

Agenda Board Meeting / Cyfarfod y Bwrdd

Date/Dyddiad 26/03/2020

Time/Amser 9:00 - 11:30

**Location /
/Lleoliad** Meeting held telephone/video conference due to COVID-19

**Chair /
/Cadeirydd** Jan Williams, Public Health Wales Chair / Cadeirydd Iechyd Cyhoeddus Cymru

**Description/
Disgrifiad** Public Health Wales is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe either in person or electronically. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19) we have decided not to hold our meetings in Public, a decision we have taken in the best interests of protecting the public, our staff and Board members. We will make a summary of our meeting available as soon as possible which will be followed by our full minutes for public information.

Mae Iechyd Cyhoeddus Cymru wedi ymrwymo i fod yn agored ac yn dryloyw, ac mae'n ymdrin â chymaint o'i fusnes â phosibl mewn sesiwn y mae croeso fel arfer i aelodau'r cyhoedd ei mynychu ac arsylwi arni naill ai'n bersonol neu'n electronig. Fodd bynnag, yn wyneb y cyngor a chanllawiau cyfredol o ran Coronafeirws (COVID-19), rydym wedi penderfynu peidio â chynnal ein cyfarfodydd yn gyhoeddus. Mae hwn yn benderfyniad rydym wedi'i wneud er budd gorau amddiffyn y cyhoedd, ein staff ac aelodau'r Bwrdd. Byddwn yn sicrhau bod crynodeb o'n cyfarfod ar gael cyn gynted â phosibl a bydd cofnodion llawn ar gyfer gwybodaeth gyhoeddus yn dilyn.


1 9:00	Welcome and Apologies / Croeso ac Ymddiheuriadau Oral / Llafar
2	Declarations of Interest / Datgan Buddiannau Oral / Llafar

3	Board and committee arrangements for the foreseeable future / Trefniadau ar gyfer y Bwrdd a'r pwyllgorau ar gyfer y dyfodol rhagweladwy Jan Williams, Chair / Cadeirydd Helen Bushell, Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd Report for information/ Adroddiad er gwybodaeth
4	Preliminary Matters / Materion Rhagarweiniol
4.1	Minutes and Action Log from the Board Meeting on 23/01/2020 / Cofnodion a Chamau Gweithredu o Gyfarfod y Bwrdd ar Gynhaliwyd 23/01/2020 Jan Williams, Chair / Cadeirydd Report for approval / Adroddiad i'w gymeradwyo
5 9:05	Chief Executive's Report / Adroddiad y Prif Weithredwr Tracey Cooper, Chief Executive Officer / Prif Weithredwr Oral / Llafar
6 9:15	Board Assurance Framework / Fframwaith Sicrwydd y Bwrdd Helen Bushell, Board Secretary and Head of Board Business Unit and Executive Directors / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd a'r Tîm Gweithredol Oral / Llafar
6.1 9:40	Urgent items - Novel Coronavirus / Eitemau brys – Coronafeirws Newydd Tracey Cooper, Chief Executive Officer / Prif Weithredwr Quentin Sandifer, Executive Director Public Health Services and Medical Director / Cyfarwyddwr Gweithredol Gwasanaethau Iechyd Cyhoeddus a'r Cyfarwyddwr Meddygol Oral / Llafar
6.2	Integrated Performance Report / Adroddiad Perfformiad Integredig Huw George, Deputy Chief Executive and Director of Operations & Finance / Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithrediadau a Chyllid Report for assurance / Adroddiad er sicrwydd
6.3	Strategic Risk Framework / Fframwaith Risg Strategol Helen Bushell, Board Secretary and Head of Board Business Unit and Executive Directors / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd a'r Tîm Gweithredol

	Report for assurance / Adroddiad er sicrwydd Includes new risk 8 / Yn cynnwys risg 8 newydd
6.4	Committees of the Board: Report from Committee Chairs/ Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau Committee Chairs / Cadeiryddion y Pwyllgorau Report for assurance / Adroddiad er sicrwydd
6.5	NHS Wales Collaborative hosting agreement 2020/21 / Cytundeb Iletya Cydweithrediaeth GIG Cymru 2020/21 Helen Bushell, Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd Report for approval / Adroddiad i'w gymeradwyo
6.6	Ratification of Chair's Action and Affixing of the Common Seal / Cadarnhau Camau Gweithredu'r Cadeirydd a Gosod y Sêl Gyffredin Helen Bushell, Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd Report for assurance / Adroddiad er sicrwydd
7 10:25	Strategy and Development / Strategaeth a Datblygu
7.1	Strategic Equality Objectives 2020-2023 / Amcanion Cydraddoldeb Strategol 2020-2023 Phil Bushby, Director of People and Organisational Development / Cyfarwyddwr Datblygu Sefydliadol a Phobl Report for approval / Adroddiad i'w gymeradwyo
8	Items for Noting / Eitemau i'w Nodi These items have been circulated in advance of the Board and are not intended for discussion unless there are any significant items to be raised: Mae'r eitemau hyn wedi cael eu cylchredeg cyn cyfarfod y Bwrdd ac ni fwriedir eu trafod oni bai bod materion arwyddocaol i'w codi: <ul style="list-style-type: none">• Annual Equality report 2018/19 / • Adroddiad Cydraddoldeb blynyddol 2018/19
9	Date of Next Formal Meeting of the Board / Dyddiad y Cyfarfod Ffurfiol Nesaf o'r Bwrdd 28 May 2020

9.1	Close of Public Meeting / Diwedd y Cyfarfod Cyhoeddus
10 10:30	Break / Egwyl
11 10:40	Private Session: Welcome and Apologies / Sesiwn Breifat: Croeso ac Ymddiheuriadau
12	Preliminary Matters / Materion Rhagarweiniol
12.1	Minutes of Private Session of the Board held on (23.01.20 and 20.02.20) and action log / Cofnodion Sesiwn Breifat o'r Bwrdd a gynhaliwyd ar (23/01/20 a 20/02/20) a chofnod o'r camau gweithredu Jan Williams, Chair / Cadeirydd Report for approval / Adroddiad i'w gymeradwyo
12.2	Board Development Session Notes / review of actions (12.12.19 and 20.02.20) / Nodiadau sesiwn datblygu'r Bwrdd / adolygu'r camau gweithredu (12.12.19 and 20.02.20) Helen Bushell, Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd Report for approval / Adroddiad i'w gymeradwyo
12.3	Notes of Board briefing held 13.03.2020 / Nodiadau o gyfarfod briffio'r Bwrdd a gynhaliwyd 13.03.2020 Helen Bushell, Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd Report for noting
12.4	Matters Arising / Materion yn Codi
13.1 10:50	Committees of the Board: Report from the Committee Chairs of Meetings Held in Private and Remuneration Committee / Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau ar Gyfarfodydd a Gynhaliwyd yn Breifat Committee Chairs / Cadeiryddion y pwyllgorau Report for assurance / Adroddiad er sicrwydd
14 10:55	Matters for Information / Topical Issues / Materion er Gwybodaeth / Pynciau Llosg Tracey Cooper, Chief Executive / Prif Weithredwr Quentin Sandifer, Executive Director Public Health Services and

	<p>Medical Director / Cyfarwyddwr Gweithredol Gwasanaethau Iechyd Cyhoeddus a'r Cyfarwyddwr Meddygol</p> <p>Verbal update for assurance / information / Diweddariad ar lafar er sicrwydd / gwybodaeth</p>
15 11:25	Review of Board Meeting / Adolygiad o Gyfarfod y Bwrdd Jan Williams, Chair / Cadeirydd
16	Any Other Business / Unrhyw Fater Arall
17	Close of Meeting / Diwedd y Cyfarfod

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 1.260320
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Ratification of Chair's Action and Affixing of the Common Seal

Executive lead:	Helen Bushell, Board Secretary and Head of Board Business Unit
Author:	Helen Bushell, Board Secretary and Head of Board Business Unit

Approval/Scrutiny route:	Not applicable
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Purpose

This report details the Chair's Action taken on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.

