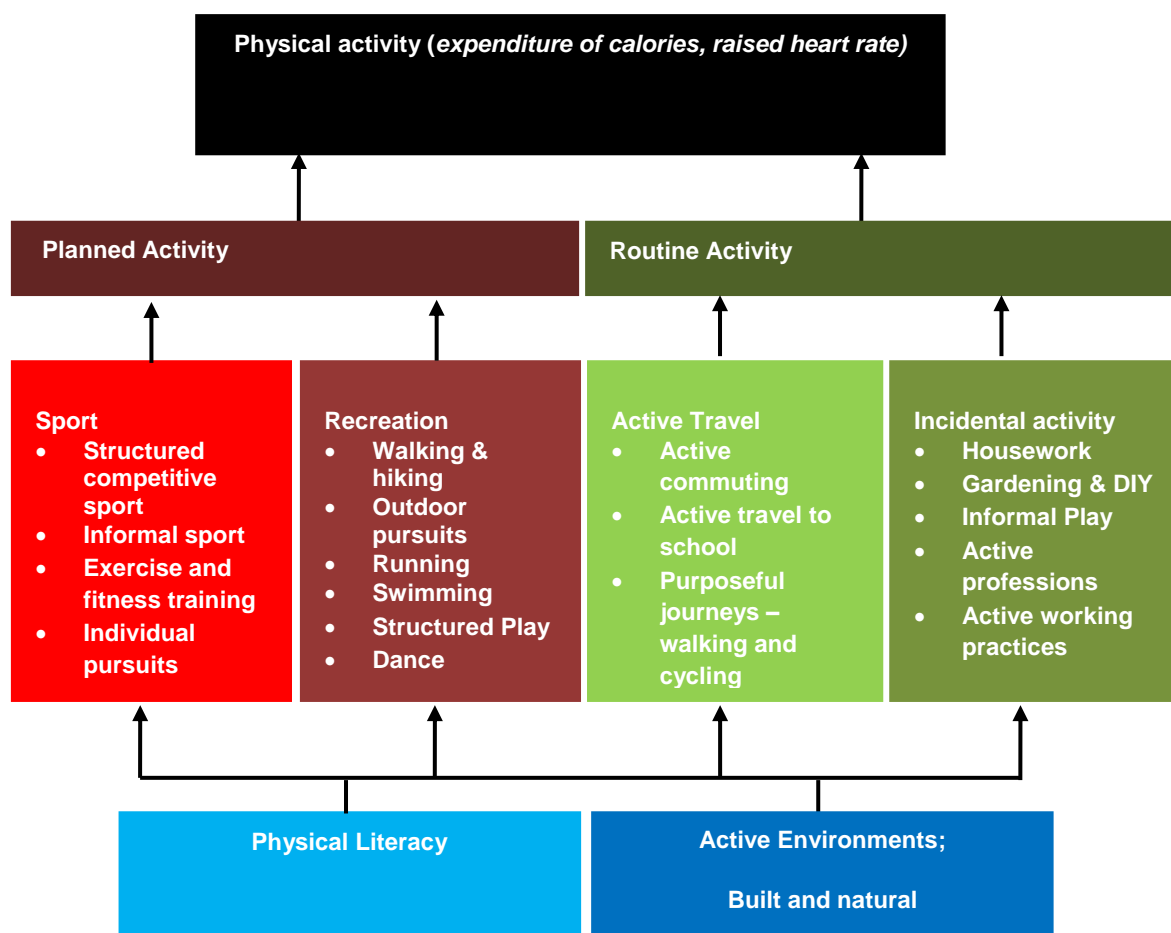
6   A Framework for Action

In December 2017, the World Health Organisation published a draft global action plan on physical activity spanning 2018-2030. This discussion paper focuses on the actions that member states may take to deliver increases in physical activity based on a voluntary global target to achieve a 10% relative reduction in the prevalence of insufficient physical activity by 2025.

The proposed global framework for action is consistent with the themes within Getting Wales Moving and provides a helpful framework for the next phase of joint working in Wales.

- Creating an Active Society
- Creating Active Environments
- Creating Active People
- Creating Active Systems

7   Mechanisms for Collaborative Working

Sport Wales and Public Health Wales were jointly charged with undertaking this work and Natural Resources Wales has opted to voluntarily join this partnership. We have agreed that as a minimum it will be helpful to establish a partnership agreement which sets out the joint commitment, including funding and resources and governance arrangements that can be agreed by the Boards of each organisation.

It is proposed to establish a Physical Activity Strategic Partnership Board to oversee the joint programme of work and engage key partners from the Public and Third Sector. Further work is needed to agree specific terms of reference, including nominating a suitable Chairperson.   Ensuring connections to key strategic priority areas and existing mechanisms such as the Obesity Prevention and Reduction Strategy; Active Travel Board; Cymru Well Wales among others will be essential. A series of task and finish groups would be established to deliver key areas of work as necessary.

It is also suggested that a small management group is established between the organisations to oversee the work and consideration is being given to the most appropriate approach to facilitating joint working and providing support to co-ordination of activities.

7.1   System Wide Indicators

One output of previous joint working between Sport Wales, Public Health Wales and Natural Resources Wales supported by other partners, was proposals for system wide indicators of change.   This work used the framework for Physical Activity (Figure 1) as a basis for this work and

identified a total of 14 possible indicators, five of which cannot be measured by routine data currently collected.

The group had made proposals to undertake a second phase of this work which would identify options for data development in the areas where indicators could not be measured and to develop a common evaluation framework that could be used across Wales and particularly by those granting funding for work which is intended to promote physical activity as a primary or secondary outcome. It is proposed that this second phase of work in incorporated into the year 1 actions.

8   Initial Priorities and Key Deliverables

Meetings have been held between the respective organisations to outline an initial programme of work (Table 2). The initial programme of work builds on each organisations current strategic priorities and remit and proposes both mechanisms and areas for collective action. A priority has been given to actions where we believe we can accelerate the pace of change and enhance existing activity for example in the education sector and around community facilities.

It is proposed that this initial work programme is further developed to include specific measurable actions, timescales and resources.   This will also include involvement and engagement of other partners and communities.

Each organisation has incorporated the development of a joint action plan within their respective business planning processes which will be approved by respective Government policy leads.

Given that responsibility for the different organisations crosses Government policy areas each organisation will be seeking discussions with Government over a joint mechanism for agreement and reporting on the plan.

The intention will be to produce a final action plan, along with an outline partnership agreement following consideration and agreement of the initial proposals by the respective Boards in May 2018.

	Draft Action Plan		
Strategic Objective	**Actions**	**Lead Organisation/s**	**Key Partners**
Create an Active Society	A jointly developed and resourced unifying umbrella approach or brand with common messages, under which all collective action can be delivered. Short Term	Public Health Wales, Sport Wales and NRW	Various
Create Active Environments	Develop and agree a joint approach to increase the opportunities for physical activity in the built and natural environment Deliver an agreed programme of work which considers the findings of the Economy, Infrastructure and Skills Committee post legislative scrutiny of the Active Travel Act and develop joint actions to take the recommendations forward Medium Term	Public Health Wales, Sport Wales and NRW	Active Travel Board Sustrans Local Authorities
Create Active People	Develop and agree a joint approach to increase the opportunities for physical activity in the educational settings maximising the potential of existing programmes of work Short Term	Sport Wales and Public Health Wales	Education and Schools FE Colleges Estyn
	Support employers to promote physical activity, active travel to work and reduce sedentary behaviour through the Healthy Working Wales Programme Short Term	Public Health Wales	Various
	Develop a joint work package to identify opportunities to incorporate physical literacy in public health initiatives, in particular, across early years Medium Term	Public Health Wales and Sport Wales	

	Co-ordinate action to maximise the opportunities for physical activity in sport and active recreation with community organisations and groups of all ages	Sport Wales and Natural Resources Wales	Various
	Support Health and Care settings take opportunities to Make Every Contact Count in promoting physical activity including social prescribing Short Term	Public Health Wales	Health Boards
	Increase action to connect physical activity and mental wellbeing Medium Term	Public Health Wales Sport Wales	Various
Create Active Systems	A partnership agreement approved by respective Boards setting out an agreed set of priorities; joint programme of work; funding and resources and governance arrangements Short Term	Public Health Wales, Sport Wales and NRW	
	Establish a multi-agency Programme Board to oversee collective action; identify opportunities and monitor progress possibly linked to the Cymru Well Wales Partnership Short Term	Public Health Wales, Sport Wales and NRW	
	Produce annual monitoring reports against agreed system indicators	Public Health Wales, Sport Wales and NRW	
	Agree a common evaluation framework and tools for physical activity Short Term	Public Health Wales	
	Agree shared population goals for physical activity Short Term	Public Health Wales, Sport Wales and NRW	

	Work with Welsh Government to establish an aligned approach to the delivery of the Well-being Bond for Wales and Challenge Fund for sport Short Term	Public Health Wales, Sport Wales and WG	
	Develop and agree a joint research and development programme to develop the evidence base for the benefits of physical activity in line with the Wellbeing Goals and including social return on investment Medium Term	Public Health Wales, sport Wales, Natural Resources Wales	

	Name of Meeting
	Board
	Date of Meeting
	31 May 2018
	Agenda item:
	9.1

General Data Protection Regulations: Progress Update

Executive lead:	Sian Bolton, Executive Director
Author:	John Lawson, Chief Risk Officer

Approval/Scrutiny route:	Executive Team

Purpose
To provide an update to the Committee on progress in achieving compliance with the requirements of the General Data Protection Regulations.

APPROVE ☐	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Board is asked to:
- **Consider** the report, and
- **Receive assurance** on the progress against targets

Link to Public Health Wales Strategic Plan
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.
This report contributes to all of the Strategic Priorities

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required
Risk and Assurance	The issues presented in this paper represent very low risk to the organisation
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	No financial implications
People implications	No people implications

1. Purpose / situation

Public Health Wales is both a Data Controller and a Data Processor under the provisions of the Data Protection Act 1998, and as such has statutory obligations with regards the manner in which it obtains, handles and disposes of Personal Identifiable Information (PII). In May 2018 the EU General Data Protection Regulations 2016 will become law in the UK and Public Health Wales will be required to be compliant. Considerable work has gone into ensuring that Public Health Wales is compliant with the new legislation, however there remain two areas where further work is required which is set out below.

2. Background

The Data Protection Act (DPA) became law in the UK in 1998, its intention being to protect the rights of individuals with regards to the obtaining, handling and disposal of their personal data. The world has moved on considerably since then, and in 2012 the European Commission put forward the European Union (EU) Data Protection Reform. This resulted in the ratification and adoption of the EU General Data Protection Regulation (GDPR) 2016, and the accompanying EU Directive which required member states to incorporate the regulation into their national legislation by May 2018.

UK Government has now confirmed that the 'Brexit' issue will have no effect and all organisations in the UK will be required to comply with the GDPR from May.

In order to assist organisations, the Information Commissioner's Office (ICO) has published a document entitled:

'Preparing for the General Data Protection Regulation (GDPR) – 12 steps to take now'

Additionally in January of this year an external audit of GDPR preparedness was carried out at Public Health Wales by Stratia Consulting. The Executive summary of the final report states:

> *'The requirements of the forthcoming GDPR appear to be well understood, and work is underway to close the gaps that need addressing in order to achieve compliance by May 2018.'*

The audit assessed Public Health Wales by means of 27 questions each representing a different area of GDPR readiness. Evidence was provided to support the answers. Each area was then assessed and Red/Amber/Green (RAG) rated as follows.

Red – must be addressed in order to comply with GDPR

Amber - partially compliant, or should be addressed to help stay within the regulation, and show due diligence.

Green – Compliant

The position with regards to each RAG rating at the time of the audit and the current position are as follows:

RAG Rating	Time of Audit	Current position
Red	0	0
Amber	15	3
Green	12	24

A progress report is appended to this paper.

The rest of this paper considers the Information Commissioner's advice and provides an analysis of progress against actions to bridge the gaps in the Information Governance (IG) Management system.

3. Description/Assessment

Narrative

The Information Asset Register (IAR) has been approved at Executive level and has now been developed into a working project plan for the final steps towards GDPR compliance. Whilst the IAR will never be 'completed' as it will always remain a working, dynamic document, it is now considered to be the stage where this action can be considered complete.

The Public Health Wales privacy notice which is found on the internet site was approved on 02/5/18 by the Information Governance Working Group and has now been deployed throughout the organisation.

There were two areas where further work was required however one of those has now been resolved. This is the question of breach reporting. The promised all Wales Breach Reporting Tool failed to materialise and there was a risk that Public Health Wales would not have arrangements in place to comply with the requirements. Accordingly a cut-off date of 11th May was set, and when the all Wales solution was not available an in house version was developed and is now available for use. If and when the all Wales solution becomes available it will be assessed to see if we need to make any changes to the existing procedure.

The other area which is proving more difficult to complete is the requirement for all data processing agreements with third party contractors to be bound by formal, legally binding contracts. This is because historically Welsh Government policy has been that procurements

valued at less than £25,000 have not required formal contracts, and as a result a number of Directorates and Division have procured data processing services without having a formal contract in place. We have been working closely with Shared Services Procurement to write to all of our suppliers asking them to agree to a standard set of conditions in line with the ICO guidelines. We anticipate that this exercise will be complete by the summer 2018, provided that our suppliers respond positively.

There is no requirement on our data processors to act differently and therefore the risk to data processing operations remains unchanged. Although technically the lack of a contract will represent non-compliance, the likelihood of a challenge from the Information Commissioner's Office is very low. The Information Commissioner's Officer are fully aware of this problem which extends across a large number of public sector organisations.

	Step headline	Gap RAG status	Target date	Progress RAG status	Comments
1	Training and awareness		Completed		Completed
2	Information Asset Register		Completed		Update 2/5/18 – The Information Asset Register is now embedded to the extent that this action can be considered complete (see narrative)
3	Privacy Notices		Completed		Update 14/5/18 – New Corporate Privacy Notice has now been deployed across the organisation.
4	Rights of individuals		Completed		Completed
5	Subject Access Requests		Completed		Completed
6	Legal basis for processing		Completed		Completed
7	Consent for processing		Completed		Completed
8	Children's information		Completed		Completed
9	Information Incident Management		Completed		Completed
10	Privacy Impact Assessments		Completed		Completed
11	Data Protection Officer		Completed		Completed
12	International Operations		Completed		Completed

Key:

Gap RAG status – This is an assessment of the size of the gap between the current position and the desired state for compliance with GDPR.

█	Significant gap exists
█	Moderate gap exists
█	Minor gap exists
█	Compliant

Progress RAG status – This is a measure of progress against target in line with corporate reporting methods.

█	Off target
█	Currently off target but deliverable
█	On target
█	Compliant

3.1 Well-being of Future Generations (Wales) Act 2015

No decision required.

4. Recommendation

The Board is asked to:

- **Consider** the report; and
- **Receive assurance** on the progress against targets

Appendix A – Extract from Stratia Consulting external audit report

No.	GDPR Questions	Answer	Assessor Comments	Target Date	Progress	Status
2.1.	Who has overall responsibility for data protection in your organisation? This should be a named Board member.	Sian Bolton, Interim Executive Director of Quality Nursing and Allied Health Professionals and Senior Information Risk Owner. The Data Protection Officer is John Lawson, Chief Risk Officer and Head of Information Governance	Accountability is a key element of GDPR. A Data Protection Officer is also mandatory for a Public Authority and should be in post	Completed		
2.2.	Is all personal data and special category data identified (e.g by protective marking) and properly protected?	Yes. All personal data is identified both locally and through the Information Asset Register	GDPR Art 9 prohibits processing of special category data unless certain special conditions apply. Therefore, such data should be identifiable in order to help prevent unlawful processing.	Completed		
2.3.	Are all flows of personal and special category data documented including where data was obtained and all destinations of data?	Yes. All personal data is identified both locally and through the Information Asset Register	Documented Information flows enable traceability and the ability to update throughout the chain. This supports the Accountability aspect of GDPR.	Completed		
2.4.	Is all other sensitive information data identified (e.g. by protective marking) and properly protected?	Yes. All personal data is identified both locally and through the Information Asset Register	GDPR Art 9 prohibits processing of special category data unless certain special conditions apply. Therefore, such data should be	Completed		

			identifiable in order to prevent unlawful processing.			
2.5.	Do you have processes in place to allow data subjects to request changes to incorrect data or deletion of data?	Yes.	Two key rights of individuals under GDPR are the right to rectification and the right to erasure. Processes should be in place to support this.	Completed		
2.6.	If yes to the above (table above, 35), have you obtained explicit consent from data subjects to transfer their data outside of the EEA?	No. We do not transfer personal data outside the EEA	Something to consider here (if not already) might be the case where the Trust would in future subcontract work to a processor that involved data going overseas, for example in a Cloud Service provider scenario.	Completed		
2.7.	Is Data Protection referred to in employee contracts of employment?	Yes.		Completed		
2.8.	Do policies and procedures set clear responsibilities for handling of personal data, including where appropriate reference to responsibilities held by your Data Protection Officer?	Partially	Responsibilities and obligations should be documented in order to reinforce the principle of accountability	30/09/18	There are clear policies and procedures in place for this, but as yet they do not yet reference the Data Protection Officer as this is a new role which had not been agreed when the policy was approved. Policy will be amended at next iteration. Risk assessment - Low	

Appendix A – Extract from Stratia Consulting external audit report

2.9.	When your organisation collects personal data from a subject do you clearly state what it is being collected for, how it will be processed and who will process it and does the data subject have to provide consent for this?	Yes. A new privacy notice has been approved and is being deployed across the organisation w/c 7th May 2018	A key principle of GDPR is that data must be collected for 'specified, explicit and legitimate purposes'. Thus, the subject should be informed of all possible uses of their data.	Completed		
2.10.	Where you collect data from children (subjects under 16 in the UK) do you actively seek parental consent?	Yes		Completed		
2.11.	Does your risk assessment cover the management of personal data or special category data?	Yes. This is now catered for through the Privacy Impact Assessment Procedure	Risk Assessment is mandatory where PII/special category data is concerned	Completed		
2.12.	Do you have a process for dealing with Subject Access or Data Portability requests within an appropriate timescale?	Yes	One of the Rights of Individuals enforced under GDPR is the right to data portability	Completed		
2.13.	Do you have a process for correcting inaccurate records, deleting records or suspending the processing of records?	Yes	A key principle of GDPR is the accuracy of data.	Completed		
2.14.	Do you have documented data retention periods, do these cover contractual and legal requirements?	Yes		Completed		
2.15.	Do you have documented data classification criteria?	No	GDPR Art 9 prohibits processing of special category data unless certain special conditions apply. Therefore, such data should be identifiable in order to help prevent unlawful processing. Consider also non	30/09/18	Almost all data processed by Public Health Wales is 'special category', therefore there has never been a need to define it beyond the IG training which is provided to all staff. However the policy will be amended at next iteration to make reference to it. Risk assessment - Low	

Appendix A – Extract from Stratia Consulting external audit report

			medical/vital interest data e.g HR			
2.16.	Do you have a data protection or data privacy statement compliant with the requirements of the GDPR?	Yes. A new privacy notice has been approved and is being deployed across the organisation w/c 7th May 2018	The data privacy statement upholds a number of the core GDPR principles by telling the data subject how their data will be used and protected	Completed		
2.17.	Does the statement provide a point of contact for data protection issues?	Yes. The Data Protection Officer is referenced in the notice	A specified contact point reinforces the Accountability aspect of GDPR and allows the subject to exercise their rights under GDPR (such as the right to erasure, portability, objection	Completed		
2.18.	Do you have mechanisms in place which make it easy for the data subject to remove consent for data processing and do you ensure it is as easy to remove consent as it was for them to give it?	Yes. This is explained in the privacy notice	The ability for consent to be withdrawn as easily as it was given is a key requirement of GDPR	Completed		
2.19.	For each piece of personal information you hold, do you record the purpose for which it was obtained?	Yes	One of the core principles of GDPR is that data must only be collected for a specified purpose. If the purpose is not recorded, this cannot be demonstrated	Completed		
2.20.	For each piece of personal information you hold, do you record the justification for obtaining it?	Yes	One of the core principles of GDPR is that data must be 'adequate, relevant and limited to what is necessary'. Recording	Completed		

			the justification enables this to demonstrated			
2.21.	For each piece of special category data you hold, do you record the justification for obtaining it?	Yes	One of the core principles of GDPR is that data must be 'adequate, relevant and limited to what is necessary'. Recording the justification enables this to demonstrated	Completed		
2.22	For each piece of personal information you hold, do you record whether your organisation is the data processor or the data controller?	Yes	The processor of the data has different responsibilities to uphold than the controller. You must know what these are and apply them accordingly	Completed		
2.23.	Where you disclose personal data to a supplier/provider does the contract explicitly impose the obligation to maintain appropriate technical and organisational measures to protect personal data in line with relevant legislation?	Work in progress – see above	Such contracts should cover: - Nature and purpose of processing; - Transfer of data; - Authorised persons processing; - Deletion or return of data. And demonstrate compliance to the Regulation	30/09/18	We have been working closely with Shared Services Procurement to write to all of our suppliers asking them to agree to a standard set of conditions in line with the ICO guidelines. We anticipate that this exercise will be complete by the Summer 2018, provided that our suppliers respond positively. There is no requirement on our data processors to act differently and therefore the risk to data processing operations remains unchanged. Although technically the lack of a contract will represent non-compliance, the likelihood of a challenge from the Information Commissioner's Office is very low.	