Recommendation:

RATIFY <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board is asked to:

- **Note** the occasion where Chair's Action was taken;
- **Receive assurance** that the actions were taken in accordance with Section 2 of the Standing Orders;
- **Ratify** the Chair's Action to approve that the Board meeting on the 26 March be run via electronic / telephony means and not be held in public.

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.

Purpose / situation

This report details Chair's Action taken on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.

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 not 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.

Description/Assessment

3.1 Chair's Action

There have been one occasion since the last report where Chair's Action was taken on behalf of the Board. The Chair's Action approved that the Board meeting on the 26 March be run via electronic / telephony means and not be held in public. The action was taken in accordance with Section 2 of the Standing Orders.

3.2 Affixing of the Common Seal

Affixing of the Common Seal was taken on one occasion since the last report. This was taken in accordance with Section 8 of the Standing Orders and is reported in a separate Board paper contained within the agenda for the 26 March 2020. The seal was used in relation to an extension to the lease to part of the 2nd Floor, 14 Cathedral Road, Cardiff, CF11 9JL

Recommendation

The Board is asked to:

- **Note** the occasion where Chair's Action was taken;

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- **Receive assurance** that the actions were taken in accordance with Section 2 of the Standing Orders;
- **Ratify** the Chair's Action to approve that the Board meeting on the 26 March be run via electronic / telephony means and not be held in public.

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 3.260320
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Board Governance Arrangements (COVID-19)

Non Executive Lead:	Jan Williams, Chair
Executive lead:	Tracey Cooper, Chief Executive
Author:	Helen Bushell, Board Secretary and Head of Board Business Unit

Approval/Scrutiny route:	N/A
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Purpose
To propose a number of variations to Board governance arrangements in light of COVID-19.

Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input type="checkbox"/>
<p>In light of COVID-19, the Board is asked to:</p> <ul style="list-style-type: none"> • Approve the proposed temporary variations to the identified standing orders; • Approve the revised approach to Board Level decision making; • Approve the approach to public communication from the Board given that the Board will not meet in public for the foreseeable future (assuming the approval of the variations to standing orders). <p>We propose the above take effect immediately and remain in place for the foreseeable future.</p>				

1. Temporary variation of Standing Orders

Statutory functions – the impact on the discharge of some of our functions.

In line with the Board's decision on the 28 February 2020 to mobilise the organisation to respond to COVID-19 and in light of the recent Ministerial letter regarding screening programmes, there will be some interruption to aspects of our statutory functions. Welsh Government has also confirmed the suspension of the normal IMTP arrangements.

We are not proposing any change to the statutory functions but asking the Board to note there will be some interruption to the delivery of some aspects of our statutory functions.

Variation of Standing Orders

The Standing Orders (SOs) and Reservation and Delegation of Powers set out, together with a range of other framework documents, the arrangements for the Board and the wider organisation to make decisions.

To ensure that Public Health Wales can facilitate agile decision making and reduce unnecessary bureaucracy, without compromising strong governance, we ask the Board to approve temporary variation to parts of the Standing Orders (November 2019 edition). The full set of standing orders can be accessed here – <https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/corporate-governance-communications-and-finance-policies/>

The proposed variations are:

SO Number	Heading / Sub Heading	Proposed Change
Xxxii	Variation and amendment to Standing Orders	Changes to the standing orders will be agreed at Board first and communicated to Audit Committee (not the other way round)
3.3	Committees of the Board	1. Audit and Corporate Governance Committee continue to operate in a remote format with an agenda focussed on ensuring compliance, in particular with the Annual Accounts, Governance Statements and Annual Report

		<p>2. Quality, Safety and Improvement Committee continue to operate in a remote format with an agenda focussed on ensuring compliance in particular with the Annual Quality Statement, Complaints and Putting Things Right. The Committee will also have an assurance role linked to COVID-19.</p> <p>3. Knowledge, Research and Information Committee suspended for the foreseeable future</p> <p>4. People and Organisational Development Committee suspended for the foreseeable future.</p> <p>HR/people decisions to come to full Board where required.</p> <p>During the time that the above Committees are suspended;</p> <ul style="list-style-type: none"> • Information Governance (usually KRIC) will be considered by Audit and Corporate Governance Committee • Health and Safety will be considered by Quality, Safety and Improvement Committee. <p>Variation to People/HR Policy – Variation of HR policy to be approved by the Strategic Director, with oversight in place from CEO. Adaptions to be recorded and reported to Board for assurance.</p> <p>Where appropriate, some HR/people decisions will come to full Board.</p>
7.1	Putting citizens first	Variation – see section 3 of this report
7.2	Annual plan of board business	Suspended for the foreseeable future
7.2.5 – 7.2.7	Annual General Meeting	We are unlikely to run the AGM by the end of July; we will run it when it is becomes feasible to do so.
7.4.3	Notifying and equipping Board members	We will try our best to publish agendas 7 days in advance.

		We are unlikely to be able to publish papers at the same time, we will also be making greater use of verbal reporting which will be captured in the meeting minutes.
7.5	Conducting Board meetings <i>Admission of the public, the press and other observers</i>	Variation – see section 3 of this report.
7.5.8	Chairing Board meetings	In the absence of the Chair and Vice Chair, stipulate the Chair of ACGC as the 3 rd chair
7.5.11	Executive nominated deputies	<p>The standing orders allow for a nominated deputy to represent an Executive Director, but not to have voting rights.</p> <p>The organisation currently has 4 substantive Executives with voting rights; in the event that none are available the Board would need to determine if the nominated deputies should have voting rights. We propose to make recommendations on this if the need occurs.</p>

The legal references to underpin the proposed variations to Standing Orders are:

1. NHS (Wales) Act 2006 – Schedule 3, Part 2, paragraph “An NHS trust may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.”
2. Public Bodies (Admission to meetings) Act 1960 – S.1(2) – A body may, by resolution, exclude the public from a meeting (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted **or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; and where such a resolution is passed, this Act shall not require the**

meeting to be open to the public during proceedings to which the resolution applies.

3. Para 7.5.2 of the revised standing orders indicates that board meetings will be held in public where possible (the point being that there will be occasions that it is not possible).

Recommendation – The Board is asked to approve the variations to the identified standing orders.

2. Revised approach to aspects of Board decision making

Given that the Board will not meet in person for some time, electronic meetings and communication will be the key to the Board's functionality.

We plan to retain whole Board decision making for as long as possible; in reality the likelihood of Board members (executive and non-executive) being ill may mean that the Board has to operate on basis of a quorum.

In principle, the current Board scheme of delegation and specifically the matters the Board reserves for its own decision (schedule 1 of the Standing Orders) will remain. In the event of a critical or urgent decision(s) needing to be made, we will use Chair's action

We recommend the Board approve the following mechanisms of decision making will be used:

- Where possible the **full Board** will retain decision making;
- If the full Board is not available or cannot be convened at speed, we will operate with a **quorum** as set out in our standing orders
- We will use **Chair's Action** sparingly and only as a last resort. Any Chair's Action will of course be recorded and ratified.