Appendix A – Extract from Stratia Consulting external audit report

					The Information Commissioner's Office are fully aware of this problem which extends across a large number of public sector organisations. Risk assessment - Low	
2.24.	Where criminal record checks are carried out, do you ensure that explicit consent has been obtained from employees and that such checks are carried out for lawful purposes?	The levels of disclosure required and how to manage information provided by the Disclosure and Barring Service (DBS) is managed via Recruitment Shared Services along with HR.	This relates back to GDPR Recital 50 (Further Processing of Personal Data). If an individual's data was not originally collected for the purposes of a CRB check, but will (later) be used for this purpose, they should be informed of this.	Completed		
2.25.	Does the policy refer to handling personal data (and, where appropriate, reference your data protection policy)?	Yes - The Information Security policy refers to confidentiality and data protection.		Completed		
2.26.	Do you ensure that a privacy impact assessment is carried out for all new systems and projects where personal data is in use and there may be a risk to privacy?	Yes	A DPIA is mandatory in certain situations and always a good idea. It upholds the 'privacy by design' objective of GDPR	Completed		
2.27.	Do you have processes in place for reporting losses of personal data to the Information Commissioner (or your national data protection authority) and the data subjects?	Yes	Note that GDPR requires breach notification 'without undue delay and, where feasible, not later than 72 hours after'	Completed		

Appendix A – Extract from Stratia Consulting external audit report

Key	
	Completed
	Will not be fully implemented by 25th May 2018 and presents a high risk to PHW
	Will not be fully implemented by 25th May 2018 and presents a low risk to PHW
	Will be fully implemented by 25th May 2018

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		9.2

Public Health Wales Board and Committee Work Plans

Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Melanie Westlake, Board Secretary and Head of Corporate Governance

Approval/Scrutiny route:	Business Executive Team Meeting – 21 May 2018 Discussions have also been between Lead Executive and Committee Chairs

Purpose

The purpose of this report is to present to the Board the proposed Work Plans for 2018/19 for the following:

- Board
- Audit and Corporate Governance Committee
- People and Organisational Development Committee
- Remuneration and Terms of Service Committee

The Quality, Safety and Improvement Committee Work Plan is not included as, with the agreement of the Chair, it has been decided that this requires further attention. The proposed Work Plan for this Committee will be presented to the Board in July 2018.

Recommendation:

APPROVE ☒	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐

The Board is asked to:
- **Approve** of the 2018/19 Work Plans for the
  - Board
  - Audit and Corporate Governance Committee
  - People and Organisational Development Committee, and the
  - Remuneration and Terms of Service Committee

  whilst **noting** that they will develop further as the plans to underpin the delivery of the Integrated Medium Term Plan and Operational Plan are developed.

Link to Public Health Wales [Strategic Plan](#)
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives. |

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report.
Risk and Assurance	The proposals outline the activity of the Board and Committees during 2018/19. The Work Plans will help to ensure that they discharge their responsibilities with regard to receiving and providing assurance and the management and mitigation of strategic risks.
Health and Care Standards	This report supports and/or takes into account the [Health and Care Standards for NHS Wales](#) Quality Themes

    Governance, Leadership and Accountability |
| **Financial implications** | There are no financial implications as a result of approval of this report. |
| **People implications** | There are no people implications as a result of approval of this report. |

1. Purpose / situation

The purpose of this report is to present to the Board the proposed Work Plans for 2018/19 for the following:

- Board
- Audit and Corporate Governance Committee
- People and Organisational Development Committee, and
- Remuneration and Terms of Service Committee

The plans have developed following extensive consultation with the Trust Chair, Chief Executive, Committee Chairs and the relevant Lead Executive.

The Quality, Safety and Improvement Committee Work Plan is not included as, with the agreement of the Chair, it has been decided that this requires further attention. The proposed Work Plan for this Committee will be presented to the Board in July 2018.

2. Background

Paragraph 6.2 of the Public Health Wales Standing Orders require the development of an Annual Plan of Board Business. This requirement also extends to Committees of the Board.

The specific requirements of the Standing Orders are as follows:

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable the Trust to meet its obligations to its citizens as outlined in paragraph 6.1.1 [duty to carry out business openly and transparently] whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

Note – The Trust has one Advisory Group, the Local Partnership Forum. The Forum has recently reviewed its Terms of Reference and these will be presented to the Board for approval in July 2018. Following approval of these Terms of Reference a Work Plan will be developed for this Advisory Group.

3.   Description/Assessment

Work plans help to confirm the organisations arrangements for decision making and receiving and providing assurance. They help to ensure that the Board or Committee has the right focus, behaviours and ways of working to allow the sustainable achievement of objectives in accordance with legal and other requirements.

There is an increased emphasis within the Trust to ensure the Board is given time to focus on setting the strategic direction of the organisation, the tone and culture of the organisation and ensuring appropriate performance management. Wherever a role can be more appropriately discharged by a Committee it will. This has been taken into account when developing the draft Board and Committee Work Plans (see Annex). The following sources have also been considered:

- The Terms of Reference and matters reserved for consideration by the Board or Committee
- Information contained within previous Work Plans and business conducted by the Board or Committee over previous years
- Activity completed during 2017/18 to ensure that this is appropriately reflected
- Welsh Health Circulars and publications issued by the Welsh Government
- Legislation and mandatory requirements
- Information provided by executive colleagues and their teams
- The various sources of assurance - for example internal and external audit arrangements
- The Board Assurance Framework (BAF)

During the development phase, discussions have also been held with the Trust Chair, the Committee Chairs, and Lead Executives. Due to the timing of meetings and the complexity of the task in hand this year it has not been possible to present the Work Plans to all of the respective Committees.

It should be noted that the Work Plans will remain flexible and there is still the need to reflect any key decisions required to support the delivery of the Integrated Medium Term Plan 2018/2019-2020/2021 and Operational Plan 2018/19.

During 2018/2019 the Board/Committee Chair and Chief Executive/Lead Executive will play an active role in considering progress against the Work Plan in association with the Board Secretary and Head of Corporate Governance. The Work Plans will feature as a standing item on the agenda of each meeting to allow greater ownership and scrutiny should timescales slip as is sometimes the case.

The plan for the Board Development Sessions scheduled to take place between the bi-monthly Board meetings is still under development.

3.1 Well-being of Future Generations (Wales) Act 2015

This report contributes to all of the Public Health Wales well-being objectives. The development of the Work Plans have taken into account the required actions to ensure that the Board and Committees discharge their responsibilities. The development of the Work Plans has taken into account the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:

	The Board and Committees have a role in ensuring that the organisation delivers its strategic priorities.
	This Board and Committees will have a role in ensuring the mitigation of risks and assurance regarding whether or not actions are being delivered in accordance with agreed timescales. Acting to prevent risks coming to fruition and seeking assurance will help to ensure that the organisation meets the strategic priorities.
	The well-being objectives and strategic priorities have been aligned in 2018/19 and have been mapped against the well-being goals in the recently approved IMTP. The Board and Committees will continue to ensure their support and integration.
	The Work Plans have been developed in collaboration with Board members.

The Board and Committees have a role in ensuring that the organisation delivers on its strategic priorities and mitigates risk. The ongoing activity towards achieving the strategic priorities will ensure the involvement and engagement with staff and stakeholders as appropriate.

4. Recommendation

The Board is asked to:

- **Approve** of the 2018/19 Work Plans for the
-
    - Board
    - Audit and Corporate Governance Committee
    - People and Organisational Development Committee, and the
    - Remuneration and Terms of Service Committee

whilst **noting** that they will develop further as the plans to underpin the delivery of the Integrated Medium Term Plan and Operational Plan are developed.

Board Work Plan 2018/2019 v0.7		Quarter 1		Quarter 2		Quarter 3	Quarter 4		
Preliminary Matters	**Exec Lead**	**30/05/2018 (special meeting - annual**	**31-May**	**26-Jul**	**27-Sep**	**29-Nov**	**31-Jan**	**28-Mar**	**Board Notes**
Chief Executive Report	CE		x	x	x	x	x	x	Standing Item
Service User Experience Stories	DQN&AHP		Bevan Innovator Fund Presentation	x	x	x	x	x	
Delivery and Impact	**Exec Lead**	**30-May**	**31-May**	**26-Jul**	**27-Sep**	**29-Nov**	**31-Jan**	**28-Mar**	**Board Notes**
Board Assurance Framework	CE			x	x	x	x	x	Standing Item (in line with Risk Management Policy).
Corporate Risk Register	CE					x			(in line with Risk Management Policy)
Emergency Response Plan (including Business Continuity)	DPHS&MD/ CE&EDOF			x					
Health and Safety /Quality and Safety and any other regulatory reports by exception	-		x	x	x	x	x	x	To capture within reports from Committees unless matter is of such signifinance that consideration is required by the Board.
Serious Incidents Update	DNQ&AHP		x	x	x	x	x	x	18.12.17 - agreed at Nov-17 Board meeting. Action 30.11.17/PHW101/2017 To capture within reports from Committees unless matter is of such signifinance that consideration is required by the Board.
Integrated Performance Report	DCE&EDOF		x	x	x	x	x	x	
Intellectual Property Policy	BS&HCG				TBC				
Organisational Policies: annual summary	BS&HCG		x						(In line with Policies, Procedures and Other Written Control Documents Management Policy)
WHO Collaborating Centre Annaul Report (to include Internional Health Strategy Annual Report)	DPR&ID							x	
Public Health Wales Position Statements Annual Report	DPR&ID				x				(in line with "Developing Position Statements for Public Health Wales")

Board Work Plan 2018/2019 v0.7		Quarter 1		Quarter 2		Quarter 3	Quarter 4		
Strategy and Development	**Exec Lead**	**30-May**	**31-May**	**26-Jul**	**27-Sep**	**29-Nov**	**31-Jan**	**28-Mar**	**Board Notes**
Emergency Planning and Business Continuity	DPHS&MD/ CE&EDOF			TBC	TBC	TBC	TBC	TBC	Reports also provided to Audit and Corporate Governance Committee - as part of governance requirements need to arrangements for reporting during 2018/19
Integrated Medium Term Plan 2019/20-2021/22, Operational Plan 2019/20 and agreement of Annual Financial Plan	DCE&EDOF						Draft	Final Approval	
1000 Lives Improvement 2018-2021 Strategic Priority and Strategic Objectives	DQI&PS					x			Need to consider in line with NHS Wales Strategy
Operational Plan	DCE&EDOF		x						
Public Health Wales approach to Public Engagement: : update on implementation	DQN&AHP						Update		Action 30.11.17/PHW97/2017 - the Board agreed to receive an update in November 2018. This has been deferred to January 2019 to allow for the work to be completed.
Public Health (Wales) Act 2017: update on implementation	DPR&ID			x			x		
Public Health Wales Strategy	DCE&EDOF			TBC					Timescale to be confirmed and dependent on approval of NHS Wales Strategy
Quality and Impact Framework Indicators	DQN&AHP		x						Covered within TC report in March. Agreed sustantive item for May
Research and Development Strategy	DPR&ID							x	Timescale in accordance with Operational Plan 2018/19
Stakeholder Engagement Strategy	DCE&EDOF			x					18.12.17 - agreed at Nov-17 meeting. Action 30.11.17/PHW95/2017
Well-being of Future Generations (Wales) Act 2015: Mid year review	DPR&ID					x			
Governance and Accountability	**Exec Lead**	**30-May**	**31-May**	**26-Jul**	**27-Sep**	**29-Nov**	**31-Jan**	**28-Mar**	**Board Notes**
Annual Financial Statements and Accounts 2017-18	DCE&EDOF	x							
Accountability Report 2017-18	DCE&EDOF	x							
Affixing of Common Seal and Chair's Action	BS&HCG		x	x	x	x	x	x	Standing Item by exception
Annual Quality Statement	DQN&AHP			Ratification 2017-18					
Annual Report	DCE&EDOF			Ratification 2017-18					
Annual review of effectiveness and self assessment	BS&HCG							Formal Assessment	
Board and Committee Work Plans	BS&HCG		2018-19 (excluding QSIC)	QSIC				2019-20	Agreed that Quality, Safety and Improvement Committee would be presented in July.
Committees of the Board - Approved Minutes and Opportunities for Chairs to provide an oral update	Comm.Chairs		x	x	x	x	x	x	Standing Item
Committees of the Board (private sessions) - Approved Minutes and Opportunities for Chairs to provide an oral update	Comm.Chairs		Private Session	Private Session	Private Session	Private Session	Private Session	Private Session	Standing Item

Board Work Plan 2018/2019 v0.7		Quarter 1		Quarter 2		Quarter 3	Quarter 4		
Governance and Accountability continued	Exec Lead	30-May	31-May	26-Jul	27-Sep	29-Nov	31-Jan	28-Mar	Board Notes
Corporate Health Standard: self assessment	DP&OD			TBC					Assessment scheduled for 5 July 2018
Health and Safety Annual Report	DCE&EDOF				x				Requirement of Health and Safety Policy agreed in 2017
Healthcare Inspectorate Wales Annual Report	DQN&AHP			x					To be presented at first available meeting once received from HIW
NHS Wales Health Collaborative: Annual Assurance Statement	DCE&EDOF	x							
Partnership Agreement (staff side)	DP&OD			x					
Local Partnership Forum terms of reference	DP&OD			x					
Remuneration and Terms of Service Meeting Report	Comm.Chair		Private Session	Private Session	Private Session	Private Session	Private Session	Private Session	Standing Item
Safeguarding Annual Report	DQN&AHP			x					Social Services and Well-being (Wales) Act 2014 - Part 7, Ssection 136 places a duty on Regional Safeguarding Boards to produced an annual report by 31 July each year. Section 137 places a duty on "qualifying persons or bodies" to supply information as required. PHW as qualifying body will provide information to each of the safeguarding boards.
Standing Orders and Scheme of Delegation	BS&HCG		Interim Review - Committee Terms of Reference				x		Section 11.0.2 of the Standing Orders require the Audit Committee (or equivalent) to undertake an annual review and report any amendments to the Board for consideration and approval
Wales Audit Office Annual Report	DCE&EDOF						X		

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Legend

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Board Secretary and Head of Corporate Governance	BS&HCG
Chief Executive	CE
Deputy Chief Executive and Executive Director of Operations and Finance	DCE&EDOF
Executive Director of Health and Wellbeing	DHW
Director of People and Organisational Development	DP&OD
Executive Director of Public Health Services/Medical Director	DPHS&MD
Director of Policy, Research and International Development	DPR&ID
Director of NHS Quality Improvement and Patient Safety	DQI&PS
Executive Director of Quality, Nursing and Allied Health Professionals	DQN&AHP
Non-Executive Directors	NEDs

Audit and Corporate Governance Committee Work Plan 2018/19 v0.7		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Annual Financial and Governance Statements	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Accountability Report 2017-18	DCE&EDOF	Draft	Final				
Annual Financial Statements and Accounts 2017-18	DCE&EDOF	Draft	Final				
Annual Accounts and Accountability Report Timetable 2018-19	DCE&EDOF					x	
External Audit	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Annual Audit Report	DCE&EDOF				x		
Annual Opinion (ISA 260)	DCE&EDOF		x				
External Audit Action Log	DCE&EDOF	x		x	x	x	
Fee Scheme 2019	DCE&EDOF					x	
Financial Statements Memorandum	DCE&EDOF			x			
Review of Collaborative Arrangements for Managing Local Public Health Resources Report: progress update	DCE&EDOF	x	x				18.12.17 - Agreed at ACGC Dec-17 meeting to receive progress reports at each meeting.
Review of Collaborative Arrangements for Managing Local Public Health Resources Report: closedown report	DCE&EDOF			x			02.05.18 - Agreed at ACGC to receive close-down report at September meeting
Review of WAO Assessment of Microbiology annual update (against recommendations to show continued improvement and delivery against recommendations).	DCE&EDOF			x			Agreed at ACGC 12.09.17 (ACGC66/2017).
Structured Assessment	DCE&EDOF					x	
Wales Audit Office Audit Reports (received in accordance with Annual Work Plan)	DCE&EDOF	x	x	x	x	x	
Wales Audit Office Progress Report	DCE&EDOF	x	x	x	x	x	
Work Plan 2019	DCE&EDOF					x	

Audit and Corporate Governance Committee Work Plan 2018/19 v0.7		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Internal Audit	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Head of Internal Audit Opinion and Annual Report 2017-18	BS&HCG		x				
Internal Audit Position Statement (Progress Report)	BS&HCG	x	x	x	x	x	
Internal Audit Action Log	BS&HCG	x		x	x	x	
Internal Audit Charter	BS&HCG					x	
Internal Audit Reports (received in accordance with Annual Work Plan)	BS&HCG	x	x	x	x	x	
Internal Audit Work Plan	BS&HCG					2019-20	
Counter Fraud	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Counter Fraud Annual Report 2017-18	DCE&EDOF		x				
Counter Fraud Progress Report	DCE&EDOF	x		x	x	x	
Counter Fraud Self Review Tool 2017-18	DCE&EDOF	x					
Counter Fraud Work Plan	DCE&EDOF		2018-19			2019-20	
Risk Management	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Board Assurance Framework Update	DQN&AHP	x		x	x	x	Risks Assigned to Audit and Corporate Governance Committee.
Corporate Risk Register Update	DQN&AHP	x		x	x	x	Risks Assigned to Audit and Corporate Governance Committee.

Audit and Corporate Governance Committee Work Plan 2018/19 v0.7		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Corporate Governance	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Business continuity risk register	DCE&EDOF			x	x	x	5.10.17 - Standing item for every meeting as governed by the Risk Management Procedure. 23.04.18 - Register still in development and discussions with CRO ongoing. Will be presented for the first time at the September Committee meeting.
Declarations of Interest, Gifts and Hospitality Register Report: assurance on compliance against policy and procedure	BS&HCG		2017-2018 overview			2018-19 overview	14.2.18 Remitted from Board (Action 30.11.17/PHW98/2017)
Losses and Special Payments Report	DCE&EDOF	x		x	x	x	Standing item
Procurement Report	DCE&EDOF	x		x	x	x	Standing item
Public Health Wales Stock Take Report	DCE&EDOF			x			27.03.18 Received at Board. Board agreed (ref PHW32/2018) that ACGC would oversee implementation of the action plan. Committee to consider alongside the Review of Collaborative Arrangements for Managing Local Public Health Resources Report: closedown report to ensure actions closed as appropriate or taken forward where these are within the control of Public Health Wales
Quality and Clinical Audit Plan 2018-19	DQN&AHP			x			
Standing Orders	BS&HCG				x		Section 11.0.2 of the Standing Orders require the Audit Committee (or equivalent) to undertake an annual review and report any amendments to the Board for consideration and approval
Scheme of Delegation: approval of any updates to scheme	BS&HCG	As required		As required	As required	As required	20.2.18 Remitted from Board (Action 25.01.18/PHW11/2018
Topical, Legal and Regulatory Issues	BS&HCG	x		x	x	x	Standing item
Policy	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Bi-annual summary of policies relating to Audit and Corporate Governance Committee	BS&HCG	x			x		
Policies for approval depending on programme of review	BS&HCG	x	x	x	x	x	

Audit and Corporate Governance Committee Work Plan 2018/19 v0.7		Quarter 1		Quarter 2	Quarter 3	Quarter 4	
Joint Working Arrangements	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Assurance Report - CymruWellWales to include ACE Hub	DHW			x			14.2.18 - Remitted from Board (Action 30.11.17/PHW95/2017)
Assurance Report - Police Transformation Fund	DPR&ID			x			14.2.18 - Remitted from Board (Action 30.11.17/PHW95/2017)
Joint Working Framework: report on the arrangements of existing joint working agreements	BS&HCG			x			20.2.18 Remitted from Board (Action 25.01.18/PHW10/2018
NHS Wales Health Collaborative: Annual Assurance Statement	DCE&EDOF	x				x	As required by Hosting Agreement Memorandum of Understanding
Committee Governance	**Exec Lead**	**2-May**	**30-May**	**6-Sep**	**4-Dec**	**14-Mar**	**Committee Notes**
Counter Fraud meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Head of Internal Audits meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Wales Audit Office meeting with Committee Members (to be held in private and with no Trust Officers present)	BS&HCG	x	x	x	x	x	The Auditors can request a meeting at any time
Audit and Corporate Governance Committee Annual Report	BS&HCG		x				
Annual Review of Committee Effectiveness (Action Plan)	BS&HCG			x		x	Report not received in May 2018 - to present to next available meeting
Mid year review of Committee Effectiveness	BS&HCG			x			

Legend

Board Secretary and Head of Corporate Governance	BS&HCG
Deputy Chief Executive and Executive Director of Operations and Finance	DCE&EDOF
Executive Director of Quality, Nursing and Allied Health Professionals	DQN&AHP
Executive Director of Health and Wellbeing	DHW
Director of Policy, Research and International Development	DPR&ID

People and Organisational Development Committee Work Plan 2018/19 v0.7		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Getting the Basics Right	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Staff Stories	DQN&AHP	x	x	x	x	
Directorate Updates	Relevant Director	No Directorate Report - Public Health Service scheduled	Health and Well-being	1000 Lives	Operations & Finance	
People and Organisational Development Directorate Priorities	DP&OD			x		
Microbiology Stabilisation	DPHS&MD			x		Remitted from Board/Shared with QS&I Committee and Audit and Corporate Governance Committee
Register of policies and written control documents (relevant section for Committee)	BS&HCG	x		x		
Attracting Great People and Creating a Modern Workplace	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Disciplinary Policy: update and assurance report	DP&OD	Private session	Private session	Private session	Private session	Standing item
Engagement including staff/pulse survey, culture and enactment of values and behaviours	DP&OD	x	x		x	
Organisational Culture	DP&OD			x		
Partnership (staff side) Working	DP&OD		Update		Update	
Time for Physical Activity (Health and Wellbeing)	DP&OD		x	Update		
Procedure for NHS Staff to Raise Concerns: update report on implementation of procedure	DP&OD			Update		

People and Organisational Development Committee Work Plan 2018/19 v0.7	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Growing our Skills and Talent	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Development Programmes	DP&OD		x			
Implementation of the Public Health Wales Approach to Engagement: assurance report on the arrangements to build capacity and capability to enable implementation of the PHW Approach to Engagement.	DQN&AHP / DP&OD			x		30.11.17 Remitted from Board (Action 30.11.17/PHW97/2017)
Internal Audit Report: Training and Development	DP&OD		x			Final report shared with Audit and Corporate Governance in May 2018. Updates to ACGC via IA Action Log. Ongoing review remitted to P&OD Committee
Growing our Skills and Talent continued	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Mandatory and statutory training: Implementation of the Directorate of Public Health Services action plan to achieve 95% compliance (deep dive)	DP&OD		x			30.11.17 Remitted from Board (Action 30.11.17/PHW94/2017)
Public Health Wales Workforce Planning (To include Long Term Vacancies)	DP&OD		x			
Public Health Wales Workforce Strategy	DP&OD				x	
Quality and Career Framework for Health Care Support Workers: update on implementation	DQN&AHP			x		23.11.17 QSIC agreed that the PODC would take over responsbility for monitoring the remit of the HSCW framework (Minute ref QSIC 73/2017).
Registration of Public Health Wales Nurses annual report (nursing revalidation paper)	DQN&AHP		x			09.04.18 - Agreed that both nursing and medical revalidation papers should be considered at the July 2018 PODC meeting.
Revalidation and Appraisal of Public Health Wales Consultants annual report (medical revalidation paper)	DPHS&MD		x			See above

People and Organisational Development Committee Work Plan 2018/19 v0.7		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
A Diverse, Inclusive and Healthy Workforce	Exec Lead	24-Apr	23-Jul	24-Oct	10-Jan	Committee Notes
Board Assurance Framework Update	DP&OD	x	x	x	x	
Corporate Risk Register Update	DP&OD	x	x	x	x	
Diversity and gender balance: oversight of in-depth review	DP&OD	x				30.11.17 Remitted from Board (Action 30.11.17/PHW101/2017) 18.01.18 PODC/07/2018 - report to be received after consideration by BET
Health and Safety annual report	DCE&DOF		x			
Health and Safety report including risk register	DCE&DOF	x	x	x	x	
Health and Safety Group work plan	DCE&DOF		x			
Health and Safety Group Terms of Reference (review)	DCE&DOF				x	
Health, Well-being and Corporate Health Standard	DP&OD		x		x	
Occupational Health Service development: assurance report	DP&OD		x		x	30.11.17 Remitted from Board (Action 30.11.17/PHW100/2017)
Sickness and Absence Management	DP&OD		Reporting	Progress report		
Staff vaccination: indepth review of uptake and preparation for the vaccination season	DQN&AHP		x			20.02.18 Remitted from Board (Action 25.01.18/PHW06/2018)
Stonewall Equality Index	DP&OD	Action Plan			x	
Strategic Equality Plan and Implementation Plan	DP&OD		x		x	
Strategic Equality Annual Report 2017/18	DP&OD			x		Remitted from Board action ref 30.11.17/PHW100/2017

People and Organisational Development Committee Work Plan 2018/19 v0.7		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
A Diverse, Inclusive and Healthy Workforce continued	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Welsh Language Annual Report	DP&OD	x (not received)				Report not finalised in time for April meeting - to be shared with Committee outside of meeting.
Welsh Language Scheme Monitoring Report	DP&OD	x				Remitted from Board
Welsh language Standards (Healthcare) regular update	DP&OD	x	x	x	x	
Other items (to be included under relevant section	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Audit Reports	Relevant Exec Lead	x	x	x	x	
People Performance: deep dives	DP&OD	x	x	x	x	
Policies for approval depending on programme of review	DP&OD	x	x	x	x	
Committee Governance	**Exec Lead**	**24-Apr**	**23-Jul**	**24-Oct**	**10-Jan**	**Committee Notes**
Annual Review of Committee Effectiveness	BS&HCG			x		
People and Organisational Development Committee Annual Report	BS&HCG	x				
Terms of reference annual review	BS&HCG	x	x			Oral update provided April 2018. Revised Terms of Reference to be formally received following agreement by Board in May 2018.

Legend

Board Secretary and Head of Corporate Governance	BS&HCG
Deputy Chief Executive and Executive Director of Operations and Finance	DCE&EDOF
Director of People and Organisational Development	DP&OD
Executive Director of Quality, Nursing and Allied Health Professionals	DQN&ANP
Executive Director of Public Health Services/Medical Director	DPHS&MD

IechydCyhoeddus Cymru / Public Health Wales — GIG CYMRU NHS WALES

Remuneration and Terms of Service Committee v0.7		Quarter 1	Quarter 2	Quarter 3	Quarter 4	
	Exec Lead	31 May (meeting postponed)	June - date TBC	4-Dec	14-Mar	Committee Notes
Objectives for Non-Executive Directors, Executive Directors and members of the Executive Team, to include the performance management system for these employees and their performance assessment.	Chair & CE	x (directors)	x (directors and non-executive directors)			Directors deferred from May as meeting postponed. To be considered in June - Date to be confirmed
Proposals regarding termination arrangements, including Voluntary Early Release Scheme	Relevant Exec Lead	As required	As required	As required	As required	
Remuneration and Terms of Service of the Chief Executive, Executive Directors and members of the executive team together with Very Senior Managers and those not covered under Agenda for Change or Medical and Dental Terms and Conditions	CE	As required	As required	As required	As required	
Policy	Exec Lead	31-May	TBC	4-Dec	14-Mar	Committee Notes
Documents to be scheduled as appropriate	DP&OD	As required	As required	As required	As required	
Committee Governance	Exec Lead	31-May	TBC	4-Dec	14-Mar	Committee Notes
Remuneration and Terms of Service Committee Annual Report	BS&HCG				x	
Annual Review of Committee Effectiveness	BS&HCG		x		x	Note: as this was not undertaken during 2017/18 it will be undertaken at the beginning and end of 2018/19 and will follow in March in subsequent years.

Legend

Board Secretary and Head of Corporate Governance	BS&HCG
Chief Executive	CE
Deputy Chief Executive and Executive Director of Operations and Finance	DCE&EDOF
Executive Director of Health and Wellbeing	DHW
Director of People and Organisational Development	DP&OD
Executive Director of Public Health Services/Medical Director	DPHS&MD
Director of Policy, Research and International Development	DPR&ID
Director of NHS Quality Improvement and Patient Safety	DQI&PS
Executive Director of Quality, Nursing and Allied Health Professionals	DQN&AHP
Non-Executive Directors	NEDs

Public Health Wales Decision Making Framework	
Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Approval/Scrutiny route:	Considered at Board Development Sessions in February and April 2018 Business Executive Team meeting – 21 May 2018

Purpose

The purpose of this report is to present to the Board a proposed Decision Making Framework (the Framework) for consideration and approval.

The aim of the Framework is provide guidance to those developing decision making proposals and to inform the Board of the wide range of "evidence" that should be considered when receiving a decision for approval.

Recommendation:

APPROVE ☒	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐

The Board is asked to:

- **Consider** and **approve** the Public Health Wales Decision Making Framework
- **Note** the arrangements for developing the underpinning guidance
- **Note** the arrangements for introducing the Framework within the organisation, and
- **Note** that the implementation of the Framework will be reviewed during the first six months of implementation.

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report. However, adoption of the Decision Making Framework will help to ensure that the organisation has a more robust approach to decision making and the consideration of Equality and Health Impact Assessments.
Risk and Assurance	The proposal suggests a Decision Making Framework for Public Health Wales. Adoption of the Decision Making Framework will help to ensure that the organisation has a more robust approach to decision making and the consideration risk.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	There are no financial implications as a result of approval of this report.
People implications	There are no people implications as a result of approval of this report.

1. Purpose / situation

The purpose of this report is to present to the Board a proposed Decision Making Framework (the Framework) for consideration and approval.

The aim of the Framework is provide guidance to those developing decision making proposals and to inform the Board of the wide range of "evidence" that should be considered when receiving a decision for approval.

2. Background

The Board and the wider organisation must be able to demonstrate a robust decision making process including how it has arrived at the decisions it makes. Evidence underpinning decisions is likely to be extensive and may require interpretation of information by one of the many professionals who make up the organisation before it reaches the "decision maker". The Public Health Wales Standing Orders and Reservation and Delegation of Powers, supported by the detailed Scheme of Delegation clarify where the authority lays for decision making.

The organisation is bound by a wide range of statutory requirements, Welsh Government circulars/frameworks, codes of practice etc. In governance terms this is known as "hard governance". In addition to this there is also "soft governance" which refers to an organisations values and behaviours, style, staff, resources, available evidence etc. A robust Decision Making Framework will take account of both "hard" and "soft" governance components.

3. Description/Assessment

The Decision Making Framework (Framework) has been developed in collaboration with the Executive Team and Board through the Board Development Sessions.

The overarching Framework, as shown in Appendix 1, will be supported by sources of information and guidance that sit behind the Framework. In some cases, the supporting information is currently available and this will be linked to the various elements of the Framework, for example:

- Evidence - see Appendix 2
- Five Ways of Working – see Appendix 3
- Impact assessments – see Appendix 4.

Work is already underway to develop other areas of supporting information with assistance from specialists within Public Health Wales. Some areas will require further discussion with the full Board, for example, ethical considerations. All

areas will be finalised or a clear indication will be provided of next steps by the next formal meeting of the Board.

The spirit of the Framework is to act as a guide and not a "tick-box" approach. It will further support the Board to prioritise decisions for significant pieces of work that may have implications for existing work, new work and/or the alignment of resources. It will be for the sponsoring Executive Director to confirm that the information provided is of sufficient breadth and depth to sufficiently inform the proposed decision.

The intention is to initially use the Framework to inform decisions required of the Senior Leadership Team, Executive Team and Board. It will be distributed via the Directorate Management Teams to guide the wider organisation when proposals are being developed.

A review will be undertaken during the first six months which will consider the progress of decisions through the organisation to the point where the decision is made. The findings will be shared with the Board and will inform the further refinement of the Framework.

3.1 Well-being of Future Generations (Wales) Act 2015

The development of the Framework has taken into account the five ways of working and the required actions to ensure that the Board discharge their responsibilities. The introduction of the Framework will further embed the five ways of working within the organisation.

4. Recommendation

The Board is asked to:

- **Consider** and **approve** the Public Health Wales Decision Making Framework
- **Note** the arrangements for developing the underpinning guidance
- **Note** the arrangements for introducing the Framework within the organisation, and
- **Note** that the implementation of the Framework will be reviewed during the first six months of implementation.

Appendix 1 [1]

Public Health Wales Decision Making Framework
Draft v2.10

Purpose
- Is it consistent with the purpose, "Working to achieve a healthier future for Wales"?

Strategic Priorities
- Which strategic priority(s) does it relate to?
- Is it consistent with the risk appetite for that priority?

If the proposal is not consistent with the purpose or strategic priorities
- Why is the proposal being put forward for consideration?

Options proposed (option appraisal)
- Are the options clearly defined, with any recurrent implications outlined?
- What are the risks and benefits for each option?
- Have the potential unintended consequences been considered for each of the options?

Presenting the case
- What evidence supports the case and will it maximise health gain?
- What were the findings of the impact assessments?
- How does it demonstrate the Well-being of Future Generations five ways of working?
- What are the resource implications?
- What is the return on investment, if known and have the opportunity costs been considered?
- What are the ethical considerations?
- What is the process for implementation?
- How will it be evaluated?

Post decision considerations
- Are the next steps to progress the decision clear?
- How will all relevant parties be communicated to and engaged with?
- If the decision is not approved, what, if any, actions may be required and by whom?

Recommendations
- Of the options outlined, what is the preferred option and recommendation for the Board?

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[1] Links highlighted in grey are to be developed

Appendix 2 – Evidence link http://howis.wales.nhs.uk/sitesplus/888/page/72960

Knowledge mobilisation is concerned with how knowledge (e.g. arising from research evidence, analytical reports, evaluation, experience) is used within an organisation. Knowledge mobilisation can be characterised in the following way:

Note: For an explanation of all the elements in the above diagram please see our Glossary.

A strategy for Knowledge Mobilisation was agreed by the board at the end of 2015.

"*The vision of this Knowledge Mobilisation Strategy is that Public Health Wales becomes a leader in knowledge mobilisation, innovation and evaluation and that knowledge informs every aspect of what we do.*"

Appendix 3 – Wellbeing of Future Generations (Wales) Act 2015 link

http://howis.wales.nhs.uk/sitesplus/888/page/70161

Well-being of Future Generations (Wales) Act 2015: Introduction & Goals

For a Happier, Healthier, Fairer and Sustainable Wales

Introduction

The Well-being of Future Generations Act aims to improve our social, economic, environmental and cultural wellbeing.

Public Health Wales and other public bodies, including Natural Resources Wales, local health boards and local authorities, must work better with people and communities and each other, think more about the long-term, look to prevent problems and take a more joined-up approach.

This will help us to create a Wales that we all want to live in, now and in the future.

Well-being Goals

The Act is the first legislation in the world to link with the United Nations' Sustainable Development Goals by putting in place seven wellbeing goals for Wales to make sure we are all working towards the same vision.

The seven well-being goals ('the goals') show the kind of Wales we want to see. Together they provide a shared vision for the public bodies listed in the Act to work towards.

Appendix 4 – Impact Assessments

Practical Guide to Health Impact Assessment
https://whiasu.publichealthnetwork.cymru/files/7714/9555/1126/Whiasu_Guidance_Report_English_V2_WEB.pdf

Public Health Wales Equality and Health Impact Assessment
http://nww2.nphs.wales.nhs.uk:8080/PHWPoliciesDocs.nsf/($All)/31565AD582D9FB19802581BD004B9240/$File/PHW%20Equality%20and%20Health%20Impact%20Assessment%20Template.doc?OpenElement

Equality & Health Impact Assessment for

XXX Policy/Procedure

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Corporate Directorate and title of lead member of staff, including contact details	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	

	Name of Meeting
	Board
	Date of Meeting
	31 May 2018
	Agenda item:
	9.6

Ratification of Chair's Action and Affixing of the Common Seal

Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Cathie Steele, Deputy Board Secretary

Approval/Scrutiny route:	Not applicable

Purpose
This report details Chair's Action taken, if any, on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.
No Chair's Action has been take since that reported to the Board in January 2018 and one document has been sealed within the period.

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	Note ☒
The Board is asked to: • **Note** the affixing of the common seal to one document.				

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report.
Risk and Assurance	In line with the Standing Orders an assurance report should be provided to the Board detailing the affixing of the common seal. The report also provides assurance that when Chair's action is taken it is taken in line with the Standing Orders.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	There are no financial implications as a result of approval of this report.
People implications	There are no people implications as a result of approval of this report.

1. Purpose / situation

This report details Chair's Action taken, if any, on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.

2. Background

2.1 Chair's Action
In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is no practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with matters on behalf of the board – after first consulting with at least two other Non-Executive Directors.

2.2 Affixing of the Common Seal

In accordance with Section 8 of the Standing Orders, the Public Health Wales NHS Trust Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive, and is witnessed by the Board Secretary and Head of Corporate Governance.

3. Description/Assessment

3.1 Chair's Action

The Chair has not taken any Chair's Action since the last report to the Board on 25 January 2018.

3.2 Affixing of the Common Seal

The Public Health Wales NHS Trust Common Seal has been applied to one new document in accordance with legal requirements. The sealing of this document has been recorded in the Register of Sealing.

The entry was signed by the Chair and the Chief Executive, and was witnessed by the Board Secretary and Head of Corporate Governance. The details are as follows:

Register No.	Description of document sealed
01/2018	Collaboration Agreement in relation to the provision of the Wales Interpretation and Translation Services (WITS)

4. Recommendation

The Board is asked to:

- **Note** the affixing of the common seal to one document.

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		9.7

Minutes of Committees of the Board

Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Cathie Steele, Deputy Board Secretary

Approval/Scrutiny route:	Minutes are approved by the respective Committee

Purpose

The purpose of this report is to present to the Board approved minutes of the Board's Committees (with the exception of the Remuneration and Terms of Service Committee). The Board is asked to consider the approved minutes as set out below.

The Chair of the Board Committee will verbally raise matters for escalation or urgent consideration by the Board.

Where a Committee has met but has not had the opportunity to provide approved minutes, the Chair will inform the Board of any matters that require their attention in advance of receiving the minutes.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☐

The Board is asked to:
- **Consider** the minutes of the Audit and Corporate Governance Committee meeting of 13 March 2018.
- **Consider** the minutes of the People and Organisational Development Committee meeting of 18 January 2018.
- **Consider** the minutes of the Quality, Safety and Improvement Committee meeting of 27 February 2018.
- **Note** and **Consider** oral updates provided by the Committee Chairs (if required)

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report.
Risk and Assurance	The Board Committees provide assurance to the Board on matters relevant to their specific Terms of Reference.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	There are no financial implications as a result of approval of this report.
People implications	There are no people implications as a result of approval of this report.

1. Purpose / situation

The purpose of this report is to present to the Board approved minutes of the Board's Committees (with the exception of the Remuneration and Terms of Service Committee). The Board is asked to consider the approved minutes as set out below.

The Chair of the Board Committee will verbally raise matters for escalation or urgent consideration by the Board.

Where a Committee has met but has not had the opportunity to provide approved minutes, the Chair will inform the Board of any matters that require their attention in advance of receiving the minutes.

2. Background

The Board will be aware that our Committees have been established under Public Health Wales' Standing Orders. The Committees of the Board are:

- Audit and Corporate Governance
- People and Organisational Development
- Quality, Safety and Improvement
- Remuneration and Terms of Service[1]

3. Description/Assessment

3.1 Audit and Corporate Governance Committee

The Board is asked to **receive** and **consider** the confirmed minutes of the meeting held on 13 March 2018, which are included as **Agenda Item 9.8.a**

The Committee also met on the 2 May 2018 where the Committee received a progress update on delivery of the agreed management response to the Wales Audit Office Review of 'Collaborative Arrangements for Managing Local Public Health Resources'.

The Committee is also scheduled to meet on the 30 May 2018 where the Committee will consider the Accountability Report and the Annual Financial Statement and Accounts for 2017-18.

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[1] The minutes of this Committee are not included in this report as the Board formally receives these minutes and ratifies any decisions made when meeting in private.

3.2   People and Organisational Development Committee

The Board is asked to **receive** and **consider** the confirmed minutes of the meetings held on 18 January 2018, which are included as **Agenda Item 9.8.b**.

A meeting of the Committee also took place on the 24 April 2018.

3.3   Quality, Safety and Improvement Committee

The Board is asked to **receive** and **consider** the confirmed minutes of the meeting held on 27 February 2018, which are included as **Agenda Item 9.8.c**.

A meeting of the Committee also took place on the 10 April 2018.

4. Recommendation

This report has presented to the Board approved minutes of the Board's Committees (with the exception of the Remuneration and Terms of Service Committee).

The Board is asked to:

- **Consider** the minutes of the Audit and Corporate Governance Committee meeting of 13 March 2018.
- **Consider** the minutes of the People and Organisational Development Committee meeting of 18 January 2018.
- **Consider** the minutes of the Quality, Safety and Improvement Committee meeting of 27 February 2018.
- **Note** and **Consider** oral updates provided by the Committee Chairs (if required)

Confirmed Minutes of the Public Health Wales
Audit and Corporate Governance Committee Meeting
13 March 2018, 14:00 to 15:50
Venue: Room 3/7, No 2 Capital Quarter, Tyndall Street, Cardiff

Present

Judi Rhys	(JR)	Acting Committee Chair and Non-Executive Director
Terry Rose	(TR)	Non-Executive Director

In Attendance:

Sian Bolton	(SB)	Acting Executive Director of Quality, Nursing and Allied Health Professionals
Tracey Cooper	(TC)	Chief Executive
Paul Dalton	(PD)	Head of Internal Audit, NHS Wales Shared Services Partnership – Audit and Assurance Services
Eleri Davies (for item 6)	(ED)	Assistant Medical Director for Job Planning and Medical Engagement
Mark Dickinson (for item 8e)	(MD)	Director, Business Unit, NHS Wales Health Collaborative (part of meeting)
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Michelle Hurley-Tyers (via telephone for item 9)	(MHT)	Assistant Director of People (part of meeting)
Sarah Morgan (for item 9)	(SM)	Diversity and Inclusion Manager (part of meeting)
Martyn Pennell	(MP)	Head of Financial Services and Control
Andrew Richardson	(AR)	Corporate Governance Manager
Emma Samways	(ES)	Deputy Head of Internal Audit, NHS Wales Shared Services Partnership – Audit and Assurance Services
Kevin Seward	(KS)	Principal Auditor - Information Management and Technology Specialist, NHS Wales Shared Services Partnership – Audit and Assurance Services
Gabrielle Smith	(GS)	Performance Audit Lead, Wales Audit Office
Paula Walters (for item 8)	(PW)	Deputy Programme Manager, Strategy and Planning (part of meeting)
Melanie Westlake	(MW)	Board Secretary and Head of Corporate Governance
Stephanie Wilkins	(SW)	Representative from Staff Partnership Forum

| Anthony Veale | (AV) | Director, Financial Audit, Wales Audit Office (External Audit) |

Secretariat:

| Claire E Morgan | (CEM) | Corporate Governance Officer |

Apologies:

Jason Blewitt	(JB)	Financial Audit Manager, Wales Audit Office (External Audit)
Kate Eden	(KE)	Committee Chair and Non-Executive Director
Angela Fisher	(AF)	Deputy Director of Finance
Jayne Gibbon	(JG)	Internal Audit Manager, NHS Wales Shared Services Partnership – Audit and Assurance Services
Craig Greenstock	(CG)	Counter Fraud Manager, Cardiff and Vale University Health Board (part of meeting)
Claire Lewis	(CL)	Representative from Staff Partnership Forum

| **ACGC 1/2018** | **Welcome and Apologies for Absence** |

The Chair opened the meeting and welcomed all present.

Michelle Hurley-Tyers (MHT) joined the committee meeting via conference call.

Eleri Davies (ED) attended part of the meeting for Quentin Sandifer, Executive Director of Public Health Services/Medical Director, for the External Audit Action Log - NHS Consultant Contract Update (**9/2018**).

Michelle Hurley-Tyers (MHT) and Sarah Morgan (SM) attended part of the meeting for the Internal Audit Action Log (**11/2018**).

Mark Dickinson (MD) attended part of the meeting for the Clinical Networks Governance Internal Audit Report (**10/2018.2**).