Recommendation – The Board is asked to approve the revised approach to decision making at Board level.

3. Meeting of the Board in Public

The Board is unlikely to meet in person for foreseeable future and so will meet through electronic/telephony means. As a result of this, members of the public will be unable to attend or observe.

To facilitate as much transparency and openness as possible at this extraordinary time, Public Health Wales will undertake to:

- Publish agendas as far in advance as possible – ideally 7 days

- Publish reports as far in advance as possible – recognising that some may be tabled and therefore published after the event. We will also increase our use of verbal reporting which will be captured in the meeting minutes
- Produce a written summary of the key components of the meeting as soon as possible
- Publish a draft set of minutes from the meeting for public view as soon as possible
- For both of the above, we will publish a clear link to our website pages and social media accounts signposting to further information.

We will also amend the website (which constitutes our official notice of Board meetings) and explain why the Board is not meeting in public.

Recommendation – The Board is asked to approve the approach to public communication from the Board, given that the Board will not meet in public for the foreseeable future (assuming the approval of the variations to standing orders).



**Unconfirmed Minutes of the Board Meeting
held on 23 January 2020,
in Room 3/7, 2 Capital Quarter, Tyndall Street, Cardiff CF10 4BQ**

Present:		
Kate Eden	(KE)	Chair of meeting. Vice-Chair, Non-Executive Director, and Chair of Quality, Safety and Improvement Committee
Jan Williams	(JW)	Chair (Non-Executive Director for this meeting)
Jyoti Atri	(JA)	Interim Executive Director of Health and Wellbeing
Rhiannon Beaumont-Wood	(RB-W)	Executive Director of Quality, Nursing and Allied Health Professionals
Dyfed Edwards	(DE)	Non-Executive Director and Chair of Audit and Corporate Governance Committee
Huw George	(HG)	Deputy Chief Executive and Executive Director of Finance and Operations
Stephen Palmer	(StP)	Non-Executive Director
Judi Rhys	(JR)	Non-Executive Director (Third Sector) and Chair of the People and Organisational Development Committee
Quentin Sandifer	(QS)	Executive Director of Public Health Services/Medical Director
Alison Ward From item PHW10/2020	(AW)	Non-Executive Director (Local Authority) via teleconference
In Attendance:		
Mark Bellis	(MB)	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC)

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Sian Bolton	(SB)	Interim Transition Director, Knowledge Directorate
John Boulton	(JB)	Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
Phil Bushby	(PB)	Director of People and Organisational Development
Barbara Busby For item PHW09/2020	(BB)	OD Consultant / Project Lead for Management Development
Helen Bushell	(HB)	Board Secretary and Head of Board Business Unit
Ryan Crowley From item PHW08/2020	(RC)	Young Ambassador
Paul Dalton	(PD)	Head of Internal Audit, Shared Services (observing the meeting)
Junaid Iqbal From item PHW08/2020	(JI)	Lead for Service User Experience
Neil Lewis For item PHW08/2020	(NL)	Deputy Director of People and Organisational Development
Reanne Reffell	(RR)	Corporate Governance Officer (Secretariat)
Paula Walters For item PHW10/2020	(PW)	Head of Programme Management Office
Karen Williams For item PHW08/2020	(KW)	Interim Assistant Director of People
Communication Support		
Rhian Huws		Cwmni Canna Cyfyngedig (simultaneous translation)
Danny Donovan		Digital Communications Manager
Apologies:		
Tracey Cooper	(TC)	Chief Executive
Shantini Paranjothy	(ShP)	Non-Executive Director (University) and Chair of the Knowledge, Research and Information Committee
Stephanie Wilkinson	(SW)	Representative of Staff Partnership Forum

The meeting commenced at 09:00

PHW01/2020	Welcome
<p>KE opened the meeting and welcomed all present, noting the use of the Board Etiquette. KE outlined that she was chairing the Board meeting in her role as Vice Chair and HG was acting as Chief Executive as part of business continuity planning arrangements.</p> <p>KE also welcomed all those joining via livestreaming, confirming the availability of papers on Public Health Wales internet. The Board welcomed contributions in both Welsh and English KE highlighted the availability of simultaneous translation.</p>	
PHW02/2020	Apologies
<p>The Board noted the apologies for absence.</p>	
PHW03/2020	Declarations of Interest
<p>Members made no declarations of interest in addition to those already on the declarations of interest register.</p>	
PHW04/2020	Minutes from the Board Meeting on 28 November 2019
<p>The Board approved the minutes as an accurate record of the meeting of 28 November 2019 (ref 3.1.230120).</p>	
PHW05/2020	Board Action Log
<p>The Board noted the Action Log (ref 3.1.2.230120) and the progress of the open actions. The Board approved the closure of the actions marked as complete.</p> <p>Following the introduction of agenda items featuring the organisation's Strategic Partners, Board members requested regular updates regarding ongoing work and developments with Strategic Partners, including expected impact.</p> <p>Action: HB</p>	
PHW06/2020	Matters Arising
<p>There were no matters arising.</p>	
PHW07/2020	Chief Executive's report
<p>The Board received the Chief Executive's Report (ref 4.230120).</p> <p>HG drew attention to a recent Executive to Executive meeting with Public Health England that focused on areas of joint action towards European Union transition, the development of behavioural change work, and a shared approach to both early years' work, and climate change.</p>	

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QS commented on the investigation of a Coronavirus outbreak in Wuhan, China advising of actions undertaken in Wales and the United Kingdom. Members acknowledged and thanked the Public Health Services team for their continued system leadership of emerging incidents.

JW highlighted recent constructive meetings with Ministers around the active travel initiative, health prevention agenda, launch of the international strategy, and the organisation's plans on its Public Health Institute role.

Board members reflected on the organisation's response to Climate Change, and sought assurance on the practical discussions and steps underway. HG summarised Public Health Wales' contribution to the Welsh agenda for sustainability. QS confirmed that Public Health Wales was actively engaging with the Climate Change agenda: through the development of round table discussions with Welsh Government and Natural Resource Wales, and the publication of the Climate Change plan and Health Impact assessment later this year. He noted the need to align internal resources to this work.

PHW08/2020 Recruitment Deep Dive

The Board **received** the Recruitment Deep Dive (ref [5.1.230120](#)).

In introducing the presentation, PB commented on the clear links between recruitment and the Public Health Wales Strategy, People Strategy and Workforce Plan, and the overall aim to ensure that Public Health Wales continued to be an inclusive, flexible and attractive employer.

As part of the presentation, KW and NL outlined a review of the recruitment planning and subsequent process, which had identified short and long-term challenges. They highlighted the creative approach needed to address communication and behavioural change skills, to build capacity and to enable the organisation to become an employer of choice, particularly for hard to fill posts. The Board reflected on the recruitment activity planned to meet directorate needs, and the proposed review of the People and Organisational Development structure to enable the delivery of this ambition.

The Board reflected on the work underway, which underpinned the Integrated Medium Term Plan and People Strategy, and sought assurance on the recruitment of approximately five percent of the workforce (93 posts) in the first quarter of 2020-21, critical to the delivery of the operational plan. NL confirmed that he was content that, through the People and Organisational Development reorganization, appropriate resource allocation and engagement with directorates on job descriptions and planning, the organisation would deliver the level of recruitment required. He went on to ask that directorates prioritise this area of work.

Board members then discussed the need for a formal strategic approach at an international level, and the effect that uncertainty around the UK position on

migration was having on European/international recruitment efforts.