The Chair **received** apologies from Jason Blewitt, Financial Audit Officer, Wales Audit Office; Kate Eden, Committee Chair and Non-Executive Director; Angela Fisher, Deputy Director of Finance; Jayne Gibbon, Internal Audit Manager, NHS Wales Shared Services Partnership (Audit and Assurance Services); Craig Greenstock, Counter Fraud Manager, Cardiff and Vale University Health Board; and Claire Lewis, Representative from the Staff Partnership Forum.

| **ACGC 2/2018** | **Declarations of Interest** |

There were no declarations of interest.

| **ACGC 3/2018** | **Minutes and Actions** |

3/2018.a   Approval of Minutes of the meeting of 12 December 2017

The Committee **approved** the minutes of the meeting held on 12 December 2017 (ref 3a.ACGC.130318) as an accurate record of the meeting.

3/2018.b   Action Log

The Committee **noted** the action log (ref 3b.ACGC.130318) and received the following updates:

Action 98/2017 Single Tender Action (LHW/HEALTH-COLLAB/STA/008)
Huw George (HG), Deputy Chief Executive/Executive Director of Operations and Finance, advised the Committee that clarification was being sought with the Committee Chair as to the nature of the query in relation to a Single Tender Action (STA) outside of the meeting. An update would be provided to the Committee at the next meeting in May 2018.
Action: HG

The Committee **noted** the actions provided and **approved** the closure of the completed actions.

3/2018.c   Matters Arising
ACGC 93/2017 Emergency Planning and Business Continuity Arrangements Update
HG advised the Committee that business continuity arrangements had worked well during the recent snowfall at the beginning of March 2018, which had an impact on the ability of staff to attend work. The Committee noted that an exercise on lessons learned would be undertaken.

ACGC 4/2018   External Audit Progress Report

The Committee **received** the External Audit Progress Report (ref 5a.ACGC.130318) from Gabrielle Smith (GS) Performance Audit Lead, Wales Audit Office.

The Committee **noted** that:

- Exhibit 1 (page 4 and 5) provided the details and the status of ongoing financial and performance audit work.
- Exhibit 2 (page 6) listed the NHS-related national studies that might be of relevance to Public Health Wales.

Terry Rose (TR) requested access to the series of podcasts, which the Wales Audit Office had developed, to share the learning from the Early Learning and Public Behaviour Change events. Gabrielle Smith (GS) advised TR that links to the podcasts are in the progress report.

ACGC 5/2018   Structured Assessment 2017

The Committee **received** the Structured Assessment 2017 report (ref 5b.ACGC.130318) from Gabrielle Smith (GS) Performance Audit Lead, Wales Audit Office.

TR requested clarification as to why there had been a ten-month delay in reviewing data matches identified by the National Fraud Initiative (NFI), a biennial data-matching exercise that helps detect fraud and overpayments.

HG advised the Committee that handover/responsibility issues had led to the delay but that these issues had been addressed and that Public Health Wales was working to make effective use of the NFI.

TR also enquired about the success or otherwise of reinvestment plans funded through the efficiency savings. HG advised that the monies involved were small amounts and had been used to fill gaps in capacity or to develop services, such as the Health and Sustainability Hub.

The Committee agreed that further information (tables) regarding organisational investments from efficiency savings would be provided to the Committee outside the meeting.
Action: HG

ACGC 6/2018	**Annual Audit Report 2017**

The Committee **received** the Annual Audit Report 2017 (ref 5c.ACGC.130318) from Gabrielle Smith (GS) Performance Audit Lead, Wales Audit Office.

The Committee **noted:**
- The report consolidated the work undertaken in 2017, which related to financial accounts and performance audits.
- An action plan would be implemented by Public Health Wales, to review and respond to the National Fraud Initiative data matches.
- A 'deep dive' would be undertaken on the performance monitoring and reporting of the quality improvement programmes.
- New strategies were being developed and would be linked with the Key Performance Indicators, which would be monitored through the Board.

ACGC 7/2018	**2018 Audit Plan**

The Committee **received** the 2018 Audit Plan (ref 5d.ACGC.130318) from Anthony Veale (AV), Director - Financial Audit, Wales Audit Office.

The report outlined the timetable of audit work for 2018, which focussed on two areas: the financial accounts and performance audit.

The Committee **noted** that the approach to the Structured Assessment would involve deep dives into certain elements of work, which would give the audit more breadth and depth.

Paula Walters and Eleri Davies joined the meeting (14:23)

ACGC 8/2018	**Wales Audit Office report on the Collaborative Arrangements for managing Local Public Health Resources: Progress Update on Actions within the management response**

The Committee **received** the progress update on the actions within the management response to the Wales Audit Office Report on the Collaborative Arrangements for Managing Local Public Health Resources (ref 7.ACGC.130318).

HG introduced the report to the Committee and highlighted the programme management/governance arrangements in place.

Paula Walters (PW), Deputy Programme Manager, Strategy and Planning, advised the Committee on the future focus of the projects leads and close-down arrangements. A final report would be prepared in May 2018 which would include information on activities, outcomes, and decision making processes.

TR queried whether the Non-Executive Directors would be involved in any decisions being made as part of the management response to the review. HG responded that the majority of the actions were managed at operational/executive level. The Committee **agreed** that HG and PW would review the delivery plan and determine whether further Board-level involvement was required, outside of the agreed assurance reporting arrangements.
Action: HG/PW

Anthony Veale (AV), Director of Financial Audit, Wales Audit Office, advised the Committee that the Auditor General would also monitor progress.

Paula Walters left the meeting and Mark Dickinson joined the meeting (14:33)

ACGC 9/2018   External Audit Action Log

The Committee **received** and **approved** the External Audit Action Log (ref. 6.ACGC.121217).

Eleri Davies (ED), Assistant Medical Director for Job Planning and Medical Engagement, provided the Committee with the rationale behind the requests for revised implementation dates for actions regarding the NHS Consultant Contract follow-up review.

The Committee **noted**:

- The primary reason for the delay in taking the work forward was due to the wait for ED to commence in post.
- Good progress had been made on the actions identified in response to the audit, which were being collectively considered as part of a wider job planning framework.
- The framework would be developed and taken through the Joint Medical and Dental Negotiating Committee for final ratification.
- Over 80% of consultants had job plans in place.

ED advised the Committee that the requested revised implementation dates for all of the actions could be amalgamated and delivered through a revised job planning framework to be fully in place by April 2019.

The Committee **agreed** that a revised proposal regarding action plan and milestones would be submitted to the Committee for consideration.
Action: ED

The Committee **approved** the request for revised implementation dates, subject to the amendments to the revised implementation dates for the action plan.

ACGC 10/2018   Internal Audit

10/2018.1   Internal Audit Progress Report

The Committee **received** the Internal Audit Progress Report (ref 8a.ACGC.130318).

The Committee **noted**:

- Appendix A, Table 1 listed the progress and status of the 2017/18 audit work programme.
- The draft Training and Staff Development report had received a reasonable assurance rating.

10/2018.2   Clinical Networks Governance Report 2017-18

The Committee **received** the Clinical Networks Governance 2017/18 Report (ref 8e.ACGC.130318).

The Committee **noted** that the report received a "limited assurance" rating with six recommendations, four high, and two medium priority. The recommendations would be added to the Internal Audit Action Log.

Mark Dickinson (MD), Director, Business Unit, NHS Wales Health Collaborative ("the Collaborative"), advised the Committee that the management response to the recommendations had been reviewed by Rosemary Fletcher, the new Director of the Collaborative; and were supported by the new clinical and risk management compliance systems. MD confirmed that the arrangements detailed in the management responses applied to the Collaborative as a whole, not only the clinical networks.

The Committee **noted** that the general management of the Collaborative was scrutinised by the Collaborative Executive Group. The Committee agreed that the internal audit report should be shared with the Executive Group and that any feedback should be fed back to the Committee.
Action: MD

Mark Dickinson left the meeting (15:02)
Sarah Morgan joined the meeting (15:04)

10/2018.3   Raising Concerns Report 2017-18

The Committee **received** the Raising Concerns 2017/18 Report (ref 8c.ACGC.130318).

The Committee **noted** that the report received a "limited assurance" rating with five recommendations, four high and one medium priority. The recommendations would be added to the Internal Audit Action Log.

MW advised the Committee that a number of senior staff had enrolled on a Public Concern at Work (PCaW) whistleblowing training course and a central register of concerns was in place. Guidance notes to support the Procedure for NHS Staff to Raise Concerns were also in development.

10/2018.4   Cyber Security Report 2017-18

The Committee **received** the Cyber Security 2017/18 Report (ref 8d.ACGC.130318).

The Committee **noted** that the report received a "limited assurance" rating with eight recommendations, four high, three medium, and one low priority. The recommendations would be added to the Internal Audit Action Log.

The Committee raised their concerns over the required level of resources required to address the audit recommendations. HG reported to the Committee that resources were being reviewed and the Head of Informatics produced a weekly cyber security update, which included information on the organisation's patch management system.

The Committee also queried whether Internal Audit had undertaken an audit of NHS Wales Informatics Service's (NWIS) cyber security arrangements. Paul Dalton (PD), Head of Internal Audit, advised the Committee that an audit had not been undertaken.

GS advised the Committee that, as part of developing the Structured Assessment for 2018, Wales Audit Office was considering how it might build in a review of NWIS' cyber security arrangements for the infrastructure it supports on behalf of NHS Wales organisations.

10/2018.5   Welsh Risk Pool Claims Reimbursement Report 2017-18

The Committee **received** the Welsh Risk Pool Claims Reimbursement 2017/18 Report (ref 8f.ACGC.130318).

The Committee **noted** that the report received a "substantial assurance" rating with no recommendations.

10/2018.6   Internal Audit Plan 2018-19

The Committee **received** the Internal Audit Plan 2018-19 (ref 8b.ACGC.130318).

The Committee **noted**:

   - Page 10 listed the resource needs assessment for the 2018-19 audit plan.
   - The Internal Audit Plan, which set out the schedule of audit work for 2017/18 (Appendix A).
   - Key Performance Indicators (Appendix B).
   - The Internal Audit Charter (Appendix C).

The Committee:

- **Approved** the Internal Audit Plan for 2018/19
- **Approved** the Internal Audit Charter.
- **Noted** the associated Internal Audit resource requirements and Key Performance Indicators.

ACGC 11/2018   Internal Audit Action Log

The Committee **received** and **approved** the Internal Audit Action Log (ref 9.ACGC.1303187).

Updates and rationales for each revised implementation date were given:

Action 218 – Policy and Procedure Management 2016/17
The Committee **agreed** that the implementation date would be amended from December 2017 to June 2018.

Action 228 – Workforce Management 2016/17
The Committee **agreed** that the implementation date would be amended from October 2017 to May 2018.

Action 236 – Regulatory Compliance – Welsh Language Review 2016/17
The Committee **agreed** that the implementation date would be amended from March 2018 to June 2018.

Action 250, 251 and 252 – Procurement Review 2017/18
The Committee **agreed** that the implementation date would be amended from January 2018 to May 2018.

Action 258 – Diabetic Eye Screening Wales Review 2017/18
The Committee were unable to consider the request for a revised implementation date due to technical issues whereby the Acting Director of Screening Division, Sharon Hillier, was unable to present the request.

Post-meeting note: The Committee **agreed** that the implementation date would be amended from February 2018 to March 2018.

The Committee **noted** the updates provided and **approved** the closure of the following actions:

- Action 247, 248 – Estates Compliance Review 2016/17
- Action 249 – Procurement Review 2017/18
- Action 260,262 – Diabetic Eye Screening Wales Review 2017/18

The Committee discussed and **agreed** that audit action implementation dates would need to be realistic and achievable; although it was acknowledged that mitigating circumstances could have an impact on meeting those dates.

Sarah Morgan and Michelle Hurley-Tyers left the meeting (15:32)

| **ACGC 12/2018** | **Counter Fraud Progress Report** |

The Committee **received** the Counter Fraud Progress Report (ref 10.ACGC.130318).

HG presented a verbal update to the Committee on the two current counter fraud cases.

| **ACGC 13/2018** | **Audit and Corporate Governance Corporate Risk Register** |

The Committee **received** the extract from the Corporate Risk Register, which included those risks assigned to the Committee (ref 11.ACGC.130318).

| **ACGC 14/2018** | **Board Assurance Framework** |

The Committee **received** the extract from the Board Assurance Framework (BAF) (ref 12.ACGC.130318).

| **ACGC 15/2018** | **Risk Management Procedure** |

The Committee **received** and **approved** the revisions to the Risk Management Procedure (ref 13.ACGC.130318) in accordance with the Public Health Wales Publication Scheme.

| **ACGC 16/2018** | **Review of the Welsh Government NHS Research and Development Finance Policy Template** |

The Committee **received** a review of the Welsh Government NHS Research and Development Finance Policy Template (ref 14.ACGC.130318).

Due to a delay in the paper being circulated, TR requested further time to review the policy template outside the meeting prior to its approval.

Post-meeting note: Following TR's confirmation, the Committee:
- **noted** the proposed changes to the policy template; and
- **formally adopted** the NHS Research and Development Finance policy subject to the amendments in the template.

| **ACGC 17/2018** | **Procurement Activity Report** |

The Committee **received** the Procurement Activity Report (ref. 15.ACGC.130318).

HG advised the Committee that he had approved each Single Tender Action (STA).

The Committee:

- **considered** the report; and
- **confirmed** their agreement with the responses and action regarding the areas of potential non-compliance.

ACGC 18/2018   Items for noting

The Committee **noted** two items as follows:

- Losses and Special Payments Report (ref. 16a.ACGC.130318)
- Financial Statements and Accountability Report Timetable 2017/18 (ref. 16b.ACGC.130318).

ACGC 19/2018   Publication of Papers

The Committee **approved** the publication of all papers with immediate effect, with the exception of:

- The **Procurement Report** (item ACGC 17/2018).
- The **Internal Audit Cyber Security Report** (item ACGC 10/2018.4)

The Committee agreed that the two reports would not be published due to the inclusion of sensitive information.

ACGC 20/2018   Any Other Items of Urgent Business

There was no other urgent business.

Date of the Next Meeting:

2 May 2018 (Room 3/2, Public Health Wales, No 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ)

The meeting closed at 15:50

**Confirmed Minutes of the People and
Organisational Development Committee
18 January 2018, 14:00 – 16:30
Room 3/2 (Boardroom), 2 Capital Quarter, Tyndall Street, Cardiff**

Present:

Terence Rose	(TR)	Non-Executive Director and Committee Chair
Shantini Paranjothy	(SP)	Non-Executive Director
Judi Rhys	(JR)	Non-Executive Director

In Attendance:

Sumina Azam	(SA)	Consultant in Public Health, Policy, Research and International Development
Rhiannon Beaumont-Wood	(RBW)	Executive Director of Quality, Nursing and Allied Health Professionals
Phil Bushby	(PB)	Director of People and Organisational Development
Suzanne David	(SD)	Finance Manager/Business Partner (for item PODC 04/2018)
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Elizabeth Hall	(EH)	Business Support Manager (for item PODC 04/2018)
Susan Harris	(SH)	Advanced Specialist Analyst Programmer (for item PODC 04/2018)
Michelle Hurley-Tyers	(MHT)	Assistant Director of People
Ruth Maddern	(RM)	Finance Manager (for item PODC 04/2018)
Sarah Morgan	(SM)	Diversity and Inclusion Manager (for items PODC 05/2018 and PODC 06/2018)
Michael O'Connor	(MOC)	Web Editor (for item PODC 04/2018)
Mark Parsons	(MP)	Head of Estates and Health and Safety (for item PODC 11/2018)

Jane Rees	(JR)	Staff Health and Wellbeing Manager (for item PODC 10/2018)
Roger Richards	(RR)	Representative from Staff Partnership Forum
Catherine Thomas	(CT)	Facilities Manager (for item PODC 04/2018)
Melanie Westlake	(MW)	Board Secretary and Head of Corporate Governance
Tim Williams	(TW)	Assistant Director of Organisational Development
Stephanie Wilkins	(SW)	Representative from Staff Partnership Forum

Secretariat:

| Cathie Steele | (CS) | Deputy Board Secretary |

Apologies:

Mark Bellis	(MB)	Director of Policy Research and Development
Andrew Jones	(AJ)	Deputy Director of Public Health Services
Quentin Sandifer	(QS)	Executive Director of Public Health Services/Medical Director

PODC 01/2018   Welcome, introductions and apologies for absence

Terence Rose (TR), Non-Executive Director and Chair of the People and Organisational Development Committee opened the meeting and welcomed all present to the meeting.

The Committee **noted** that Sumina Azam (SA) was in attendance on behalf of Mark Bellis, Director of Policy, Research and International Development.

The Committee **received** apologies from Mark Bellis, Director of Policy, Research and International Development, Andrew Jones, Deputy Director of Public Health Services, and Quentin Sandifer, Executive Director of Public Health/Medical Director.

PODC 02/2018   Declarations of interest

There were no declarations of interest.

PODC 03/2018	**Minutes from the previous meeting and matters arising**

PODC 03.1/2018 Minutes from People and Organisational Development Committee meeting: 19 October 2017

The minutes of the meeting held on 19 October 2017 (ref 3a.PODC.180118) were **approved** as an accurate account of the meeting subject to the following:

PODC 40/2017 "Lived Experience" Staff Story
The Committee **agreed** that the sentence ""A day in the life of" stories would be introduced from November *2018*" be amended to ""A day in the life of" stories would be introduced from November *2017*."
Action: CS

PODC 41/2017 Time to Change Wales update
The Committee **agreed** that the sentence "Public Health Wales had previously agreed to participate in the initiative and would sign the pledge in December *2018*" be amended to "Public Health Wales had previously agreed to participate in the initiative and would sign the pledge in December *2017*."
Action: CS

The Committee **agreed** that Phil Bushby (PB), Director of People and Organisational Development, would confirm the date the pledge had been formally signed.
Action: PB

PODC 44/2017 Occupational Health Progress update
The Committee **agreed** that the sentence "He noted that Service Level Agreements had been signed with each of the Local Health Boards providing occupational health provision for the *Local Public Health Teams*" be amended to "He noted that Service Level Agreements had been signed with each of the Local Health Boards providing occupational health provision for the *Microbiology Teams*."
Action: CS

PODC 50/2017 Engagement
The Committee **agreed** that the sentence "Values awareness poster campaign would be launched in November *2018*" be amended to "Values awareness poster campaign would be launched in November *2017*."
Action: CS

PODC 03.2/2018 Committee Action Log

The Chair presented the action log (ref 3b.PODC.180118) to the Committee. The following updates were provided:

44/2017 - 19 October 2017 Occupational Health
The Committee **received** an update from PB. PB reported that the Business Executive Team, at its recent meeting, had received a paper on this item and had agreed to the development of a specification for tender. Michelle Hurley-Tyers (MHT), Assistant Director of People, reported that nominations for staff side representation in the planned consultation/engagement process had been sought. She also advised that engagement with the development of the specification would be discussed at the forthcoming Local Partnership Forum meeting.

The Committee **noted** that, once the standard of the Occupational Health Service required for Public Health Wales had been identified, the tendering process may include seeking tenders from private providers. Huw George (HG), Deputy Chief Executive and Executive Director of Finance and Operations, noted that he would be discussing the appetite for private provision for the service with Welsh Government colleagues.

Staff Story/20.7.17 Violence against women, sexual abuse
Rhiannon Beaumont-Wood (RBW), Director of Quality, Nursing and Allied Health Professions, reported that she had not received any further information on the training provision required. A further detailed pilot was underway. RBW **agreed** to follow this action up outside of the meeting.
Action: RBW

RBW reported that she had signed, on behalf of Public Health Wales, the Memorandum of Understanding for the Live Fear Free Helpline. She would seek clarification regarding the status of the signatories from the other agencies.

The Committee **agreed** that to extend the timeframe for this action and **agreed** to receive an update at the March Committee meeting.
Action: RBW

PODC 03.3/2018 Matters Arising

There were no matters arising.

Suzanne David, Elizabeth Hall, Susan Harris, Ruth Maddern, Michael O'Connor, and Catherine Thomas joined the meeting.

PODC 04/2018   Finance and Operational Services Directorate Update

TR welcomed Suzanne David, Elizabeth Hall, Susan Harris, Ruth Maddern, Michael O'Connor, and Catherine Thomas to the meeting. All were representatives of divisions within the Finance and Operational Services Directorate.

In introducing the item, HG reported that whilst the results of the NHS Wales staff survey undertaken in 2016 had been acceptable for his directorate there had been a significant number of responses in the middle categories. He noted that he had discussed with members of his Directorate the development of an action plan in response to the survey and it was agreed that a different approach be used. The Directorate had sought volunteers for a staff engagement group to identify their own approach to better engagement in response to the staff survey. HG reported that, in his six-month appraisal with Tracey Cooper, Chief Executive, he had highlighted his pride in the staff engagement work within the Directorate.

The Committee **received** a presentation on the work undertaken by the staff engagement group within the Finance and Operational Services Directorate from Elizabeth Hall (EH), Business Support Manager and Michael O'Connor (MOC), Web Editor.