Members acknowledged the effect of recruitment issues on performance, and set a challenge to improve the long-term position by strengthening links with education establishments. PB advised of work being undertaken in respect of young people, including graduates. This would be completed later this year.

Action: PB

Board members voiced their view that the forthcoming recruitment drive represented an opportunity for an exciting transition and development of the organisation. They reflected on the large investment secured to improve the Public Health protection service. Separately, Public Health Wales was working with the Royal College of Radiologists and Radiographers to strengthen roles in the breast screening service. Recently Public Health Wales had successfully recruited a Breast Radiologist in North Wales, which would allow the programme to increase resilience across the network, using digital connections.

The Board also considered the need to tap into new markets for recruitment in a structured way to promote the organisational offer to individuals, as well as ensuring those that trained in Wales then applied for roles in Wales. The organisation should also – where possible and appropriate - seek to highlight flexibility within the advert and job description, and continue to build upon the success of recent open days. PB commented on the importance to recruitment of location and job design and suggested that role redesign could reduce the number of radiologists and microbiologists required.

Board members discussed apprenticeships; PB acknowledged that the apprenticeship focus had been around young people, and agreed to explore the possibility of higher-level apprenticeships.

Action: PB

JA and MB, RC and JI joined the meeting.

Board members went on to request a summary of the correlation between vacancies and the risk to the success of the organisation, and how this was being managed. HG suggested the translation of this issue into a mission critical action plan, reviewed through Board Assurance Framework discussions at Board.

Action: PB/HB

The Board took **assurance** from the identification of potential barriers to effective and efficient recruitment and the measures in hand to address them. The Board thanked KW and NL for their comprehensive presentation, noting the plans in place to improve the organisation's response to recruitment.

PHW09/2020	People Strategy 2020- 2030
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The Board **received** the People Strategy 2020 – 2030 (ref [5.2.230120](#)).

PB introduced the Strategy, which aimed to reflect the organisation’s ambition to achieve a flexible, sustainable and thriving Public Health Workforce, with the capacity to deliver the organisation’s long-term strategy, *Working to achieve a healthier future for Wales 2018-2030*. BB then outlined the nine themes underpinning the strategy.

In a wide-ranging discussion, Board members emphasised the need to attract a workforce with the strong public health and research skills necessary to inform and develop the organisation’s work. Reflecting on future skills, members suggested explicit inclusion of engagement with academia and professional bodies; brand narrative; and the creation of a flexible working environment on an equitable All Wales basis.

Action: PB

RBW confirmed that the Quality and Improvement Strategy would focus on the approach to stakeholders within this context, and would work closely with the People and Organisational Development team.

Board members concluded the discussion by thanking KW, NL and BB for their focus around the recruitment process and people strategy. Members reflected on the challenges and opportunities in short term and long term planning of recruiting for 93 high quality fair work jobs, noting further work around the smartness of objectives, and engagement with academia, faculty, and the international level.

The Board **agreed** to receive the recruitment action plan and workforce plan at the March Board meeting.

Action: PB

Board members **approved** the contents of the People Strategy 2020-2030, subject to inclusion of recommended amendments.

*NL, KW, BR LEFT
PW joined the meeting*

PHW10/2020	Strategic Plan Approval 2020 - 2023
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The Board **received** the revised and updated 2020-2023 Strategic Plan (Integrated Medium Term Plan) (ref [5.3.230120](#)).

In introducing the plan, HG outlined the key roles, risks and deliverables, noting that the Board would consider the Outcomes Framework at the March meeting. This would provide greater accountability against organisational ambitions. HG referred to the positive progress in investment schemes,

assuring the Board that the organisation would not face any unplanned exposure.

Executive team members provided an update on their relevant strategic priority area.

Following a wide range of discussions, Board members commented on the good practice contained within the report, and went on to consider the following areas of improvement:

- To exercise the organisation's influencing role around health and housing, encouraging the NHS to invest from its core allocation in housing and winter planning.
- To energise the language around deliverables and outcomes of each of the priority areas, highlighting the commitments on page 75 at the start of the document as a key system offer and the development of the branding narrative.
- To review the language around the Child Health Surveillance System
- To consider whether there was a role for the organisation in promoting living wills, recognizing the work undertaken to support end of life care.
- To continue engagement with primary care clusters, particularly around increased coverage rates and inequalities of access for vaccination and screening programmes. Board members went on to consider the challenges and step process plan to reduce the bowel screening age and noted the demonstrable progress made against the endoscopy wait list.
- The Knowledge, Research and Information Committee to consider a fundamental map of evidence as a product for next year.
- To recognise the need for action plans to underpin the operational plan, how this work translated into the processes of the Board and Committees, and the links with outcome work.

JW commented that the Board members should not underestimate how much headroom being an approved organisation provided, in terms of opportunity and flexibility to achieve our ambition, and thanked all those involved.

The Board noted that members would receive the final version for information, which would include an update to the section on risk.

Action: HB

The Board **approved** the Strategic Plan 2020-2023 subject to the inclusion of the above recommendations.

Action: HG

PW left the meeting.

PHW11/2020	Building a Healthier Wales
<p>The Board received the Building a Healthier Wales January Update (ref 5.4.230120).</p> <p>In introducing the report, JA provided a summary of the Building a Healthier Wales programme, and outlined the five key priority areas for investment to transform health and well-being in Wales, and particularly the focus on health and housing, and optimising early years.</p> <p>The Board also reflected on the engagement with Cymru Well Wales and the early success of securing £7.2 million investment for prevention and early years. JW commented on the commitment shown by the Minister for Health and Social Services, and advised of an upcoming meeting to consider next steps.</p> <p>AW commented on the Building a Healthier Wales coordinating group workshop, noting the need to refine oversight requirements, and the opportunity the group presents to promote shared learning and good practice.</p> <p>The Board noted the position and looked forward to future updates as appropriate during 2020/21.</p> <p>Action: JA</p>	
PHW12/2020	Integrated Performance Report
<p>The Board received the performance report (ref 6.1.230120).</p> <p>Strategic priorities</p> <p>The Board reflected on its consideration of each of the strategic priorities in detail during the approval of the Strategic Plan 2020-23 but sought further detail on the organisation's screening programmes.</p> <p>QS advised the Board that a drop in breast screening uptake resulted from long standing workforce challenges. Board members took assurance from the mitigating steps in place to provide additional resilience across the service and looked forward to seeing demonstrative improvement in the next report.</p> <p>The Board considered the bowel screening optimisation plan, noting the mitigating factors in place to minimise disruption.</p> <p>Financial Performance Month 09 2019/20</p> <p>Members received the month 09 financial performance, noting the breakeven forecast position at year-end.</p>	

PHW13/2020	Update on the Impact of Leaving the European Union
<p>The Board received the update on the Impact of Leaving the European Union (ref 6.2.230120).</p> <p>The Board thanked QS for the update, recommending that future reports should provide assurance on business continuity, impact on staff and the supply of drugs/ medicines.</p> <p>Action: QS</p>	
PHW14/2020	Board Assurance Framework
<p>The Board received the Board Assurance Framework (BAF) (ref 7.1.230120) introduced by HB.</p> <p>The Board considered the updates to the previous version of the BAF, agreed to its closure, and took assurance from the transition process document provided.</p> <p>The Board went on to consider the revised content in the new version of the BAF, noting continued developments around assurance mapping and a broader assurance framework. The Board noted that HB and the Executive Team would continue to consider the headline presentation of risk 2, underpinned by additional details, and revise risk 1 to reflect discussions held earlier in the Board meeting.</p> <p>Action: Executive Team</p> <p>The Board noted the intention to consider risk appetite at the April 2020 Board Development Day.</p> <p>The Board approved:</p> <ul style="list-style-type: none"> • The revised Board Assurance Framework and its content • The addition of risk 8, which related to data accuracy, evidence and evaluation within the organisation. • The change in Committee assurance responsibility for Risk 4, Cyber Security from the Knowledge, Research and Information Committee to the Audit and Corporate Governance Committee. • The Board also welcomed the previously agreed enhancement of the roles and responsibilities of Board Committees. <p>Board Members thanked HB and the people involved in this considerable piece of work.</p>	
PHW15/2020	Self-assessment of Current Quality Governance Arrangements
<p>The Board received the Self-assessment of Current Quality Governance Arrangements report (ref 7.2.230120).</p>	

Public Health Wales	Unconfirmed Minutes 23 January 2020
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<p>Board members reflected on their substantive contribution to the self-assessment report submitted to Welsh Government in January 2020.</p> <p>The Board noted that the Audit and Corporate Governance Committee, and Quality and Safety and Improvement Committee would take forward ongoing monitoring arrangements.</p> <p>Action: KE and RBW / DE, HG and HB</p>	
PHW16/2020	Policy on Policy and Written Control Documents - for approval
<p>The Board received the Policy on Policy and Written Control Documents (ref 7.3.230120).</p> <p>The Board noted the expected change to the policy to reflect the Welsh Language Standards and the consideration of the All Wales policy position at the last Audit and Corporate Governance Committee.</p> <p>The Board approved the Policy and Written Control Documents policy.</p>	
PHW17/2020	Wellbeing of Future Generation Act – Mid Year Review
<p>The Board received and noted for information the Wellbeing of Future Generation Act - Mid Year Review (ref 8.230120).</p>	
PHW18/2020	Date of next meeting
<p>26 March 2020 at 09.00 to be held at Public Health Wales, 2 Capital Quarter, Tyndall Street, Cardiff. CF10 4BZ.</p>	
<p>As there were no questions received from staff, KE closed the meeting in public session, explaining the reasons behind any subsequent meeting in private session.</p> <p style="text-align: center;"><i>The Public Session closed at 13:10</i></p>	
<p>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.</p>	



**Cofnodion heb eu cadarnhau o Gyfarfod y Bwrdd
a gynhaliwyd ar 23 Ionawr 2020,
Ystafell 3.7, 2 Capital Quarter, Stryd Tyndall, Caerdydd CF10 4BQ**

Yn bresennol:		
Kate Eden	(KE)	Cadeirydd y cyfarfod Is-gadeirydd, Cyfarwyddwr Anweithredol, a Chadeirydd y Pwyllgor Ansawdd, Diogelwch a Gwella
Jan Williams	(JW)	Cadeirydd (Cyfarwyddwr Anweithredol ar gyfer y cyfarfod hwn)
Jyoti Atri	(JA)	Cyfarwyddwr Gweithredol Iechyd a Llesiant Dros Dro
Rhiannon Beaumont-Wood	(RB-W)	Cyfarwyddwr Gweithredol Ansawdd, Nyrsio a Gweithwyr Proffesiynol Perthynol i Iechyd
Dyfed Edwards	(DE)	Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Archwilio a Llywodraethu Corfforaethol
Huw George	(HG)	Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Gweithrediadau a Chyllid
Stephen Palmer	(StP)	Cyfarwyddwr Anweithredol
Judi Rhys	(JR)	Cyfarwyddwr Anweithredol (Trydydd Sector) a Chadeirydd y Pwyllgor Datblygu Sefydliadol a Phobl
Dr Quentin Sandifer	(QS)	Cyfarwyddwr Gweithredol Gwasanaethau Iechyd Cyhoeddus/Cyfarwyddwr Meddygol
Alison Ward o eitem PHW10/2020	(AW)	Cyfarwyddwr Anweithredol (Awdurdod Lleol) drwy gyswllt telegynadledda
Hefyd yn Bresennol:		

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Mark Bellis	(MB)	Cyfarwyddwr Polisi ac Iechyd Rhyngwladol, Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant
Sian Bolton	(SB)	Cyfarwyddwr Pontio Dros Dro y Gyfarwyddiaeth Wybodaeth
John Boulton	(JB)	Cyfarwyddwr Gwella Ansawdd y GIG a Diogelwch Cleifion/1000 o Fywydau
Phil Bushby	(PB)	Cyfarwyddwr Datblygu Sefydliadol a Phobl
Barbara Busby ar gyfer eitem PHW09/2020	(BB)	Ymgynghorydd Datblygu Sefydliadol/Arweinydd Prosiect ar gyfer Datblygu Rheolaeth
Helen Bushell	(HB)	Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd
Ryan Crowley o eitem PHW08/2020	(RC)	Llysgennad Ifanc
Paul Dalton	(PD)	Pennaeth Archwilio Mewnol, Cydwasanaethau (yn arsylwi ar y cyfarfod)
Junaid Iqbal o eitem PHW08/2020	(JI)	Arweinydd Profiad Defnyddwyr Gwasanaethau
Neil Lewis ar gyfer eitem PHW08/2020	(NL)	Dirprwy Gyfarwyddwr Datblygu Sefydliadol a Phobl
Reanne Reffell	(RR)	Swyddog Llywodraethu Corfforaethol (Ysgrifenyddiaeth)
Paula Walters ar gyfer eitem PHW10/2020	(PW)	Pennaeth y Swyddfa Rheoli Rhaglenni
Karen Williams ar gyfer eitem PHW08/2020	(KW)	Cyfarwyddwr Cynorthwyol Dros Dro Pobl
Cymorth Cyfathrebu		
Rhian Huws		Cwmni Canna Cyfyngedig (cyfieithu ar y pryd)
Danny Donovan		Rheolwr Cyfathrebu Digidol
Ymddiheuriadau:		
Tracey Cooper	(TC)	Prif Weithredwr
Shantini Paranjothy	(ShP)	Cyfarwyddwr Anweithredol (Prifysgol) a Chadeirydd y Pwyllgor Gwybodaeth ac Ymchwil
Stephanie Wilkins	(SW)	Cynrychiolydd y Fforwm Partneriaeth Staff