In the presentation EH and MOC noted that:

- Consideration had been given to the group's understanding of what engagement was, and the areas of focus which would enhance this within the directorate;
- A short video which outlined the approach of the group had been produced and shared with all colleagues within the directorate;
- The areas of focus were then agreed to be addressed iteratively, the first two explored include: 'being connected' and 'recognition and appreciation'
- For each area of focus, a survey was developed and shared with all members of staff within the directorate. The representatives on the engagement group personally circulated the survey. The responses to the survey were reviewed and analysed. A snapshot of the survey responses was shared with the Committee;
- In response to the findings of the survey and feedback from colleagues, a new directorate-wide meeting had been established and a newsletter produced. The activities were continuing and next steps included:
  - Developing a newsletter which would share the latest survey results and outcomes with the Directorate;
  - Continuing to establish more social opportunities within and outside of work;
  - Promotion of "management through walking around" at the next Senior Management Team; and
  - Undertaking the next survey on "Being Productive"

TR thanked the team for their presentation. The Committee discussed the topic further, noting:

- The "bottom up" approach was a positive and valuable approach to use;
- The Directorate approach had been shared at the Service User and Engagement Group and the work was now at a stage where it could be shared further;
- The majority of members of staff within the Directorate were located in 2 Capital Quarter but this was not the same for all Directorates and different approaches may be needed where this was not the case. The differences that were considered to have improved the response rate in comparison to the response rate for the original staff survey were:
  - Personal contact rather than email notification;
  - A timely update was provided following the first survey to inform staff that views were listened to and action would be taken;
- The importance of the survey and action being owned by the team rather than the manager;
- There was consistently good attendance at the Directorate meeting. The meetings were scheduled for an hour only, and there was currently no focus on formal business, as the format is to introduce teams and make connections, though this may be reviewed going forward
- Issues that had been raised through these activities include; amongst others, reward schemes and addressing rudeness (from colleagues outside of the Directorate towards enabling functions). HG confirmed that he had discussed both of these issues with the Executive Team; and
- The approach used was iterative, as information on whether purposeful engagement had increased was often difficult to capture. Therefore, the group would continue to work in a nuanced approach in response to fact-finding activities. Feedback on the approach was positive.

The Committee thanked the representatives from the Finance and Operational Services Directorate for their interesting and informative presentation.

Suzanne David, Elizabeth Hall, Susan Harris, Ruth Maddern, Michael O'Connor, and Catherine Thomas left the meeting.

Sarah Morgan joined the meeting

PODC 05/2018   Annual Equality Report 2016/17

The Committee **received** the Annual Equality Report 2016/17 (ref 14.PODC.180118)

In presenting the report, Sarah Morgan (SM), Diversity and Inclusion Manager highlighted that the Executive Team had considered a previous iteration of the report and that she had made changes, as recommended, to the report.

She noted that, following approval, she would send the report to the designers and then for translation. The Committee **agreed** that they would provide comments to SM before 25 January 2018.
Action: all

Judi Rhys (JR), Non-Executive Director thanked SM for her hard work developing the report.

The Committee **approved** the Annual Equality Report for 2016/17 subject to any amendments received before 25 January 2018.

PODC 06/2018   Diversity and Inclusion update

The Committee **received** an update on Diversity and Inclusion (ref. 16.PODC.191017).

SM presented the report, noting that the paper provided an update on the organisational standards and the actions set out in the Strategic Equality Plan. She drew attention to key points within the report including:
- Diversity champions from each directorate meet on a monthly basis;
- A meeting was scheduled to review the accessibility action plan;
- The Equality and Health Impact Assessment form had been revised taking into account comments made following its introduction;
- The organisation's entry for the Stonewall Workforce Equality Index.
- Further work had been undertaken since the entry including introduction of an internal LGBT staff group and the development of a Transition Policy which would be presented to the Local Partnership Forum for consultation; and
- The receipt of diversity monitoring information from the Diabetic Eye Screening appointments. However, the information did not give the detail of the individuals not attending.

SM provided a verbal update regarding the organisations entry for the Stonewall Equality Index. The early indications were that the organisation had been marked as 338 out of 433.

The Committee **received assurance** and **noted** the progress made within the action plan.

PODC 07/2018   People Performance Dashboard: Exception Report

The Committee **received** the People Performance Dashboard exception report presented by Tim Williams (TW), Assistant Director of Organisational Development, on the People Performance Dashboard (ref. 6.PODC.180118).

In introducing the report, PB noted that the People and Organisational Dashboard had become part of the Integrated Performance Report, which the Executive Team and the Board considered. PB reported that the Board, at its meeting held on 30 November 2017, had requested that the People and Organisational Development Committee undertake in-depth reviews on two issues, long-term (aged) vacancies and gender diversity.

PODC 07.1/2018 Gender Diversity
PB reported that data had been gathered and analysed. The Business Executive Team would consider a report at the next meeting. It was **agreed** that the April 2018 People and Organisational Development Committee would receive a report on diversity and gender (following consideration by the Executive Team)
Action: PB

PODC 07.2/2018 Long-term (Aged) Vacancies
The Committee **agreed** to consider the Workforce Planning Assurance Report (ref 19.PODC.180118) under this agenda item.

In presenting the report, MHT noted that Internal Audit had undertaken two reviews in 2016. The first review received a limited assurance report. Assurance increased following the second review. She noted there were two actions that were outstanding.

MHT reported on the launch of a new workforce-planning toolkit within Public Health Wales in October 2017. MHT reported that a request had been made to Directorates to include fixed term posts and agency within their work force plans.

TW noted the significant improvements made to improve the understanding of the organisations' aged (long-term) vacancies. He shared with the Committee the potential reasons for long-term vacancies including the decision made to hold the vacancy and the inability to recruit due to shortages within a specific specialty field. TW drew the Committee's attention to and presented the information regarding vacancies within the report.
The Committee discussed the information provided and noted that further detail was required including information on:
  • Engagement with the Deanery for posts such as radiologist and radiographers; and
  • Directorate workforce plans, which matched the workforce requirements to deliver Integrated Medium Term Plan.

The Committee **agreed** that they had limited assurance regarding long-term (aged) vacancies. The Committee **agreed** to receive further information at the April meeting of the Committee.
Action: TW

PODC 08/2018   All Wales Disciplinary Policy and Procedure – Performance against criteria report

The Committee **received** the performance report on the Disciplinary Policy and Procedure (ref. 7a.PODC.180118) and the report providing an analysis of lessons learnt relating to employee relations activity (7b.PODC.180118) from Michelle Hurley-Tyers (MHT), Assistant Director of People.

PODC 08.1/2018 Performance Report on the Disciplinary Policy and Procedure
The Committee discussed the report. Further detail was provided in support of the report including:

- Advice that a quarterly report was submitted to the Welsh Government regarding Long Term Suspensions, Restriction to Practice and Disciplinary Cases. The same information was also provided on a monthly basis to the Director of People and Organisational Development;
- Confirmation that there have been no suspensions in this financial year and the financial year 2016/17 which would have required reporting to the Board or a delegated Committee in accordance with the Disciplinary Policy and Procedure;
- The current employee relations activity; and
- The expected number of live cases at any one time (between four and six live cases).

The Committee **agreed** that they would receive a report on an annual basis providing the data on grievances, disciplinary cases and referrals to professional bodies. The Committee **agreed** to receive a report, by exception, on suspensions that required reporting under the policy and those reported to Welsh Government.
Action: PB

PODC 08.1/2018 Analysis of Lessons Learnt in Employee Relations activity
The Committee discussed the report and **noted** that:
- Commitment had been given to establishing a workplace mediation network;
- The training for the network would be procured and included within the operational plan for 2018/19;
- Partnership working is evolving and the terms of reference for the Local Partnership Forum have been reviewed;
- A review of facility time has been agreed by the Executive Team, and on conclusion of the work, a report would be taken to the Local Partnership Forum; and

- The recruitment processes have changed with regard to staff taking up secondments with the organisations and lessons have been learnt (this was discussed in relation to a recent case which had resulted in an employee leaving under the Voluntary Early Release Scheme).

PODC 09/2018   Organisational Induction report

The Committee **received** the Organisational Induction report (ref 8.PODC.180118) from Tim Williams (TW), Assistant Director of Organisational Development.

The Committee discussed the report and **noted** that:
- A series of road shows would be held for those who were difficult to capture via the current arrangements which are predominantly in South Wales and to re-induct staff;
- Clarification for new starters is need withed with regards to start time and who to report to on day one;
- A "buddy system" for new starters may be of value within the organisation; and
- The organisation has a robust induction process.

PODC 10/2018   Employee Wellbeing update – Silver Corporate Health Standard Award

The Committee **received** an update report from Jane Rees (JR), Staff health and Wellbeing Manager, on the actions required to achieve the Silver Corporate Health Standard award (ref 9.PODC.180118).

JR drew the Committee's attention to page 5 of the report, which gave the key dates, some of which appeared to have the wrong year. The Committee **noted** the mock assessment scheduled and that during the final assessment the assessors had requested to meet with the Non-Executive Director responsible for People and Organisational Development. The Committee **agreed** that TR, as Chair of the People and Organisational Development Committee, would meet with the assessment team.
Action: TR

Jane Rees left the meeting

Mark Parsons joined the meeting

PODC 11/2018   Health and Safety report

The Committee **received** the Health and Safety update report (ref 10.PODC.180118) from Mark Parsons (MP), Head of Estates and Health and Safety.

The Committee discussed the report and **noted:**
- In addition to the controls and mitigations detailed for musculoskeletal disorders, Occupational Health assessment and advice was an additional mitigation;
- Whilst not contained within the report, it had been identified that the microbiology unit at the University of Wales Hospital site had water management issues. As custodians of the buildings, Cardiff and Vale University Health Board (UHB) had informed Public Health Wales of the issue, which was being well managed through the scheme of work in place. The responsibility for action remained with Cardiff and Vale UHB. It was **agreed** that this issue should be highlighted to the Health and Safety Group as an exception by the Public Health Services Directorate;

Action: HG/MP
- The issue regarding staff not wearing Personal Protective Equipment was predominantly within the Public Health Service Directorate;
- The use of the term minimal control within the risk register. It was recognised that some controls were in place and it was **agreed** that work would be undertaken outside of the meeting to capture the controls within the register;

Action: HG/MP
- The positive outcome of the visit from the Health and Safety Executive (HSE) to the Wrexham site;
- The storage issue reported on page 9 of the report related to storage of primarily paper within 2 Capital Quarter and that solutions were being explored;
- Updates on the action plans against the Health and Safety Audits were being chased on a regular basis;
- The Occupational Road Safety Policy would be circulated to members of the Committee as part of the consultation exercise;

Action: HG/MP
- The Occupational Road Safety Policy, following consultation, would be considered for approval by Chair's Action to ensure that there was not a delay in the implementation of the policy;

Action: TR/MW
- The Lone Working Policy would be circulated to members of the Committee as part of the consultation exercise;

Action: HG/MP
- The Lone Working Policy, following consultation, would be considered for approval by Chair's Action to ensure that there was not a delay in the implementation of the policy; and

Action: TR/MW
- The risk register included within the papers was the latest version of the register.

TR thanked MP for the improved report, which had provided key points for discussion by the Committee.

PODC 12/2018   Corporate Risk Register extract

The Committee **received** the extract from the Corporate Risk Register, which included those risks assigned to the Committee (ref 11.PODC.180118).

In presenting the report, PB noted that an updated version of the risk register had been included within the papers for the January Board meeting.

PB reported that mandatory and statutory training compliance was at 82% across the organisation, in comparison to the compliance rate of 62% in January 2017.

PODC 13/2018   Committee Board Assurance Framework extract

The Committee **received** the extract from the Board Assurance Framework, which included those strategic risks assigned to the Committee (ref. 13.PODC.191017).

In presenting the report, MW noted that an updated version of the Board Assurance Framework had been included within the papers for the January Board meeting.

PODC 14/2018   Staff Engagement (Staff Survey/Medical Engagement Scale and Public Health Wales Values)

The Committee **received** and **noted** the Staff Engagement (Staff Survey/Medical Engagement Scale and Public Health Wales Values) report (13.PODC.180118).

TR thanked TW for the improved report.

PODC 15/2018   Welsh Language Action Plan update

The Committee **received** an update on the Welsh Language Action plan (17.PODC.191017).

PB reported that the National Assembly for Wales would imminently receive the new Welsh Language Standards for Health. He noted that the launch of the new standards would require increased activity with Public Health Wales.

PODC 16/2018   Ratification of Chair's action

The Committee **received** a report detailing the Chair's Action taken on behalf of the People and Organisation Development Committee (ref 17.PODC.180118).

The Committee **ratified** the Chair's action taken to approve the:
• Fire Safety Policy

- Waste Management Policy
- Water Management Policy

PODC 17/2018   Adoption of all Wales Policies

The Committee **received** a report presenting the all Wales Special Leave Policy and the all Wales Procedure for NHS Staff to Raise Concerns for adoption (ref 18.PODC.180118).

PODC 17.1/2018 All Wales Special Leave Policy
The Committee **approved** the adoption of the all Wales Special Leave Policy

PODC 17.2/2018 All Wales Procedure for NHS Staff to Raise Concerns
MW reminded the Committee that, following a review undertaken by Internal Audit into the arrangements for managing staff concerns, Internal Audit had issued a limited assurance report. The Internal Auditors had been unable to evidence application and promotion of the arrangements within the organisation. MW advised that whilst the paper was seeking approval of adoption of the all Wales procedure plans were in place to ensure the development of robust arrangements within Public Health Wales.

The Committee discussed the procedure. RBW noted the interdependency with other policies and processes, for example safeguarding and therefore wide consultation and engagement with professionals working in the field was paramount. The Committee **agreed** that PB would write to NHS Employers regarding engagement/consultation and representation on the group that developed the policies and procedures.
Action: PB

The Committee **approved** the adoption of the all Wales Procedure for NHS Staff to Raise Concerns **noting** that the Public Health Wales process to support implementation of the procedure was under development.

PODC 18/2018   Review of meeting

TR reminded members that CS would circulate an electronic feedback form after the meeting.
Action: CS

In concluding the meeting, TR **noted** that the standard of papers had improved.

Date of the Next Meeting:
24 April 2018 (Room 3/7, No 2 Capital Quarter, Tyndall Street, Cardiff)

**Minutes of the Public Health Wales
Quality, Safety and Improvement Committee Meeting
27 February 2018, 09:30 to 11:20
Venue: Room 3/2, No 2 Capital Quarter, Tyndall Street, Cardiff**

Present

Kate Eden	(KE)	Acting Committee Chair and Non-Executive Director
Shantini Paranjothy	(SP)	Non-Executive Director
Terence Rose	(TR)	Non-Executive Director

In Attendance:

Sarah Barnes (for item 5)	(SB)	Programme Manager, Screening for the Future (part of the meeting)
Sian Bolton	(SB)	Interim Executive Director of Quality, Nursing and Allied Health Professionals
Phil Bushby (for item 9)	(PB)	Director of People and Organisational Development (part of meeting)
David Heyburn (Service User Story)	(DH)	Programme Manager, Microbiology (part of meeting)
Junaid Iqbal (for Service User Experience Story)	(JI)	Lead for Service User Experience (part of meeting)
John Lawson (for items 11 and 12)	(JL)	Chief Risk Officer (part of meeting)
Gay Reynolds	(GR)	Governance and General Manager
Andrew Richardson	(AR)	Corporate Governance Manager
Gill Richardson	(GR)	Deputy Director of Policy, Research and International Development
Quentin Sandifer	(QS)	Executive Director of Public Health Services /Medical Director (part of meeting)
Melanie Westlake	(MW)	Board Secretary and Head of Corporate Governance

Secretariat:

Claire E Morgan	(CEM)	Corporate Governance Officer

Observers

Edward Guy	(EG)	Professional Lead for Bio-medical Scientists
Erica Emes	(EE)	Methodology and Quality Officer, Health Inspectorate Wales (Relationship Manager for Public Health Wales)

Apologies:

Mark Bellis	(MB)	Director of Policy, Research and International Development
Aidan Fowler	(AF)	Director for NHS Quality Improvement and Patient Safety / Director 1000 Lives
Andrew Jones	(AJ)	Deputy Director of Public Health Services / Director of Integrated Health Protection
Claire Lewis	(CL)	Representative from Staff partnership Forum
Chrissie Pickin	(CP)	Executive Director of Health and Wellbeing
Stephanie Wilkins	(SW)	Representative from Staff Partnership Forum

The meeting commenced at 09:30

QSIC 1/2018   Welcome

Kate Eden (KE), as acting Chair of the Committee, opened the meeting and welcomed all present. She extended a particular welcome to David Heyburn who would present the service user experience story.

QSIC 2/2018   Service User Experience Story: Improving services together: a co-productive approach

The Committee **received** a service user experience story entitled "Improving services together: a co-productive approach" from David Heyburn, Programme Manager, Microbiology.

The story related to a complaint, raised by a GP practice, that a number of urine samples taken from a single service user with complex chronic condition, had either been lost or not processed by the Microbiology laboratory in the Wrexham Maelor Hospital.   DH advised the Committee that a review of the sampling process could not confirm that the laboratory had received the samples.

Following discussion and invitation, the service user and parent were given a tour of the laboratory along with the opportunity to 'follow the sample'. The experience increased the service user understanding and proved to be a positive learning experience for the service, particularly as laboratory staff did not typically have the opportunity to engage with service users.

The Committee **noted**:

- The specific cause of the missing samples in this case could not be determined, and that there were potential issues with the transfer between the GP surgery and the laboratory.

- Of the 1.5 million samples received by the Microbiology laboratories, the error rate relating to sample processing was less than one percent. For Quarter 3, 2017 it was 0.027%.
- The service would explore similar opportunities to engage service users.

The Chair thanked DH for the presentation.

David Heyburn and Junaid Iqbal left the meeting (09:50)

QSIC 3/2018   Introductions and apologies

The Chair **received** apologies from: Mark Bellis, Director of Policy, Research and Innovation; Andrew Jones, Deputy Director of Public Health Services; Claire Lewis, Representative from the Staff Partnership Forum; Chrissie Pickin, Executive Director of Health and Wellbeing; Aidan Fowler, Director for NHS Quality Improvement and Patient Safety/Director of 1000 Lives; and Stephanie Wilkins, Representative from the Staff Partnership Forum.

Gill Richardson (GR) attended the committee meeting on behalf of Mark Bellis.

Junaid Iqbal (JI) and David Heyburn (DH) attended part of the meeting to present the Service User Experience Story.

Sharon Hillier (SH) attended the meeting for the Screening for the Future Strategic Review Progress Report (**6/2018**), supported by Sarah Barnes (SB); and the Serious Incident in Diabetic Eye Screening update (**7/2018**).

Phil Bushby (PB) attended part of the meeting for Addressing the impact of NHS Wales Medical and Dental Agency and Locum Deployment in Wales item (**15/2018**).

John Lawson (JL) attended part of the meeting for the Information Governance Consolidated Performance Report (**10/2018**) and General Data Protection Regulations Action Plan (**11/2018**).

Sarah Barnes joined the meeting (9:51)

QSIC 4/2018   Declarations of Interest

There were no declarations of interest.

QSIC 5/2018   Minutes and Actions

5/2018.a   Approval of Minutes of the meeting of 23 November 2017

The Committee **approved** the minutes of the meeting held on 23 November 2017 (ref 3a.QSIC.270218) as an accurate record of the meeting.

5/2018.b   Action Log

The Committee **noted** the action log (ref.3b.QSIC.270218) and **approved** the closure of the completed actions.

5/2018.c   Matters Arising

There were no matters arising.

QSIC 6/2018   Screening for the Future Strategic Review Progress Report

The Committee **received** the Screening for the Future Strategic Review Progress Report (ref. 5.QSIC.270218).

The Committee **noted**:
- A Programme Board, which meets on quarterly basis, had been established which focused on the programme's vision and work-stream development.
- Appendix 1 included a progress update against the external review recommendations.
- Appendix 2 detailed staff workshop feedback, which would underpin the approach and inform the potential work-streams.
- The staff survey sample covered during the review represented 25% of Screening Division staff.
- As part of the engagement strategy for the division, the work of the Screening Engagement Team included a focus on hard-to-reach communities and the provision of information to GP clusters. The Committee **noted** that this could provide a good source of future service user experience stories.
- The Interim Executive Director of Quality, Nursing and Allied Health Professionals and the Acting Director of Screening Division agreed to meet to discuss the measuring the impact of engagement as a result of the activity of the Screening Engagement Team.
  Action: SH/SB

Terence Rose (TR) queried whether the organisation accepted liability for false negatives unnecessarily when this was a known risk. GR assured the Committee that liability for false negatives was only accepted following the receipt of an independent medical expert report and legal advice.

The Committee noted that the progress report had identified both organisational development and quality improvement issues. The Committee **recommended** that appropriate performance metrics, on which the Quality, Safety and Improvement Committee and the People and Organisational Development Committee could monitor and receive assurance in line with their Terms of Reference, be developed. Once developed, these would be agreed with KE and TR in his capacity as Chair of the People and Organisational Development Committee.
Action: TR/KE/SH

Sarah Barnes left the meeting (10:15)

John Lawson joined the meeting (10:16)

QSIC 7/2018   **Serious Incident in Diabetic Eye Screening update SI ref 855103MARCH17 and 141604JANUARY18**

The Committee **received** the Serious Incident in Diabetic Eye Screening update (ref. 6.QSIC.270218).

The Committee **noted**:

- The investigation into the Serious Incident had not been completed. This was because it was necessary to wait until all patients had been seen by the respective hospital eye [ophthalmology] service to assess whether or not they had suffered harm as a result of the incident,
- The failsafe system was now in place and work on the standard operating procedures was in progress.
- There were three delayed cohorts, which had been identified and reported to Welsh Government in accordance with the Serious Incident Reporting arrangements.
- There were no identified harms to date.
- Issues had been reported to Cardiff and Vale University Health Board's Quality and Safety Committee via the person responsible for Putting Things Right.
- Public Health Wales was responsible for the care of the individual until the stage whereby a patient was referred to the hospital eye service if required.
- Some hospital eye services had long waits for appointments which was impacting on the ability to conclude the investigation.

The Committee **agreed** that a progress update would be provided to the Committee meeting scheduled on 10 July 2018, or earlier by exception if it were identified that harm had been suffered.
Action: SH

QSIC 8/2018   Putting Things Right, Quarter 3 2017-18

The Committee **received** the Putting Things Right, Quarter 3 2017-18 Report (ref 7.QSIC.270218).

The Committee **noted** that from 1 April 2018, Welsh Government have advised that 75% of concerns/complaints should be responded to within a 30-working day period.

The Committee discussed the performance indicator for Quarter Three pertaining to the percentage of incidents reviewed within two working days; and **agreed** that an explanation as to the decrease from the last quarter would be provided in the report for the next Committee meeting scheduled on 10 April 2018.
Action: GR

The Committee discussed the patient and client (clinical) incident profile, detailed in Appendix 1, and noted that two "radiation incidents" had been reported. The Committee **agreed** to receive outside the meeting clarification to confirm whether these incidents were reportable under the Ionising Radiation (Medical Exposure) Regulations together with a rationale explaining the outcome.
Action: SH/GR

QSIC 9/2018   Quality and Impact Framework Implementation Plan Update

The Committee **received** the Quality and Impact Framework Implementation Plan (ref 8.QSIC.270218).