Dechreuodd y cyfarfod am 09:00

PHW01/2020	Croeso
<p>Agorodd KE y cyfarfod a chroesawodd bawb oedd yn bresennol, gan nodi'r defnydd o god Moesau'r Bwrdd. Eglurodd KE ei bod yn cadeirio cyfarfod y Bwrdd yn ei rôl fel Is-gadeirydd a bod HG yn gweithredu fel Prif Weithredwr fel rhan o drefniadau cynllunio parhad busnes.</p> <p>Hefyd croesawodd KE bawb oedd yn ymuno drwy ffrydio byw, a chadarnhawyd bod papurau ar gael ar ryngrwyd Iechyd Cyhoeddus Cymru. Roedd y Bwrdd yn croesawu cyfraniadau yn y Gymraeg a'r Saesneg a nododd KE fod gwasanaeth cyfieithu ar y pryd ar gael.</p>	
PHW02/2020	Ymddiheuriadau
Nododd y Bwrdd yr ymddiheuriadau am absenoldeb.	
PHW03/2020	Datgan Buddiannau
Ni chafwyd unrhyw ddatganiadau o fuddiannau gan yr aelodau yn ychwanegol at y rhai sydd eisoes ar y gofrestr datganiadau o fuddiannau.	
PHW04/2020	Cofnodion Cyfarfod y Bwrdd a gynhaliwyd ar 28 Tachwedd 2019
Cymeradwywyd y cofnodion gan y Bwrdd fel cofnod cywir o'r cyfarfod a gynhaliwyd ar 28 Tachwedd 2019 (cyf 3.1.230120).	
PHW05/2020	Cofnod o Gamau Gweithredu'r Bwrdd
<p>Nodwyd y Cofnod o'r Camau Gweithredu (cyf 3.1.2.230120) gan y Bwrdd a'r cynnydd o ran y camau gweithredu agored. Cymeradwyodd y Bwrdd y dylid cau'r camau gweithredu y nodwyd eu bod wedi'u cwblhau.</p> <p>Yn dilyn cyflwyno eitemau ar yr agenda a oedd yn cynnwys Partneriaid Strategol y sefydliad, gofynnodd aelodau'r Bwrdd am ddiweddariadau rheolaidd ynghylch datblygiadau a gwaith parhaus â Phartneriaid Strategol, gan gynnwys yr effaith ddisgwyliedig.</p> <p>Camau gweithredu: HB</p>	
PHW06/2020	Materion yn Codi
Nid oedd unrhyw faterion yn codi.	
PHW07/2020	Adroddiad y Prif Weithredwr
<p>Derbyniodd y Bwrdd Adroddiad y Prif Weithredwr (cyf 4.230120).</p> <p>Tynnodd HG sylw at gyfarfod diweddar â swyddogion gweithredol Public Health England a oedd yn canolbwyntio ar feysydd gweithredu ar y cyd mewn perthynas â phontio o'r Undeb Ewropeaidd, datblygu gwaith newid ymddygiad, a dull a rennir tuag at waith blynyddoedd cynnar a newid yn yr hinsawdd.</p>	

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Gwnaeth QS sylw ar yr ymchwiliad i'r achos o'r Coronafeirws yn Wuhan, Tsieina a nododd y camau a gymerwyd yng Nghymru a'r Deyrnas Unedig. Rhoddodd yr aelodau gydnabyddiaeth i dîm Gwasanaethau Iechyd Cyhoeddus am ei waith a diolch iddo am ei arweinyddiaeth barhaus mewn perthynas â digwyddiadau sy'n dod i'r amlwg.

Tynnodd JW sylw at gyfarfodydd adeiladol diweddar â Gweinidogion ynghylch y fenter teithio llesol, yr agenda atal, lansio'r strategaeth ryngwladol, a chynlluniau'r sefydliad o ran ei rôl fel Sefydliad Iechyd Cyhoeddus.

Bu aelodau'r bwrdd yn myfyrio ar ymateb y sefydliad i Newid yn yr Hinsawdd, a cheisiwyd sicrwydd ynghylch y trafodaethau ymarferol a'r camau sydd ar y gweill. Aeth HG at i grynhoi cyfraniad Iechyd Cyhoeddus Cymru at agenda cynaliadwyedd Cymru. Cadarnhaodd QS fod Iechyd Cyhoeddus Cymru yn cymryd rhan weithredol yn yr agenda Newid yn yr Hinsawdd: drwy ddatblygu trafodaethau bord gron â Llywodraeth Cymru a Chyfoeth Naturiol Cymru, a chyhoeddi cynllun Newid yn yr Hinsawdd ac asesiad Effaith ar Iechyd yn ddiweddarach eleni. Nododd yr angen i sicrhau bod adnoddau mewnol yn cyd-fynd â'r gwaith hwn.

PHW08/2020 Sesiwn Graffu Fanwl ar Recriwtio

Derbyniodd y Bwrdd gyflwyniad ar y Gwaith Craffu Manwl ar Recriwtio (cyf [5.1.230120](#)).

Yn y rhagarweiniad i'r cyflwyniad, nododd PB y cysylltiadau clir rhwng recriwtio a Strategaeth Iechyd Cyhoeddus Cymru, y Strategaeth Pobl a Chynllun y Gweithlu, a'r nod cyffredinol o sicrhau bod Iechyd Cyhoeddus Cymru yn parhau i fod yn gyflogwr cynhwysol, hyblyg a deniadol.

Fel rhan o'r cyflwyniad, amlinellodd KW a NL adolygiad o'r cynllun recriwtio a'r broses ddilynol, a oedd wedi amlygu heriau tymor byr a hirdymor. Tynnwyd sylw at y dull creadigol sydd ei angen i fynd i'r afael â sgiliau cyfathrebu a newid ymddygiad, i feithrin gallu ac i alluogi'r sefydliad i fod yn ddewis gyflogwr, yn enwedig o ran swyddi sy'n anodd eu llenwi. Ystyriodd y Bwrdd y gweithgaredd recriwtio sydd wedi'i gynllunio i ddiwallu anghenion y gyfarwyddiaeth, a'r adolygiad arfaethedig o strwythur Datblygu Sefydliadol a Phobl er mwyn cyflawni'r uchelgais hon.

Ystyriodd y Bwrdd y gwaith sydd ar y gweill, sy'n sail i'r Cynllun Tymor Canolig Integredig a'r Strategaeth Pobl, a cheisiwyd sicrwydd ynghylch recriwtio oddeutu pump y cant o'r gweithlu (93 swydd) yn chwarter cyntaf 2020-21, sy'n hanfodol er mwyn cyflawni'r cynllun gweithredol. Cadarnhaodd NL ei fod yn fodlon, drwy ad-drefnu yr adran Datblygu Sefydliadol a Phobl, dyrannu adnoddau yn briodol ac ymgysylltu â chyfarwyddiaethau wrth lunio swydd-ddisgrifiadau a chynllunio, y byddai'r sefydliad yn llwyddo i recriwtio'r niferoedd sydd eu hangen. Aeth ymlaen i ofyn i gyfarwyddiaethau flaenoriaethu'r maes

gwaith hwn.

Yna trafododd aelodau'r bwrdd yr angen am ddull strategol ffurfiol ar lefel ryngwladol, a'r effaith yr oedd ansicrwydd ynghylch safbwynt y DU ar fudo yn ei chael ar ymdrechion i recriwtio yn Ewrop/yn rhyngwladol.

Roedd yr aelodau'n cydnabod effaith materion recriwtio ar berfformiad, a gosodwyd her i wella'r sefyllfa hirdymor drwy gryfhau cysylltiadau â sefydliadau addysg. Hysbysodd PB am fuddsoddiad mewn cynllun graddio a chytunodd i gynnwys goresgyn yr her hon yn yr atebion hirdymor.

Camau gweithredu: PB

Lleisiodd aelodau'r bwrdd eu barn bod yr ymgyrch recriwtio arfaethedig yn gyfle cyffrous i drawsnewid a datblygu'r sefydliad. Trafodwyd y buddsoddiad mawr a sicrhawyd i wella'r gwasanaeth diogelu Iechyd Cyhoeddus. Hefyd, roedd Iechyd Cyhoeddus Cymru yn gweithio â Choleg Brenhinol y Radiolegwyr a'r Radiograffwyr i gryfhau rolau yn y gwasanaeth sgrinio'r fron. Yn ddiweddar roedd Iechyd Cyhoeddus Cymru wedi llwyddo i recriwtio Radiolegydd y Fron yng Ngogledd Cymru, a fyddai'n galluogi'r rhaglen i gynyddu ei gwytnwch ar draws y rhwydwaith, gan ddefnyddio cysylltiadau digidol.