Updates were received for the following actions:

- *Implementing "Our approach to engagement"* – the Committee **agreed** that the timeline would be amended from April 2018 to December 2018.
- *Demonstrating improvements year on year against their identified indicator* – the Committee **agreed** to amendment of the timeline from April 2018 to April 2019.
  - SB confirmed that the development of the indicators were the responsibility of each Directorate. The appropriate Executive Director [or Executive Team member] was responsible for agreeing the relevant indicators. Once the overall indicators

had been agreed by the Executive Team, the Committee would receive the indicators at a future meeting. The Committee **noted** that the development of the draft indicators would be completed by 31 March 2018 and feed into the Operational Plan as appropriate.

The Committee **agreed** that further update, including a deep dive on the implementation of the Quality and Impact Framework, would be presented to the Committee meeting in July 2018.
Action: SB

QSIC 10/2018	Information Governance Consolidated Performance Report

The Committee **received** the Information Governance Consolidated Performance Report for Quarter 3, 2017/18 (ref 11.QSIC.270218).

The Committee **noted**:

- An action plan was in place to resolve the mandatory training compliance issue.
- A revised Incident Management Policy and Procedure would be out for consultation in March 2018.

The Committee **noted** that some staff had limited or no access to computers and were therefore unable to undertake mandatory training modules through the Electronic Staff Record system. SH advised the Committee that this were not the issue for all teams. For Screening staff the difficulty was providing time when they were not directly involved in providing screening services. The Committee expressed its concern and requested assurance that the access issue was being addressed on an organisation-wide basis. The Committee also **noted** that the People and Organisational Development Committee was monitoring this issue.
Action: **PB**

Quentin Sandifer and Phil Bushby joined the meeting (10:55)

QSIC 11/2018	General Data Protection Regulations Action Plan

The Committee **received** the General Data Protection Regulations (GDPR) Action Plan (ref 12.QSIC.270218).

The Committee **noted**:

- The action plan was on track and the organisation would be GDPR compliant by 25 May 2018.

- The ongoing work with regard to privacy notices, the legal basis for processing, and information incident management.

John Lawson left the meeting (11:00)

QSIC 12/2018   Quality, Safety and Improvement Committee: Review of Effectiveness Action Plan

The Committee **received** the Quality, Safety and Improvement Committee Review of Effectiveness Action Plan (ref 13.QSIC.270218).

MW advised the Committee that the action plan had been developed to capture the discussions at a recent Board Development Session regarding committee effectiveness, in addition to the findings of the Committee Review. There was a proposal to develop an additional Committee which would take on some of the remit of the Quality, Safety and Improvement Committee, however this would not be for some months.

The Committee **approved** the Self-Assessment Action Plan.

QSIC 13/2018   Quality and Safety Corporate Risk Register

The Committee **received** the extract from the Corporate Risk Register, which included those risks assigned to the Committee (ref 14.QSIC.270218).

[Addendum – The report advised that Datix ID 700 would not be discussed in the public session due to sensitivities surrounding the risk. The full Corporate Risk Register was therefore not considered in the public session of the meeting.]

QSIC 14/2018   Committee Board Assurance Framework extract

The Committee **received** the extract from the Board Assurance Framework, which included those strategic risks assigned to the Committee (ref. 15.QSIC.270218).

QSIC 15/2018   Addressing the impact of the NHS Wales Medical and Dental Agency and Locum Deployment in Wales

The Committee **received** an oral update from Phil Bushby (PB), Director of People and Organisational Development, on the Addressing the impact of NHS Wales Medical and Dental Agency and Locum Deployment in Wales.

The Committee **noted**:

- The reporting arrangements agreed with Welsh Government (WG) were operating well. WG had revised the internal scrutiny arrangements from the Board to the Executive and the Public Health Wales Executive Team were closely monitoring the situation.
- The situation regarding the microbiology service staffing remained challenging and that the use of agency locum microbiologist staff had continued as previously reported to the Committee.
- The re-launch of the process to recruit to these posts on a permanent basis. The Committee **noted** that recruitment remained difficult.
- The Chair of Public Health Wales had recently visited a number of the microbiology laboratories.

The Committee **noted** that due to the confidential nature of some of the information relating to this item, specifically the inclusion of personal identifiable information, the full report would be considered in a private session of the Committee which would immediately follow the meeting.

QSIC 16/2018 Welsh Health Circular - integrated guidance on health clearance of healthcare workers and management of healthcare workers infected with bloodborne viruses

The Committee **received** the report relating to the requirements of the Welsh Health Circular (WHC) for the integrated guidance on health clearance of healthcare workers and management of healthcare workers infected with bloodborne viruses (ref 10.QSIC.270218).

The Committee was advised that no employees of Public Health Wales undertook exposure prone procedures and therefore it was not necessary to undertake any further action. Welsh Government would be advised accordingly within the timescales detailed in the WHC.

QS outlined the due diligence process that had been undertaken with regard to the WHC issued by Welsh Government and advised the Committee that any relevant procedures had been updated as a consequence.

In response to a query from TR with regard to staff vaccinations and needlestick injuries. QS advised the Committee that there were a number of procedures in place. These related to the provision of vaccinations and the occupational health provision for the Microbiology Staff had improved. The procedures to be followed post-exposure should an incident occur were also in place.

The Committee **confirmed** that assurance could be provided to Welsh Government in relation to the requirements of the WHC.

QSIC 17/2018   Items for noting

The Committee **noted** four items provided for information as follows:

17/2018.1 Key points from the Infection Prevention and Control Group (16a.QSIC.270218)
17/2018.2 Key points from the Quality Management Group (16b.QSIC.270218)
17/2018.3 Key points from the Information Governance Working Group (16c.QSIC.270218)

QSIC18/2018   Any Other Items of Urgent Business

There was no other urgent business.

Date of the Next Meeting:

10 April 2018 (Room 3/7) - Public Health Wales, No 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ)

The Public Session closed at 11:20

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		9.8

Committees of the Board: Annual Reports

Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Cathie Steele, Deputy Board Secretary

Approval/Scrutiny route:	

Purpose

The purpose of this report is to present to the Board annual reports of the Board's Committees (with the exception of the Remuneration and Terms of Service Committee). The Board is asked to consider the annual reports as set out below.

Recommendation:

APPROVE ☐	CONSIDER ☒	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☐

The Board is asked to:
- **Consider** the annual report of the Audit and Corporate Governance Committee.
- **Consider** the annual report of the People and Organisational Development Committee.
- **Consider** the annual report of the Quality, Safety and Improvement Committee.

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report.
Risk and Assurance	In line with the Committee Terms of Reference the Committee is required to assure the Board on the business it has considered in year through an annual report.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	There are no financial implications as a result of approval of this report.
People implications	There are no people implications as a result of approval of this report.

1. Purpose / situation

The purpose of this report is to present to the Board annual reports of the Board's Committees (with the exception of the Remuneration and Terms of Service Committee). The Board is asked to consider the annual reports as set out below.

2. Background

The Board will be aware that our Committees have been established under Public Health Wales' Standing Orders. The Committees of the Board are:

- Audit and Corporate Governance
- People and Organisational Development
- Quality, Safety and Improvement
- Remuneration and Terms of Service[1]

3. Description/Assessment

The Board is asked to **receive** and **consider** the draft annual report of the Audit and Corporate Governance Committee, which is included as **Agenda Item 9.9.a**. The version attached will be considered by the Audit and Corporate Governance Committee on 30 May 2018.

The Board is asked to **receive** and **consider** the annual report of the People and Organisational Development Committee, which is included as **Agenda Item 9.9.b**.

The Board is asked to **receive** and **consider** the annual report of the Quality, Safety and Improvement Committee, which is included as **Agenda Item 9.9.c**.

4. Recommendation

The Board is asked to:

- **Consider** the annual report of the Audit and Corporate Governance Committee.

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[1] The annual report of this Committee are not included in this report as the Board formally receives a report from this committee and ratifies any decisions made when meeting in private.

- **Consider** the annual report of the People and Organisational Development Committee.
- **Consider** the annual report of the Quality, Safety and Improvement Committee.

Audit and Corporate Governance Committee Annual Report 2017/18

Contents

1 Introduction

This report summarises the key areas of business activity undertaken by the Audit and Corporate Governance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2 Role and responsibilities

The Terms of Reference for the Audit and Corporate Governance Committee, together with the other Committees of the Board, are currently subject to a review. The revised Terms of Reference will be presented to the Board for approval at its meeting in May 2018. The revisions are expected to be minimal.

The purpose of the Audit and Corporate Governance Committee ("the Committee") is to:

- **Advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place - through the design and operation of the Trust's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

- Where appropriate, **advise** the Board and the Chief Executive on where, and how, its assurance framework may be strengthened and developed further.

- **Approve,** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

The core functions of the Committee are as follows:

1. Comment specifically on the adequacy of the Trust's strategic governance and assurance framework and processes for the maintenance of an effective system of good governance, risk management and internal control.
2. Ensure the provision of high quality, safe healthcare for its citizens it will comment specifically on Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate). This includes:
    - accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with

Governance' and managements' letter of representation to the external auditors.

- Schedule of Losses and Special Payments.
- planned activity and results of internal audit, external audit, clinical audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports).
- adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity

3. Support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:
   - all risk and control related disclosure statements, in particular the Annual Governance Statement and the Annual Quality Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
   - the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
   - the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements.
   - the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.

The Committee reviews and agrees its programme of work on an annual basis, and recommends it to the Board for approval.

2.1 Membership of Committee

The membership of the Committee during 2017/18 included:

Name	Position	Attendance
Kate Eden	Committee Chair and Non-Executive Director	5/6
Judi Rhys	Non-Executive Director	5/6
Jack Straw	Non-Executive Director (from 01.04.17 to 31.08.17)	2/2

Terence Rose, Non-Executive Director, was co-opted onto the Committee from 12 December 2017 due the departure of Jack Straw, Non-Executive Director, in August 2017. This was to help ensure that the Committee

would remain quorate in the event that a member of the Committee was unable to attend a meeting.

2.2 Others in attendance

In addition to the above Committee members there are also a number of officers of Public Health Wales detailed within the Terms of Reference as being required to attend the Committee.
The attendance during 2017/18, by these officers, is detailed below:

Name	Position	Attendance
Huw George	Deputy Chief Executive / Executive Director of Operations and Finance	6/6
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals (until 04.02.2018)	2/5
Sian Bolton	Acting Executive Director of Quality, Nursing and Allied Health Professionals (from 05.02.2018)	1/1
Melanie Westlake	Board Secretary and Head of Corporate Governance	5/6
Tamira Rolls	Deputy Director and Head of Finance (until 8 October 2017)	3/3
Angela Fisher	Deputy Director and Head of Finance (from 9 October 2017)	3/3

* The Local Counter Fraud Specialist was invited to the Committee if a report was required.

Two representatives from the Local Partnership Forum had a permanent invite to attend the Committee. Stephanie Wilkins (2/6) and Claire Lewis (1/4) attended the committee meetings.

Representatives of the Wales Audit Office and the Internal Audit Service also attended each meeting.

Other directors attended during the year to present reports which related to their areas of responsibility.

The Chief Executive, Tracey Cooper, was also invited to attend every meeting, and attends at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement and the Annual Quality Statement.

2.3 Meeting frequency

During 2017/18, the Committee met six times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board and Committee Business.

An additional meeting is also held on an annual basis to receive and recommend for Board approval the Accountability Report and Annual Financial Statements and Accounts.

An extraordinary meeting was held on 19 October 2017 to consider the Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources (see 3b). Due to the cross cutting themes within the report all Public Health Wales Board members were invited to attend the meeting.

3   Main areas of Committee activity 2017/18

In line with the terms of reference, there were a number of standing items on each Committee agenda. The following were presented at each meeting:

- Internal Audit Progress Report
- Internal Audit Action Log
- External Audit Progress Report
- External Audit Action Log
- Losses and Special Payments Report
- Procurement Report
- Board Assurance Framework
- Corporate Risk Register

The Committee also received the following annual reports:

- Head of Internal Audit Opinion and Annual Report 2016/17
- Wales Audit Office Annual Audit Report 2017
- Wales Audit Office Structured Assessment 2017
- Counter Fraud Annual Report 2016/17

The Committee received the Accountability Report and the Annual Financial Statements and Accounts for 2016/17 in draft on 4 May 2017, and recommended the final draft for Board approval on 1 June 2017. The final submission was approved by the Board at an extraordinary meeting on 1 June 2017.

The Committee wishes to assure the Board that it fulfilled its work plan for 2017/18 covering a wide range of activity including:

3.1 Internal Audit

NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Audit and Corporate Governance Committee receives reports from the internal audit function which provide it with assurance that these functions are efficient and cost effective. The Committee received the Internal Audit Charter and Annual internal Audit Plan 2017-18 at its meeting on 1 June 2017.

During the year, the Committee received and discussed a number of reports produced by Internal Audit:

Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Environmental Sustainability Report 2016/17				✓
Annual Quality Statement				✓
Procurement			✓	
Diabetic Eye Screening Wales			✓	
Raising Concerns (Whistleblowing)		✓		
Welsh Risk Pool Reimbursement				✓
Clinical Networks Governance		✓		
Cyber Security		✓		
Training and Staff Development			✓	
Establishment Control				✓
Health and Care Standards				✓
Core Financial Systems			✓ (draft)	

Regulatory Compliance - Welsh Language (Follow-up)			✓	

Internal Audit also undertook an advisory review on the process within Public Health Wales for overseeing the arrangements in place with its partner organisations as part of the Annual Audit Plan 2017/18. As this was an advisory review, an assurance rating was not provided.

In 2017/18 three limited assurance reports were received. These were for:

- Raising Concerns (Whistleblowing)
- Cyber Security
- Clinical Networks, managed by the NHS Wales Health Collaborative.[1]

Public Health Wales and the NHS Wales Health Collaborative recognises these as areas for improvement and action plans have been put into place to address the report recommendations. The Committee will continue to monitor these action plans in 2018/19.

3.2 External Audit

Wales Audit Office (WAO) provided the Committee with regular progress reports on external audits and monitored progress against recommendations.

The Committee received an external (WAO) review of Collaborative Arrangements for Managing Local Public Health Resources, at an additional meeting held on 19 October 2017. The audit provided a high-level view of how Public Health Wales' current collaborative arrangements with Local Public Health Teams and Directors of Public Health worked in practice, the effectiveness of the collaborative working and the adequacy of the governance arrangements.

A comprehensive management action plan was developed with partners to ensure a system-wide response, which was approved by the Committee. A staged programme plan and governance structure was established to take the response forward. The Committee closely monitored progress against agreed milestones through the receipt of

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[1] Public Health Wales hosts the NHS Wales Health Collaborative, under a formal hosting agreement which is signed by all ten NHS Wales Chief Executives and the Director of the Collaborative. A revised hosting agreement for 2016-19 was approved by the Public Health Wales Board in April 2016. An Annual Assurance Statement is provided by the Collaborative, to the Trust.

regular progress updates at each of its subsequent meetings and in between meetings where appropriate to ensure timeliness of information. The committee also received feedback on the handling of the report at LHB audit committees. The Committee will receive the closedown report in June 2018.

3.3   Improvements to the monitoring of internal and external audit actions

The governance arrangements for the monitoring of internal and external audit review actions were also strengthened in 2017/18. Improvements were made to the management and presentation of the internal and external audit action logs. These changes included the submission of a focused cover report and a dashboard with each log, which enabled the Committee to make decisions more effectively.

The reports highlighted requests for revised implementation dates and actions completed during the period.

Where an extension to an implementation date is requested the respective Executive Director/Director attends the Committee to make the request.

4   Committee effectiveness

The Committee has monitored its effectiveness throughout the year and monitored the Action Plan developed in response to the outcome of the 2016/17 self-assessment exercise, which was undertaken by the Committee to assess its performance and 'effectiveness'. Improvements included the holding of committee-specific development sessions, such as Procurement.

The Committee undertook an annual self-assessment in 2017-18, based on guidance in the *NHS Wales Audit Committee Handbook,* which allowed members to provide their comment on areas such as committee administration and relevance of committee business. A workshop will be held in 2018-19 with members where the findings of the self-assessment will be shared and an action plan developed.

5   Policies and Other written Control Documents

The Committee approved the Risk Management Procedure in June 2017, which underpinned the Risk Management Policy approved by Board on 25 May 2017. The procedure identifies the arrangements for developing Risk Registers and specified which Risk Registers the Committee would consider.

The Committee also received bi-annual reports on the status of policies and other written control documents within the remit of the Committee.

6   Action Log

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

A Chair's report is also provided to the Board and the confirmed minutes are published with the Board papers.

7   Work Plan

The Committee Work Plan ensures that the Committee discharges its responsibilities. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year. The initial Work Plan was agreed by the Committee in March 2017.

8   Assessment of governance and risk issues

The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders.

The Audit and Corporate Governance Committee discussed the risk management and assurance arrangements in place for the organisation.

8.1   Board Assurance Framework

The Committee received the Board Assurance Framework (BAF) at each meeting and has oversight of those elements of the BAF which apply to its particular risks. It also receives the BAF in its entirety in order to seek assurances that the risks are being effectively managed and that the controls which are in place are adequate and fit for purpose. The Committee's role is to challenge the executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

The Committee considered the Board Assurance Framework detailing the three strategic risks that were assigned to the Committee. The three risks in 2017/18 were:

- There is a risk that Public Health Wales will find itself without the financial resources required to deliver on its strategic priorities.

- There is a risk that Public Health Wales will fail to effectively respond to new and emerging Government priorities brought about by a dynamic and evolving political agenda.

- There is a risk that Public Health Wales will suffer a disruption to its key products and services of such a magnitude that it will compromise the organisation's ability to deliver on its strategic priorities.

The Strategic Risks will be subject to review in 2018/19.

The Committee confirmed it was satisfied that appropriate information was included in the Board Assurance Framework to provide assurance to the Board.

8.2 Corporate Risk Register

The Audit and Corporate Governance Committee receive the Corporate Risk Register at their quarterly meetings to enable them to gain assurance that operational risks are being appropriately managed.

9 Relationship with other Committees

The Audit and Corporate Governance Committee has continued to work closely with the People and Organisational Development Committee and the Quality, Safety and Improvement Committee during the year.

Any service-user quality, safety and improvement specific risks were directed to the Quality, Safety and Improvement Committee and the link for this was the Director of Quality, Nursing and Allied Health Professionals.

The Audit and Corporate Governance Committee also received the Quality and Clinical Audit Plan 2017/18, approved by the Quality, Safety and Improvement Committee. Work to strengthen the Audit and Corporate Governance Committees function with regard to clinical audit will continue in 2018/19.

10 Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2017/18, there were effective measures in place and that there were no outstanding issues to be brought to the attention of the Board.

The Committee had, on occasion, requested further information on particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer. During 2017-18, further assurance was requested by the Committee on:

- Wales Audit Office Consultant Contract Follow-up – updates provided through the External Audit Action Log and additional reports on phased action plan provided to the Committee on request.
- Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources – updates provided at each meeting since the original report was received in October 2017 and written updates circulated on a monthly basis outside of the meetings to allow for timely information.

11   Conclusions and look forward

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2018/19 in respect of the:
- Wales Audit Office Consultant Contract Follow-up.
- Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources (closedown reports).
- Review of the Terms of Reference and Membership of the Committee, as part of a wider committee structure review;
- Taking forward the action plan developed as a result of the 2017/18 self-assessment.
- Completion of an annual self-assessment for the Committee
- Providing assurance around the new strategic risks.

People and Organisational Development Committee Annual Report 2017/18

Contents

1   INTRODUCTION

This report summarises the key areas of business activity undertaken by the People and Organisational Development Committee ('the Committee') over the past year and highlights some of the key issues, which the Committee intend to give further consideration to over the next 12 months.

The People and Organisational Development Committee was established in 2016/17 and held the first meeting on 10 October 2016. Therefore, this is the first full financial year that the Committee has met and the Committee continues to develop.

2   ROLE AND RESPONSIBILITIES

The Terms of Reference for the People and Organisational Development Committee, together with the other Committees of the Board, are currently subject to a review. The revised Terms of Reference will be presented to the Board for approval at its meeting in May 2018. The revisions are expected to be minimal.

Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

The core functions of the Committee are as follows:

- oversee the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction

- consider the implications for workforce planning arising from the development of the Trusts strategies and plans

- consider the organisational development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the Trust

- provide a forum to consider all issues relating to workforce and organisational development within the Trust and to take decisions on areas delegated by the Board

- seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Trust's activities

- seek assurances that there is the appropriate culture and arrangements to allow the Trust to discharge its statutory and mandatory responsibilities with regard to:
  - health, safety and welfare
  - equality, diversity and human rights
  - Welsh language provision.

- preparation of a People and Organisational Development Committee Annual Report

The Committee Chair reports any relevant issues considered at the People and Organisational Development Committee at each Board meeting.

The Committee will advise the Board on the adoption of a set of key performance indicators against which the Trust will be regularly assessed. It will:

- receive performance reports in support of these indicators

- receive reports of near misses, incidents, serious adverse incidents and claims relating to the health, safety and welfare of staff

The Committee will seek assurance with regard to the requirements of the relevant Health and Care Standards and the Corporate Health Standard.