Ystyriodd y Bwrdd hefyd yr angen i fanteisio ar farchnadoedd recriwtio newydd mewn modd strwythuredig i hyrwyddo'r cynnig sefydliadol i unigolion, yn ogystal â sicrhau bod y rhai sy'n hyfforddi yng Nghymru wedyn yn ymgeisio am swyddi yng Nghymru. Dylai'r sefydliad hefyd - lle bo hynny'n bosibl ac yn briodol - geisio tynnu sylw at hyblygrwydd yn yr hysbyseb a'r swydd-ddisgrifiad, a pharhau i adeiladu ar lwyddiant y diwrnodau agored diweddar. Gwnaeth PB sylw am bwysigrwydd lleoliad a dyluniad y swydd i recriwtio ac awgrymodd y gallai ailgynllunio rolau leihau nifer y radiolegwyr a'r microbiologwyr sydd eu hangen.

Trafododd aelodau'r bwrdd brentisiaethau; roedd PB yn cydnabod bod ffocws prentisiaethau wedi bod ar bobl ifanc, a chytunodd i ymchwilio i'r posibilrwydd o brentisiaethau lefel uwch.

Camau gweithredu: PB

Ymunodd JA a MB, RC a JI â'r cyfarfod.

Aeth aelodau'r bwrdd ymlaen i ofyn am grynodedb o'r gydberthynas rhwng swyddi gwag a'r risg i lwyddiant y sefydliad, a sut roedd hyn yn cael ei reoli. Awgrymodd HG y dylid creu cynllun ar y mater hollbwysig hwn, a adolygir drwy drafodaethau ar Fframwaith Sicrwydd y Bwrdd yng nghyfarfodydd y Bwrdd.

Camau gweithredu: PB/HB

Cafodd y Bwrdd **sicrwydd** o'r ffaith bod rhwystrau posibl i recriwtio'n effeithiol ac effeithlon yn cael eu nodi a'r mesurau sydd ar y gweill i oresgyn y rhwystrau hynny. Diolchodd y Bwrdd i KW a NL am eu cyflwyniad cynhwysfawr, gan nodi'r

cynlluniau sydd ar waith i wella ymateb y sefydliad i recriwtio.

PHW09/2020 Strategaeth Pobl 2020-2030

Derbyniodd y Bwrdd Strategaeth Pobl 2020-2030 (cyf [5.2.230120](#)).

Cyflwynodd PB y Strategaeth, sydd â'r nod o adlewyrchu uchelgais y sefydliad i sicrhau Gweithlu Iechyd Cyhoeddus hyblyg, cynaliadwy a ffyniannus, â'r gallu i gyflawni strategaeth hirdymor y sefydliad, *Gweithio i wireddu dyfodol iachach i Gymru 2018-2030*. Yna amlinellodd BB y naw thema sy'n sail i'r strategaeth.

Mewn trafodaeth eang, pwysleisiodd aelodau'r Bwrdd yr angen i ddenu gweithlu â'r sgiliau iechyd cyhoeddus ac ymchwil cryf sy'n angenrheidiol i lywio a datblygu gwaith y sefydliad. Gan fyfyrio ar sgiliau'r dyfodol, awgrymodd yr aelodau y dylid cynnwys ymgysylltu â'r byd academiaidd a chyrff proffesiynol; naratif brand; a chreu amgylchedd gwaith hyblyg ar sail deg yng Nghymru.

Camau gweithredu: PB

Cadarnhaodd RBW y byddai'r Strategaeth Ansawdd a Gwella yn canolbwyntio ar yr agwedd tuag at randdeiliaid yn y cyd-destun hwn, a byddai'n gweithio'n agos â'r tîm Datblygu Sefydliadol a Phobl.

Daeth y drafodaeth i ben gydag aelodau'r Bwrdd yn diolch i KW, NL a BB am eu ffocws o ran y broses recriwtio a strategaeth pobl. Ystyriodd yr aelodau yr heriau a'r cyfleoedd wrth gynllunio recriwtio yn y tymor byr a'r hirdymor ar gyfer 93 o swyddi gwaith teg o ansawdd uchel, gan nodi gwaith pellach ar amcanion doeth, ac ymgysylltu â'r byd academiaidd, cyfadrannau, ac ar lefel ryngwladol.

Cytunodd y Bwrdd i dderbyn y cynllun gweithredu ar recriwtio a chynllun y gweithlu yng nghyfarfod y Bwrdd ym mis Mawrth.

Camau gweithredu: PB

Cymeradwyodd Aelodau'r Bwrdd gynnwys Strategaeth Pobl 2020-2030, yn amodol ar ymgorffori'r diwygiadau a argymhellwyd.

*Gadawodd NL, KW, BR
Ymunodd PW â'r cyfarfod*

PHW10/2020 Cymeradwyo Cynllun Strategol 2020-2023

Derbyniodd y Bwrdd Gynllun Strategol 2020-2023 wedi'i ddiwygio a'i ddiweddarau (Cynllun Tymor Canolig Integredig) (cyf [5.3.230120](#)).

Wrth gyflwyno'r cynllun, amlinellodd HG y rolau, y risgiau a'r targedau allweddol i'w cyflawni, gan nodi y byddai'r Bwrdd yn ystyried y Fframwaith Canlyniadau yng nghyfarfod mis Mawrth. Byddai hyn yn darparu mwy o atebolrwydd mewn perthynas ag uchelgeisiau sefydliadol. Cyfeiriodd HG at y cynnydd cadarnhaol mewn cynlluniau buddsoddi, gan sicrhau'r Bwrdd na

fyddai'r sefydliad yn agored i risg.

Rhoddodd aelodau'r tîm gweithredol y wybodaeth ddiweddaraf am eu maes blaenoriaeth strategol perthnasol.

Yn dilyn ystod eang o drafodaethau, nododd aelodau'r Bwrdd yr arfer da yn yr adroddiad, ac aethant ymlaen i ystyried y meysydd canlynol i wella arnynt:

- Gweithredu rôl ddylanwadol y sefydliad o ran iechyd a thai, gan annog y GIG i fuddsoddi mewn tai a chynllunio ar gyfer y gaeaf o'i ddyraniad cyllid craidd.
- Bywiogi'r iaith yn ymwneud â chyflawniadau a chanlyniadau'r meysydd blaenoriaeth, gan dynnu sylw at yr ymrwymïadau ar dudalen 75 ar ddechrau'r ddogfen fel cynnig allweddol a datblygu'r naratif brandio.
- Adolygu'r iaith sy'n ymwneud â'r System Gwyliadwriaeth Iechyd Plant
- Ystyried a oes rôl i'r sefydliad o ran hyrwyddo ewyllysiau byw, gan gydnabod y gwaith a wneir i gefnogi gofal diwedd oes.
- Parhau i ymgysylltu â chlystyrau gofal sylfaenol, yn enwedig o ran cynyddu'r cyfraddau sy'n manteisio ar raglenni brechu a sgrinio a lleihau anghydraddoldeb o ran mynediad i'r rhaglenni hynny. Aeth aelodau'r bwrdd ymlaen i ystyried yr heriau a'r cynllun proses cam wrth gam i leihau oedran y prawf sgrinio'r coluddyn a nodwyd y cynnydd amlwg a wnaed yn erbyn y rhestr aros ar gyfer endosgopi.
- Y Pwyllgor Gwybodaeth ac Ymchwil i ystyried map tystiolaeth sylfaenol fel cynnyrch ar gyfer y flwyddyn nesaf.
- Cydnabod yr angen am gynlluniau gweithredu i ategu'r cynllun gweithredol, a sut mae'r gwaith hwn yn bwydo i brosesau'r Bwrdd a'r Pwyllgorau, a'r cysylltiadau â gwaith canlyniadau.