2.1 Membership of Committee

The membership of the Committee during 2017/18 included:

Name	Position	Attendance
Terence Rose	Committee Chair and Non-Executive Director	3/3
Judi Rhys	Non-Executive Director (from 01.04.17)	3/3
Shantini Paranjothy	Non-Executive Director (from 01.04.17)	3/3

2.2 Others in attendance

In addition to the above Committee members there are also a number of officers of the Trust detailed within the Terms of Reference as being required to attend the Committee. The attendance during 2017/18, by these officers is detailed below:

Name	Position	Attendance
Phil Bushby	Director of People and Organisational Development	3/3
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals (until 04.02.2018)	1/3
Sian Bolton	Acting Executive Director of Quality, Nursing and Allied Health Professionals (from 05.02.2018)	1/1
Huw George	Deputy Chief Executive / Executive Director of Operations and Finance	3/3
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	0/3
Andrew Jones	Deputy Director of Public Health Services and Director of Health Protection	0/3
Melanie Westlake	Board Secretary and Head of Corporate Governance	2/3

2.3   Other regular attendees

Two representatives from the Staff Partnership Forum have a permanent invite to attend the Committee. Stephanie Wilkins (2/3) and Roger Richards (1/2) attended the committee meetings.

The Assistant Director of People and the Assistant Director of Organisational Development, Michelle Hurley-Tyers (3/3) and Tim Williams (3/3) respectively, also regularly attended the committee meetings. Mariana Dyakova (2/3), Consultant in Public Health also regularly attended the committee meetings on behalf of Mark Bellis, Director of Policy, Research and International Development.

2.4   Meeting frequency

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. During 2016/17, the Committee met three times and was quorate on all occasions.

The People and Organisational Development Committee was introduced following the committee structure review in 2016-17. The Committee met twice during 2016-17; in October 2016 and February 2017. These meetings identified a need to develop and strengthen arrangements for reporting to this Committee. As a result, it was agreed with the Committee

Chair that a meeting scheduled for April 2017, would not be held to allow the required time for this. Consequently, the Committee only met three times during 2017-18.

3   MAIN AREAS OF COMMITTEE ACTIVITY 2017/18

In line with the terms of reference, there are a number of standing items on each Committee agenda. The following were presented at each meeting:

- Staff Stories
- Consideration of People Performance Data
- Statutory and Mandatory Training quarterly performance reports
- Values and Behaviour
- Health, Well-being and Corporate Health Standard
- Committee extract of the Board Assurance Framework
- Committee extract of the Corporate Risk Register

The Committee has also received the following annual reports:

- Health and Safety
- Health and Safety Group
- Equality
- Welsh Language

The Committee wishes to assure the Board that it fulfilled its work plan for 2017/18 covering a wide range of activity including:

a. Corporate Health Standard

Since achieving the Bronze level for the Corporate Health Standard in June 2017, the Committee noted and received updates on the actions required to achieve the Silver Corporate Health Standard award, and the requirements for gold and platinum level awards. The Integrated Medium Term Plan provides commitment to achieve the platinum level by 2020.

b. Occupational Health

The Committee received and considered updates on the options proposed for future occupational health provision and the Welsh Ambulance Services NHS Trust (WAST) commissioned review outcome.

c. Welsh Language

The Committee received and considered updates on various Welsh Language developments. The Committee noted that the new Welsh Language Standards for Health would be launched in early 2018. However the launch was delayed. The Welsh Language Standards for Health were laid before the National Assembly for Wales in February 2018. The Welsh Language Commissioner will issue a draft compliance notice to Public Health Wales and this is awaited. The Committee will receive an update at the meeting scheduled for 24 April 2018).

Following the upgrading of the assurance rating level from limited to reasonable of the Regulatory Compliance (Welsh Language) Internal Audit review report, the Committee requested and took ownership for the monitoring of the Welsh Language action plan.

3.1   Sub Groups

The Health and Safety Group is a formal sub-group of the Committee. The Group has provided an update report to every meeting of the Committee. The report has developed in year and is developing in how it provides assurance to the Committee on issues such as the Health and Safety Risk Register, incident reporting including reports made under RIDDOR, and other exceptions.   Reports from the group are published in the Committee papers on the website.

The Committee has noted with satisfaction the change in management arrangements including the reports to the Committee on health and safety and the attendance of Executive and Non-Executive Directors at IOSH training.

4   ACTION LOG

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee Chair provides a regular report to the Board and the confirmed minutes are published with the Board papers.

5   WORK PLAN

The Committee Work Plan assists with agenda planning to ensure that the Committee considers the items it should consider and items that it has

agreed during the year that it would consider. The initial Work Plan was agreed by the Committee in March 2017.

6   ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders.

The Committee wishes to highlighted to the Board the following risks:
- Staff engagement
- Workforce planning to ensure sustainability of public health services and academic public health

7   RELATIONSHIP WITH OTHER COMMITTEES

The People and Organisational Development Committee has continued to work closely with the Audit and Corporate Governance Committee and the Quality, Safety and Improvement Committee during the year.

Any audit and corporate governance specific risks are directed to the Audit and Corporate Governance Committee and the link for this is Board Secretary and Head of Corporate Governance and the Deputy Chief Executive and Executive Director of Operations and Finance.

Any service user quality, safety and improvement specific risks are directed to the Quality, Safety and Improvement Committee and the link for this is Director of Quality, Nursing and Allied Health Professionals.

8   ASSURANCE TO THE BOARD

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2017/18, effective measures are in place.

The Committee has, on occasions, requested further information on particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer:

8.1   Values and Behaviours
The Committee considers that engagement, values and behaviours is an important element for organisational development. The Committee has therefore requested that it receive regular reports throughout 2018-19 on this area.

8.2 Workforce planning

The Committee has noted on several occasions the importance of workforce planning and development to ensure sustainability of public health services and academic public health. The Committee has also noted the potential risk in this area. The Committee has therefore requested that it receive regular reports throughout 2018-19 on this area.

8.3 People Performance

The Committee considered how to develop the organisation's approach to monitoring People Management Information and the provision of a sufficient level of assurance. These reports were provided at each committee meeting and outlined the developmental progress of the People Performance Dashboard, performance results, and deep dive outcomes, including in-depth reviews on issues such as long-term (aged) vacancies and gender diversity.

The Committee has requested further assurance about long-term (aged) vacancies and gender diversity.

8.4 Occupational Health Service

During 2017-18, the Committee received oral updates on the provision of Occupational Health Services for Public Health Wales staff. The Committee has requested that it receive regular reports throughout 2018-19 on this area.

9 ANNUAL SELF-ASSESSMENT

The Committee has undertaken an annual self-assessment allowing members to provide their comment on areas such as committee administration and relevance of committee business. A workshop will be held with members where the findings of the self-assessment will be shared and an action plan developed.

10 CONCLUSIONS AND LOOK FORWARD

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2018/19 in respect of the:
- Work Plan for 2018/19. The Committee has considered the draft work plan at the April Committee meeting. The proposed work plan will be considered by the May Board. The following items, where

the Committee wishes to receive assurance that progress has been made, have been added to the work plan:
   - o Staff engagement including values and behaviours;
   - o Workforce planning and workforce development.
- Review of the Terms of Reference and Membership of the Committee, as part of a wider committee structure review;
- Taking forward the action plan developed as a result of the 2017/18 self-assessment; amd
- Completion of an annual self-assessment for the Committee.

Quality, Safety and Improvement Committee Annual Report 2017/18

Contents

1 Introduction

This report summarises the key areas of business activity undertaken by the Quality, Safety and Improvement Committee ('the Committee') over the past year and highlights some of the key issues, which the Committee intend to give further consideration to over the next 12 months.

2 Role and responsibilities

The Terms of Reference for the Quality, Safety and Improvement Committee are under review and will be presented to the Board for approval at its meeting in May 2018.

The purpose of the Quality and Safety Committee ("the Committee") is to provide:

- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of public health services and programmes delivered to improve population health outcomes.
- **assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of service user/person/population centred health provision in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales and other relevant bodies
- **approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

In respect of its provision of advice to the Board, the Committee:

- oversees the initial development of the Trust's Quality and Impact Framework, strategies and plans for the development and delivery of high quality and safe services/programmes and functions.
- considers the implications for quality and safety arising from the development of the Trust's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board.
- monitors and, where appropriate, identifies those risks which are relevant to the Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately
- monitors the implementation and effectiveness of the Public Health Wales Quality Improvement Hub.

- provides oversight and scrutiny through evidence/assurance received that information management systems support business needs and comply with legal/best practice requirements.

In respect of its assurance role, the Committee:
- seeks assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe public health services/programmes and functions.
- provides assurance to the Board that there are robust systems and processes in place which can demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales, which are consistently applied and underpinned by an appropriate evidence base and/or ongoing evaluation
- ensures the improvement in the standard of quality and safety across the whole organisation, as appropriate via the continuous monitoring of the Quality and Impact Framework, Health and Care Standards for Wales and other relevant standards
- ensures all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions.

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee has the right to inspect any books, records or documents of the Trust relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate.

2.1 Membership of Committee

The membership of the Committee during 2017/18 included:

Name	Position	Attendance
Simon Smail	Committee Chair and Non-Executive Director (until 31.09.17)	2/2
Kate Eden	Committee Chair and Non-Executive Director (Chair from 01.10.17)	4/4
Terence Rose	Non-Executive Director	4/4
Shantini Paranjothy	Non-Executive Director (from 01.04.17)	3/4

2.2 Others in attendance

During 2017/18, the meetings were also regularly attended by the following:

Name	Position	Attendance

Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals (until 02.02.2018)	3/3
Sian Bolton	Interim Executive Director of Quality, Nursing and Allied Health Professionals (Acting Director from 05.02.2018)	1/1 (also attended in previous role)
Quentin Sandifer	Executive Director of Public Health Services / Medical Director	4/4
Chrissie Pickin	Executive Director of Health and Wellbeing	3/4
Aidan Fowler	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives	1/4
Mark Bellis	Director of Policy, Research and International Development	1/4
Gay Reynolds	Governance and General Manager for Quality, Nursing and Allied Health Professionals	3/4
Andrew Jones	Deputy Director of Public Health Services and Director of Health Protection	2/4
Melanie Westlake	Board Secretary and Head of Corporate Governance	4/4

Stephanie Wilkins, lead UNITE Representative and Secretary of Public Health Wales Staffside; has attended and contributed to meetings of the Committee throughout 2017/18. This has been in their capacity as representatives from the Local Partnership Forum.

2.3   Meeting frequency

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. During 2017/18, the Committee met four times and was quorate on all four occasions.

On one of these occasions, the meeting was extended to a full day to enable the Committee to receive and consider annual reports (see Section 3 below).

3   Main areas of Committee activity 2017/18

In line with the terms of reference, there are a number of standing items of each Committee agenda. The following were presented at each meeting:

- Service user or staff experience story
- Serious Incidents
- Putting Things Right Quarterly report (Incidents, Complaints and Claims)
- Quarterly Alerts reports
- Board Assurance Framework
- Corporate Risk Register
- Information Governance Performance Report

The Committee has also received the following annual reports for the period 2017/18:

- Annual Quality Statement
- Putting Things Right and Claims
- Corporate Safeguarding
- National Safeguarding Team
- Infection Prevention and Control
- Welsh Risk Pool Audit of Concerns and Claims
- Healthcare Inspectorate Wales
- NHS Centre for Equality and Human Rights
- Information Governance
- Alerts

3.1 Sub Groups

A number of management groups report into the Committee and regular updates were received. Reports from these groups are published in the Committee papers on the website. Updates were received from:

- Service User and Experience Panel
- Infection Prevention and Control Group
- Safeguarding Group
- Quality Management Forum
- Information Governance Working Group

4 Work Plan

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

A Chair's report is also provided to the Board and the confirmed minutes are published with the Board papers.

5   Assessment of governance and risk issues

The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders.

The Committee undertook a self-assessment in November 2017. The outcomes of the self-assessment were discussed at a workshop on 23 November 2017. An action plan was developed and approved by the Committee at its meeting on 27 February 2018. The Committee will review progress against the action plan in October 2018.

6   Relationship with other Committees

The Quality, Safety and Improvement Committee has continued to work closely with the Audit and Corporate Governance Committee and the People and Organisational Development Committee during the year.

Any audit and corporate governance specific risks are directed to the Audit and Corporate Governance Committee and the link for this is Board Secretary/Head of Corporate Governance and the Deputy Chief Executive/Executive Director of Operations and Finance.

Any people and organisational development specific risks are directed to the People and Organisational Development Committee and the link for this is Director of People and Organisational Development.

7   Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2017/18, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board.

The Committee had, on occasion, requested further information on particular items to allow further scrutiny of the issues and to enable them to provide robust assurance to the Board and Accountable Officer. During 2017-18, further assurance was requested by the Committee on:

- **Information Governance** – A consolidated performance report on the Information Governance (IG) Management System was introduced during 2017/18. This report enabled the Committee to strengthen its scrutiny of information governance issues. The report also summarised the organisation wide high and extreme Information Governance risks.

- **An implementation plan to address the impact of NHS Wales Medical and Dental Agency and Locum Deployment in Wales** - This plan had been developed in response to a Welsh Health Circular (issued in October 2017) to reduce medical and dental agency and locum deployment in Public Health Wales. The Committee has received regular update reports, in addition to a wider report with regard to the impact on the Microbiology Service as a whole, and will continue to monitor the situation in 2018/19. Due to the confidential nature of some of the information relating to this issue, subsequent reports were received and considered in private session of the Committee.

8   Conclusions and look forward

The Committee is committed to continuing to develop its function and effectiveness and intends seeking further assurance in 2018/19 in respect of the:
- Review of the Terms of Reference and Membership of the Committee, as part of a wider committee structure review;
- Taking forward the action plan developed as a result of the 2017/18 self-assessment.
- Completion of the 2018/19 self-assessment for the Committee.
- Ongoing update reports in respect of the impact of NHS Wales Medical and Dental Agency and Locum Deployment in Wales and wider reports on the impact on the Microbioolgy Service as a whole.

		Name of Meeting
		Board
		Date of Meeting
		31 May 2018
		Agenda item:
		10.1

Annual summary of organisation wide policies 2017-18

Executive lead:	Melanie Westlake, Board Secretary and Head of Corporate Governance
Author:	Melanie Westlake, Board Secretary and Head of Corporate Governance

Approval/Scrutiny route:	Not applicable

Purpose

This report provides the Board with an annual summary of organisational policies, procedures and other written control documents. The summary provides an update on the status of documents categorised as policies.

Appendices 1 and 2 are an extract taken from the central Policy and Control Document Register and shows the current status of documents at 23 May 2018.

Further information regarding the arrangements for review of documents which have passed their review date can be sought from the Board Secretary and Head of Corporate Governance outside of the Board meeting.

Recommendation:

APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	ASSURANCE ☒

The Board is asked to:

- **Receive assurance** that the Committees are discharging their responsibilities with regard to scrutinising the review of policies.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to seven of the strategic priorities and well-being objectives.

Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required in support of this report. An impact assessment should be undertaken for each of the respective policies when they are developed or reviewed.
Risk and Assurance	A risk assessment has been undertaken for each policy which has passed its review date. These are captured in the accompanying register (see Appendix 1 and 2) and a summary is detailed below.
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability
Financial implications	Not applicable
People implications	Not applicable

1. Purpose / situation

This report provides the Board with an annual summary of organisational policies, procedures and other written control documents. The summary provides an update on the status of documents categorised as policies.

Appendices 1 and 2 are an extract taken from the central Policy and Control Document Register and shows the current status of documents at 23 May 2018.

2. Background

The Board approved a new organisation-wide Policy and Written Control Documents Policy and Procedure in September 2016. All new/revised documents are now developed and approved in accordance with the provisions and processes set out in these documents.

Section 4.2 of the procedure specifies that the Register will be reported annually to the Board, and the relevant sections reported to board committees twice yearly. This provides the Board and committees with assurance that required policies, procedures and other written control documents are being developed and maintained. The Board received an annual update in May 2017 when it was agreed that risk assessments would be undertaken where documents had passed their review date to assess the potential risk to the organisation.

3. Description/Assessment

In May 2017 the Board was advised that the organisation had 105 existing documents considered to be organisation-wide. For the purposes of this annual report a focus has been placed on "policies" as this status of document requires the approval by the Board or Committee.

The Trust currently has 60 Trust wide policies, 29 of these policies are in date and 31 have passed their review date (see Appendix 1). Further detail is provided in appendix 1 and the table below shows the current status and assessed risk rating.

There are currently 17 NHS Wales (all Wales) policies which are applicable within the Trust (seep Appendix 2). Where documents are developed on an all Wales basis, (for example workforce related documents) the Trust is required to formally adopt these. Where it is known documents are being developed nationally there is sometimes a judgement to be made

as to whether the Trust continues with the review process in the interim. Eight of the NHS Wales policies have passed their review date.

Policy Review date status

		All Wales Policies	Public Health Wales	Total
	Green: Policy in date (approved/adopted)	10	29	39
	Orange: Policy review date passed - awaiting national policy	7	6	13
	Red: Policy review date passed - action underway or required	0	25	25
	Total	**17**	**60**	**77**

Policy Risk Assessment – RAG Rating

	Policy approved	10	29	39
	Policy not yet approved but low risk presented.	7	18	25
	Policy not yet approved and moderate risk presented.	0	11	11
	Policy not yet approved and high risk presented.	0	1	1
	Total	**17**	**60**	**77**

The document which is indicated as having passed its review date and presenting a high risk to the Trust is the Medical Devices and Equipment Management Policy. Consultation has taken place on a revised document, and the final draft will be shared with the Senior Leadership Team in June 2018 prior to presentation at the Quality, Safety and Improvement Committee in July 2018.

The Disposal of Obsolete Equipment and Vehicles Policy has been reviewed and this will be presented to the Audit and Corporate Governance Committee for approval on 30 May 2018.

During 2017/18 the Committees have been receiving their respective extracts from the register to allow them to provide scrutiny and receive assurance. The information provided to the Committees also contains a narrative with regard to the arrangements for review of the documents. Should the Committee not be assured regarding the arrangements for review of documents which have passed their review date they should

seek further clarification from the Executive Lead and agree a date when the revised document will come forward for approval.

To ensure that approval of documents are not delayed as a result of the Committee cycle Chair's Action is sought as appropriate.

Increasing the percentage of approved corporate/trust-wide policies and procedures which have not exceeded their review date has been included as a Quality and Impact indicator. For 2018/19 this has been set at 75% which would represent an improvement on compliance during 2017/18.

Further information regarding the arrangements for review of documents which have passed their review date can be sought from the Board Secretary and Head of Corporate Governance outside of the Board meeting.

4. Recommendation

The Board is asked to:

- **Receive assurance** that the Committees are discharging their responsibilities with regard to scrutinising the review of policies.

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Counter fraud policy	PHW08	2	Policy review date passed - action underway/required	07/05/15	01/02/18	Audit and Corporate Governance Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - low risk presented
Decontamination policy	PHW28	1	Policy review date passed - action underway/required	31/01/13	01/01/15	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Disposal of Obsolete Equipment and Vehicles	Black 124	1	Policy review date passed - action underway/required	01/05/09	01/05/12	Audit and Corporate Governance Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - moderate risk presented
Emergency Response Plan	TBC	1	Policy review date passed - action underway/required	01/12/16	01/12/17	Board	Chief Executive	Overdue for review - low risk presented
Employing ex-offenders and people with a criminal record policy	Black 50	2	Policy review date passed - awaiting national policy	11/01/06	National	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
Environmental Cleanliness policy	PHW31	1	Policy review date passed - action underway/required	11/07/13	01/07/16	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Environmental Policy	Black 125	1	Policy review date passed - action underway/required	01/07/09	01/07/12	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - low risk presented
Exit interview/questionnaire policy and procedure	Black 51	2	Policy review date passed - awaiting national policy	01/10/09	01/01/17	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Exposure Injury Policy (including needlestick injury) and safe use of sharps	TBC		Policy review date passed - action underway/required		TBC	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Incident reporting policy	PHW32	1	Policy review date passed - action underway/required	27/06/13	01/06/16	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Infection control policy	PHW27	1	Policy review date passed - action underway/required	31/01/13	01/01/15	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Intellectual property	Black90	1	Policy review date passed - action underway/required	15.09.2004	01/04/15	Board	Board Secretary and Head of Corporate Governance	Overdue for review - moderate risk presented
Ionising Radiation Safety Policy	PHW 26	3	Policy review date passed - action underway/required	25/10/16	25/10/17	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Overdue for review - low risk presented
Latex policy	Black 46	2	Policy review date passed - action underway/required	10/01/07	01/01/10	Board	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - low risk presented
Maternity, Adoption, Paternity/Maternity Support and IVF policy	PHW 45	1	Policy review date passed - action underway/required	29/01/15	01/03/15	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Medical Devices and Equipment Management Policy	Black 94	1	Policy review date passed - awaiting national policy	01/10/09	01/04/15	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Overdue for review - high risk presented
Medicines management policy and code of practice	PHW26	1	Policy review date passed - action underway/required	31/01/13	31/01/16	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Overdue for review - moderate risk presented
Mobile Phone Policy	Black 123	1	Policy review date passed - action underway/required	01/01/09	01/03/12	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - low risk presented
Outbreak Management Policy	PHW 40	0c	Policy review date passed - awaiting national policy	01/04/14	01/04/17	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Overdue for review - low risk presented
Policy and procedure for managing Criminal Record Bureau (CRB) disclosure checks for eligible NHS staff	Black 49	3	Policy review date passed - awaiting national policy	12/07/06	01/07/09	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
Policy and procedure for the receipt and dissemination of alerts/safety notices within Public Health Wales	PHW30	Final	Policy review date passed - action underway/required	18/04/13	01/04/16	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Policy for the transport of pathological specimens	Yellow 11	2	Policy review date passed - action underway/required	01/10/09	01/04/15	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Putting Things Right - handling concerns, complaints and claims	PHW15	1	Policy review date passed - awaiting national policy	28/06/12	08/06/15	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - moderate risk presented
Recruitment and selection policy	PHW 50	1	Policy review date passed - action underway/required	12/01/17	01/06/17	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
Registration policy and procedure for health professionals	Black 52	3	Policy review date passed - action underway/required	01/09/09	01/09/16	People and Organisational Development Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - low risk presented
Reporting damage or loss to personal property policy	PHW24	1	Policy review date passed - action underway/required	06/03/13	01/03/16	Board	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - low risk presented
Safeguarding Training Strategy		2	Policy review date passed - action underway/required	01/10/14	01/10/17	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - low risk presented

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Smoke free environment policy	PHW19	1	Policy review date passed - action underway/required	14/01/15	01/01/18	People and Organisational Development Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - low risk presented
Study leave policy and guidelines	Black 38	1	Policy review date passed - action underway/required	01/02/04	01/02/07	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
Welsh Language Scheme	No ref	3	Policy review date passed - action underway/required	27/04/10	09/07/05	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
Adverse weather conditions/transport disruption policy	PHW 51	1	Policy in date	07/02/17	01/11/18	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Claims Management Policy	PHW16	3	Policy in date	26/01/17	01/01/20	Board	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Consent to Examination, Screening or Intervention policy	PHW 59	2	Policy in date	16/05/17	01/05/20	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Declarations of interests, gifts, hospitality and sponsorship policy	PHW05	3	Policy in date	30/11/17	30/11/20	Board	Board Secretary and Head of Corporate Governance	Approved
Display screen equipment policy	PHW17	1b	Policy in date	29/10/12	01/03/18	People and Organisational Development Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Domestic abuse and sexual violence policy	PHW41	1	Policy in date	29/04/14	01/01/20	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Fire safety policy	PHW07	3	Policy in date	19/12/17	30/09/20	People and Organisational Development Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Flexible Working Policy	No ref	2	Policy in date	28/04/16	01/03/19	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Health and safety policy	PHW10	2	Policy in date	07/03/17	07/03/18	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Information Governance policy	PHW13	1	Policy in date	29/08/17	29/08/20	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Information Security policy	PHW61	1	Policy in date	24/10/17	24/01/20	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Joint Working Framework	PHW62	1	Policy in date	25/01/18	25/01/21	Board	Board Secretary and Head of Corporate Governance	Approved
My Contribution policy	PHW66	2.3	Policy in date	24/04/18	24/04/20	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Policies, procedures and other written control documents management policy	PHW47	3	Policy in date	29/09/16	29/09/19	Executive Team	Board Secretary and Head of Corporate Governance	Approved
Policies, procedures and other written control documents management procedure	PHW47/TP01	3	Policy in date	29/09/16	29/09/19	Board	Board Secretary and Head of Corporate Governance	Approved
Prevent policy and referral process	Unknown	0e	Policy in date	27/05/15	27/05/18	Quality, Safety and Improvement Committee	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Prevention of Stress and management of Mental Wellbeing Policy	PHW 54	2	Policy in date	31/03/17	01/03/19	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Public Health Wales Standing Orders		4	Policy in date	25/01/18	25/01/19	Board	Board Secretary and Head of Corporate Governance	Approved
Recovery of Salary Overpayments and Underpayments policy	PHW18	2	Policy in date	02/05/18	02/05/21	Audit and Corporate Governance Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Recovery of Salary Overpayments and Underpayments procedure	PHW18-TP01	1	Policy in date	02/05/18	02/05/19	Audit and Corporate Governance Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Redeployment policy	PHW 09	1	Policy in date	01/04/16	01/03/19	Board	Director of People and Organisational Development	Approved
Redundancy policy	PHW 52	1	Policy in date	07/02/17	01/02/20	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Risk Management Policy	PHW56	1	Policy in date	25/05/17	01/01/20	Board	Executive Director of Quality, Nursing and Allied Health Professionals	Approved
Statutory and Mandatory training policy	PHW04	1.i	Policy in date	20/07/17	20/07/18	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Substance use and abuse at work policy and procedure	PHW 49	1	Policy in date	12/01/17	01/01/19	People and Organisational Development Committee	Director of People and Organisational Development	Approved

Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Approving body (from Annex within Policy for Policies)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
Transmission Based Precautions Policy	PHW55	1a	Policy in date	12/04/16	01/12/18	Quality, Safety and Improvement Committee	Executive Director of Public Health Services/Medical Director	Approved
Uniform/Dress code policy	PHW46	0d	Policy in date	14/01/16	01/01/19	People and Organisational Development Committee	Executive Director of Health and Wellbeing	Approved
Waste management policy	PHW63	3	Policy in date	19/12/17	30/09/20	People and Organisational Development Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
Water management policy	PHW64	1	Policy in date	19/12/17	30/09/20	People and Organisational Development Committee	Deputy Chief Executive / Executive Director of Operations and Finance	Approved

All Wales Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Initial approving body (Select from dropdown)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
All Wales Capability policy	AW05	1a	Policy review date passed - awaiting national policy	27/06/13	09/07/15	Board	Director of People and Organisational Development	Overdue for review - low risk presented
All Wales Medical appraisal policy	AW08	1	Policy review date passed - awaiting national policy	28/06/12	25/04/14	Board	Director of People and Organisational Development	Overdue for review - low risk presented
All Wales NHS Indemnity and Insurance policy	Unknown		Policy review date passed - awaiting national policy	15/09/15	15/09/16	No record of formal adoption	Executive Director of Quality, Nursing and Allied Health Professionals	Overdue for review - low risk presented
All Wales Reserve Forces Training and Mobilisation Policy	No ref	1	Policy review date passed - awaiting national policy	28/04/16	01/03/18	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
All Wales Secondment policy	AW04	1	Policy review date passed - awaiting national policy	28/04/16	01/03/18	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
All Wales Sickness Absence policy	AW01	2	Policy review date passed - awaiting national policy	01/12/15	01/10/16	People and Organisational Development Committee	Director of People and Organisational Development	Overdue for review - low risk presented
All Wales Social Media policy	AW14	0.10	Policy review date passed - awaiting national policy	24/03/16	01/01/18	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Overdue for review - low risk presented
All Wales Disciplinary policy and procedure	AW03	40	Policy in date	04/07/17	01/03/20	People and Organisational Development Committee	Director of People and Organisational Development	Policy approved
All Wales Email use policy	PHW34	1	Policy in date	01/03/16	01/03/19	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Policy approved
All Wales employment break policy	AW11	11	Policy in date	04/07/17	01/03/19	People and Organisational Development Committee	Director of People and Organisational Development	Policy approved
All Wales Grievance policy and procedure	AW02	1	Policy in date	28/04/16	01/03/19	People and Organisational Development Committee	Director of People and Organisational Development	Policy approved
All Wales Internet usage policy	PHW33		Policy in date	01/03/16	01/03/19	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Policy approved

All Wales Policy title	Policy ref.	Version	Status (select from dropdown)	Approval date	Review date	Initial approving body (Select from dropdown)	Accountable Executive Lead (Select from dropdown)	Policy Risk Assessment RAG score
All Wales Organisational Change Policy	AW12	14	Policy in date	29/03/17	01/03/20	Board	Director of People and Organisational Development	Policy approved
All Wales Pay Progression policy	AW13	1	Policy in date	04/07/17	01/03/20	People and Organisational Development Committee	Director of People and Organisational Development	Policy approved
All Wales procedure for NHS staff to raise concern	AW09	2	Policy in date	18/01/18	18/01/20	People and Organisational Development Committee	Director of People and Organisational Development	Approved
Social Media Guidelines	AW14/CD 01	01c	Policy in date	01/03/16	Unspecified	Board	Deputy Chief Executive / Executive Director of Operations and Finance	Approved
All Wales Special Leave policy	AW06	23	Policy in date	18/01/18	18/01/20	People and Organisational Development Committee	Director of People and Organisational Development	Approved

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Mrs Margaret Foster, Chair
Lead Executive	Mr Neil Frow, Managing Director, NWSSP
Author and contact details.	Jacqui Maunder, Head of Corporate Services, Jacqueline.Maunder@wales.nhs.uk
Date of meeting	27th March 2018

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

The full agenda and accompanying reports can be accessed on our website http://www.nwssp.wales.nhs.uk/committee-papers-2018

1.Internal Audit Strategy
Members **received** and informative presentation on NWSSP's draft Internal Audit Strategy. Simon Cookson, Director of Audit and Assurance, gave an update on the findings of the external quality assessment (EQA) undertaken by the Chartered Institute of Internal Auditors (CIIA) to assess if the internal audit service provided to NHS Wales complies with the CIIA's International Standards and how it relates to the financial services code and the public sector standards (PSIAS). Members noted that the International Standards comprised of 64 guiding principles across 118 criteria, and that the EQA was undertaken every 5 years. A survey questionnaire was issued to Health Boards, Trusts and hosted bodies seeking feedback on the internal audit function and a number of interviews were undertaken to gather qualatative feedback to support the survey findings.

The Committee **NOTED** that the overall feedback on the internal audit services was very positive and Internal Audit met all 64 of the guiding principles. In addition it was noted that feedback from customers was also very positive.

The findings of the assessment provided an evidence led platform upon which to develop the internal audit strategy and the All Wales NHS Audit Committee Chairs group and the NHS Wales Board Secretaries Network have been consulted on the draft document. The strategy is focussed on the 4 key areas of: people, coverage, technology and quality. Members **noted** that the risk profile across different NHS bodies had changed and that it would be important to focus on high risk areas and balance resources appropriately.

The findings of the report from the CIIA will be presented to the Velindre NHS Trust Audit Committee for NWSSP on the 24th April 2018 and will be presented to Health Board/Trust Audit Committees and Welsh Government thereafter.

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2. Welsh Language Standards [No7.] Regulations 2018

The Committee **RECEIVED** a report and a presentation from Jacqui Maunder, Head of Corporate Services and Non Richards, Welsh Language Officer on the Welsh Language Standards (No. 7) Regulations ('the Regulations') which specify service delivery standards, policy making standards, operational standards and record keeping standards, which were formally adopted and approved in the Plenary Meeting, in the National Assembly for Wales on the 20th March 2018.

Members **noted** that the "Regulations" had been subject to formal consultation "Welsh Language Standards – improving services for Welsh speakers within the Health Sector" between July-October 2016 and that the draft "Regulations" were laid in the Senedd by the Minister for Welsh Language & Lifelong Learning on the 27th February 2018. In March 2018, the Assembly received oral evidence from Aneurin Bevan UHB, Powys THB, Cwm Taf UHB, Hywel Dda UHB and the British Medical Association (BMA) Cymru; and the Culture, Welsh Language and Communications Committee scrutinised the draft regulations and had received written feedback from the Welsh NHS confederation, BMA Cymru and the Royal College of GPs. Representatives of Local Health Boards were supportive of the Regulations and reiterated many of the key themes.

Members noted that there were 121 standards (65 less than was included in the original consultation document in 2016) which were split into 5 schedules focused on Service Delivery Standards, Policy Making Standards, Operational Standards, Record Keeping Standards and Standards that deal with supplementary matters. The Regulations will come into force on the 29th June 2018 and the Welsh Language Commissioner will commence placing draft compliance noticed on NHS bodies. Once received there will be a 6 week consultation period for the NHS body to respond on the feasibility of full compliance with the compliance notice. Once the final compliance notice is received NHS bodies will have 6 months until the standards must be fully implemented.

The Service Delivery Standards and the Operational Standards within the updated regulations will present significant challenges for NHS Wales and NWSSP were undertaking a baseline assessment of NWSSP's existing compliance level against the standards to identify gaps in compliance and to identify what additional support may be required to fully comply with the provisions of the regulations.

In anticipation of the Regulations being formally approved the NWSSP had considered developing a business case outlining how it could support NHS bodies in Wales to fully comply with the standards through offering a "Welsh Language Unit/Hub" service to interested parties.

The Committee **NOTED** the report.

The Committee **agreed** that NWSSP should work with NHS Welsh Language Officer's group over the next 6 months to assess what support they may require in future; and that an update report be brought back to the Committee in 6 months' time outlining a way forward to reduce duplication of costs with a view to

delivering a "Once for Wales" approach to bilingual services.

3. Chair's Report

The Committee **received** a verbal update from the Chair who advised that she had attended several events focussed on the Parliamentary Review of Health and Social Care in Wales, which was published on the 16th January 2018.

Members **noted** that Mrs Hazel Robinson, Director of Workforce & Organisational Development (DWODS), NWSSP had been appointed as the new DWODS for Abertawe Bro Morgannwg UHB (ABMU), and the Chair extended her thanks to her for her valued contribution and commitment in making NWSSP a successful service provider, and wished her every success in her new role.

Members **noted** that following a competitive recruitment exercise Mr Gareth Hardacre, Deputy DWODS, Cwm Taf UHB had been appointed as the new DWODS for NWSSP and would commence his new role in June 2018.

4. Managing Director's Report

The Committee **received** a verbal report from the Managing Director, NWSSP which included an update on:

- **European Shared Services Leaders' Summit, London March 2018 –** the summit provided an opportunity to learn about global experiences in providing shared services to different sectors and demonstrated that the use of robotic process automation (RPA) to deliver efficient services and analyse data was on the increase.
- **Review of Welsh Government Sponsored Bodies** – the Permanent Secretary had written to the Public Accounts Committee (PAC) concerning a number of potential changes to the delivery of services through Welsh Government Sponsored Bodies (WGSB) and that a shared service model was being considered in terms of back office functions. A number of WGSBs had recently approached the NWSSP to learn more about the NHS shared service journey and to discuss any opportunities of working more closely together.
- **Potential Areas For Pharmacy Supply Chain Reconfiguration –** The Committee discussed the potential opportunities to review the supply chain configuration and agreed to use any potential NWSSP savings to support a piece of work which would help scope out the potential benefits based on some of the work being conducted in a number of areas within NHS England and the Lord Carter review.
- **Primary Care Agenda –** NWSSP continued to work with Directors of Commissioning, Primary Care, Therapies and Health Sciences across NHS Wales on GP cluster work and the sustainability agenda.
- **Health Technology Wales (HTW) -** Health Technology Wales (HTW) was established following an announcement by the Cabinet Secretary for Health & Social Care in 2017. The remit of HTW is to facilitate the timely adoption of clinically and cost effective health technologies. HTW is hosted by

Velindre NHS Trust and has a remit that covers all health technologies that are not medicines, which could include medical devices, surgical procedures, tele monitoring, psychological therapies, rehabilitation or any other non-medicine health intervention. The Life Sciences Hub in Cardiff had recently revised its remit to cover health technology in Wales and further work was required to ensure that there was no duplication of overlap.

The Committee **NOTED** the update.

5. Prudent Procurement
The Committee **received** a report from Neil Frow, Managing Director, on progress made in respect of the Evidence Based Procurement Board (EBPB) (previously known as the All Wales Medical Consumables and Devices Strategy Group (AWMCDSG)) on Prudent Procurement.

The Committee **noted** that two new members of staff with expertise in data analysis had been appointed to support the project and that the Director General/Chief Executive NHS Wales has very clear expectations about the EBPB's recommendations and actions with the desire to bring more pace to the review process.

The Committee **NOTED** the report.

6. Health Education and Improvement Wales (HEIW) Update
The Committee **received** a verbal report from Neil Frow, Managing Director on progress in establishing the "Health Education Improvement Wales (HEIW)" single body for workforce planning, development and commissioning of education and training. Members **noted** that NWSSP were playing a pivotal role in helping set up the new Organisation in particular in respect of finance, Procurement, Workforce and Estates.

The Committee **NOTED** the update.

5. Integrated Medium Term Plan (IMTP) 2018-2021
The Committee **received** the **Integrated Medium Term Plan (IMTP) 2018-2021,** which had been updated to reflect the feedback received from the January 2018 meeting. Andy Butler, Director of Finance & Corporate Services provided an update on the positive feedback received from Welsh Government on progress in delivering the performance measures outlined within the IMTP 2017-2018 and on the format of the 2018-2021 plan.

Marie Claire-Griffiths, IMTP lead gave an update on activities outlined within the IMTP communications plan to raise awareness of the importance of the plan, which included "lunch and learn" sessions with staff and an in-house video to enable them to learn more about the IMTP process and the publication of a summarised "easy read" version of the full IMTP document.

Members discussed the financial elements of the plan and **noted** the efficiencies

being made and the proposed investment in robotic process automation (RPA) and strengthening its Programme Management Office (PMO) capabilities in future.

Following further discussion the Committee **APPROVED** the final plan for submission to Welsh Government at by the end of March 2018. In approving the plan members emphasised the importance of further work being undertaken over the next few months to review additional opportunities to support Health Boards & Trusts and deliver efficiencies through increased collaborative working across Wales.

The Committee **NOTED** the update.

6. Board Decision Required for Commitment Exceeding £100k for the Period 19th January 2018 - 20th March 2018

The Committee **received** a report requesting approval for a financial commitment in excess of £100k for refurbishment and lease renewal for the Alder House site in St Asaph, in accordance with the NHS Wales Procurement rules and relevant Standing Financial Instructions (SFIs).

The Committee **APPROVED** the expenditure for refurbishment and lease renewal for the Alder House site in St Asaph, subject to the addition of a break clause being incorporated within the lease contract and appropriate funding being received.

7.Benefits Portal

The Committee **received** a verbal report on the potential of introducing a Benefits Portal for NHS employees.

The Director of Finance & Corporate Services advised that following the January meeting further discussions had been undertaken regarding the introducing a benefits staff benefits portal. It was noted that there were already portals operating within the NHS and there could be considerable benefits from introducing a portal in NHs Wales. It was agreed that work should be undertaken by NWSSP in collaboration with NHS Wales Directors of Workforce Development Services (DWODS) and staff side representatives to develop a proposition for consideration at a future meeting.

The Committee **NOTED** the report.

8. Purchase to Pay Update – No P.O. No Pay Policy

The Committee **received** a report from the Director of Finance & Corporate Services on the new NHS Wales No PO No Pay (No Purchase Order/No Payment) Policy which is a key enabler to improving the efficiency of the purchase to pay (P2P) process in NHS Wales by ensuring suppliers seek a purchase order (PO) number in advance of supplying goods and services

The Committee **NOTED** that the P2P formed part of the work of the NHS Wales Finance Academy and that Andrew Naylor, Director of Finance, Aneurin Bevan UHB, was the lead. Members **noted** that the No PO no pay work was progressing

and that the priority supplier programme had progressed, however no tangible financial benefits had been delivered as yet.

The Committee **NOTED** the update.

9. Feedback on Laundry Review
The Committee **received** a verbal update on the progress made by Health Board's/Trusts to consider the outline business case for the Laundry review project.

The Committee **NOTED** the update and that a number of responses were still outstanding and it was agreed that NWSSP would write to individual Chief Executives requesting a formal response to the proposal.

10. Update on Catering Review
The Committee **received** a verbal update from Neil Frow, Managing Director on progress in reviewing the catering system arrangements in place across NHS Wales.

Members **NOTED** that NWSSP had been asked to take forward the catering review and that briefings had been provided to the Director General / Chief Executive NHS Wales in terms of the progress being made together with the expected timescales. Anthony Hayward, Assistant Director National Clinical Commissioning Unit (NCCU) had been appointed as project director and NWSSP were working with the NHS Wales Informatics Services (NWIS) to procure a pan Wales catering system framework for NHS organisations to draw services from as required. Working groups and targeted workshops had been set up in conjunction with NWIS and a timetable put in place to track progress and adhere to the strict time parameters.

The Committee **NOTED** the update.

11. Transfer of Redress from Welsh Government to NWSSP
The Committee **received** a report from the Director of Finance & Corporate Services on the proposal to transfer the management of Redress from Welsh Government to the Welsh Risk Pool from April 2018. The report highlighted the considerable benefits to be gained from transferring the management of redress particular in terms of learning lessons.

A detailed discussion took place concerning the budget whereby the amount to be transferred was likely to be in the region of £750k lower than the anticipated expenditure.

In view of this, it had been proposed that the risks against the traditional WRPS budget of £75m and the Redress budget are managed separately in the short term. They will be managed as two schemes within NWSSP for the next three financial years, but with the expectation that the risks are managed in total by the NHS from 2021-22 onwards.

Under this arrangement, the level of funding transferred from Welsh Government to NWSSP under this option would be £1.3m. Any overspend against the Redress budget, including running costs of the new arrangements, would be met by any underspend against the £75m WRPS allocation. If the £75 million WRPS allocation is fully utilised, the Welsh Government would fund the shortfall on the redress budget including running costs.

The Committee:
- **AGREED** that the administration of Redress should transfer to NWSSP
  NOTED the risk within Welsh Government around the baseline budget and current costs of redress
- **ENDORSED** the funding arrangements as set out in the report

12. Finance and Performance

The Committee **received** a report from the Director of Finance & Corporate Services summarising the latest **financial position** and key performance indicators (KPIs).

It was reported that an additional NWSSP distribution of £1.250m had been declared for 2017-18. This increases the distribution from the planned £0.750m per our IMTP to £2.000m Some NHS bodies had agreed to reinvest their share of the planned distribution. It was noted that NWSSP would still be able to break even. It was however highlighted that the NWSSP capital allocation was insufficient to take forward a number of key initiatives but discussions with Welsh Government were ongoing.

Committee members reviewed and discussed performance as part of the scrutiny process.

The Committee **NOTED** the report.

13. Welsh Risk Pool (WRP) Financial Position

The Committee **received** a report from the Director of Finance & Corporate Services updating the Committee on the current financial **position regarding the Welsh Risk Pool**. It was noted that the outturn expenditure was in line with the budget provided and there would be no requirement to invoke the risk sharing agreement. The change in the discount rate had had a major impact on the level provisions which now exceeded £1 billion

14. Reports for Information

The Committee **received** and **noted** a number of reports for information, these included:
- o National Improvement Plan (NIP) Update
- o National Procurement Service (NPS) update
- o Draft Annual Governance Statement 2017-2018
- o Audit Committee Highlight Report

Corporate Risk
The Committee **NOTED** that there had been a change in the format for the corporate risk register and that there was a clearer focus on the risk score as a clear translation of risk appetite. There was on red risk identified on the register relating to**:** • the ongoing issues following the changes made by NHS England in relation to primary care records transfers and the proposed changes to the Exeter payment and patient registration system;

Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams. • The Board is asked to **CONSIDER** any potential pressures that NWSSP could consider providing support for, or any areas which NWSSP could invest in to further support HBs/Trusts in meeting any additional challenges over the next three years. To be reported back to the next Committee meeting.

Matters referred to other Committees	
N/A	
Date of next meeting	17th May 2018