Dywedodd JW na ddylai aelodau'r Bwrdd danamcangyfrif faint o ryddid sydd gennym o ganlyniad i fod yn sefydliad cymeradwy, o ran cyfle a hyblygrwydd i gyflawni ein huchelgais, a diolchodd i bawb a fu'n gysylltiedig â'r gwaith hwn.

Nododd y Bwrdd y byddai'r aelodau'n cael y fersiwn derfynol er gwybodaeth, a fyddai'n cynnwys diweddariad i'r adran ar risg.

Camau gweithredu: HB

Cymeradwyodd y Bwrdd Gynllun Strategol 2020-2023 yn amodol ar gynnwys yr argymhellion uchod.

Camau gweithredu: HG

Gadawodd PW y cyfarfod.

PHW11/2020 Creu Cymru Iachach

Derbyniodd y Bwrdd ddiweddariad mis Ionawr ar y cynllun Creu Cymru Iachach (cyf [5.4.230120](#)).

Wrth gyflwyno'r adroddiad, darparodd JA grynodedb o'r rhaglen Creu Cymru Iachach, ac amlinellodd y pum maes blaenoriaeth allweddol ar gyfer buddsoddi er mwyn trawsnewid iechyd a llesiant yng Nghymru, ac yn enwedig y ffocws ar iechyd a thai, a gwneud y gorau o'r blynyddoedd cynnar.

Ystyriodd y Bwrdd hefyd yr ymgysylltiad â Cymru Well Wales a'r llwyddiant cynnar o ran sicrhau buddsoddiad o £7.2 miliwn ar gyfer gwaith atal a'r blynyddoedd cynnar. Cyfeiriodd JW at yr ymrwymiad a ddangoswyd gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, a hysbysodd y Bwrdd bod cyfarfod wedi'i drefnu i ystyried y camau nesaf.

Gwnaeth AW sylw ar weithdy grŵp cydlynu Creu Cymru Iachach, gan nodi'r angen i fireinio gofynion goruchwyllo, a'r cyfle drwy'r grŵp i hyrwyddo dysgu ar y cyd ac arfer da.

Nododd y Bwrdd y sefyllfa gan edrych ymlaen at ddiweddariadau yn y dyfodol fel y bo'n briodol yn ystod 2020/21.

Camau gweithredu: JA

PHW12/2020 Adroddiad Perfformiad Integredig

Derbyniodd y Bwrdd yr adroddiad ar berfformiad (cyf [6.1.230120](#)).

Blaenoriaethau strategol

Ystyriodd y Bwrdd bob un o'r blaenoriaethau strategol yn fanwl wrth gymeradwyo Cynllun Strategol 2020-23 ond gofynnwyd am fanylion pellach am raglenni sgrinio'r sefydliad.

Dywedodd QS wrth y Bwrdd fod gostyngiad yn nifer y bobl sy'n cael profion sgrinio'r fron yn deillio o heriau yn ymwneud â'r gweithlu sydd wedi bodoli ers amser maith. Cafodd aelodau'r bwrdd sicrwydd o'r camau lliniarol sydd ar waith i ddarparu gwytnwch ychwanegol ar draws y gwasanaeth ac roeddent yn edrych ymlaen at weld gwelliant yn yr adroddiad nesaf.

Ystyriodd y Bwrdd gynllun optimeiddio sgrinio'r coluddyn, gan nodi'r ffactorau lliniarol sydd ar waith er mwyn tarfu cyn lleied â phosibl ar y gwasanaeth.

Perfformiad Ariannol Mis 09 2019/20

Derbyniodd yr aelodau'r adroddiad ar berfformiad ariannol mis 09, gan nodi'r rhagolygon y bydd y sefydliad yn mantoli'r gyllideb erbyn diwedd y flwyddyn.

PHW13/2020 Diweddariad ar Effaith Gadael yr Undeb Ewropeaidd

Derbyniodd y Bwrdd y diweddariad ar Effaith Gadael yr Undeb Ewropeaidd (cyf [6.2.230120](#)).

Diolchodd y Bwrdd i QS am y diweddariad, gan argymhell y dylai adroddiadau

yn y dyfodol roi sicrwydd ar barhad busnes, yr effaith ar staff a chyflenwad o gyffuriau/meddyginiaethau.

Camau gweithredu: QS

PHW14/2020 Fframwaith Sicrwydd y Bwrdd

Derbyniodd y Bwrdd Fframwaith Sicrwydd y Bwrdd (cyf [7.1.230120](#)) a gyflwynwyd gan HB.

Ystyriodd y Bwrdd y diweddariadau i fersiwn flaenorol Fframwaith Sicrwydd y Bwrdd, cytunodd i'w gau, a chafodd **sicrwydd** o ddogfen y broses bontio a ddarparwyd.

Aeth y Bwrdd ymlaen i ystyried y cynnwys diwygiedig yn fersiwn newydd Fframwaith Sicrwydd y Bwrdd, gan nodi datblygiadau parhaus ynghylch mapio sicrwydd a fframwaith sicrwydd ehangach. Nododd y Bwrdd y byddai HB a'r Tîm Gweithredol yn parhau i ystyried prif risg 2, wedi'i hategu gan fanylion ychwanegol, ac yn adolygu risg 1 i adlewyrchu'r trafodaethau a gynhaliwyd yn gynharach yng nghyfarfod y Bwrdd.

Camau gweithredu: Y Tîm Gweithredol

Nododd y Bwrdd y bwriad i ystyried archwaeth risg yn Niwrnod Datblygu'r Bwrdd ym mis Ebrill 2020.

Cymeradwyodd y Bwrdd:

- Fersiwn ddiwygiedig o Fframwaith Sicrwydd y Bwrdd ynghyd â'i gynnwys
- Ychwanegu risg 8, a oedd yn ymwneud â chywirdeb data, tystiolaeth a gwerthuso yn y sefydliad.
- Y newid o ran Pwyllgor sy'n gyfrifol am sicrwydd mewn perthynas â Risg 4, Seiberddiogelwch o'r Pwyllgor Gwybodaeth ac Ymchwil i'r Pwyllgor Archwilio a Llywodraethu Corfforaethol.
- Croesawodd y Bwrdd hefyd y gwelliant a gytunwyd yn flaenorol i rolau a chyfrifoldebau Pwyllgorau'r Bwrdd.

Diolchodd Aelodau'r Bwrdd i HB a'r bobl fu'n gysylltiedig â'r darn sylweddol hwn o waith.

PHW15/2020 Hunanasesiad o'r Trefniadau Llywodraethu Ansawdd Presennol

Derbyniodd y Bwrdd yr adroddiad ar Hunanasesiad o'r Trefniadau Llywodraethu Ansawdd Presennol (cyf [7.2.230120](#)).

Ystyriodd aelodau'r bwrdd eu cyfraniad sylweddol at yr adroddiad hunanasesu a gyflwynwyd i Lywodraeth Cymru ym mis Ionawr 2020.

Iechyd Cyhoeddus Cymru	Cofnodion heb eu cadarnhau 23 Ionawr 2020
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<p>Nododd y Bwrdd y byddai'r Pwyllgor Archwilio a Llywodraethu Corfforaethol, a'r Pwyllgor Ansawdd, Diogelwch a Gwella yn datblygu'r trefniadau monitro parhaus.</p> <p>Camau gweithredu: KE a RBW/DE, HG a HB</p>			
PHW16/2020	Polisi	ar Ddogfennau Polisi a Rheolaeth Ysgrifenedig - i'w gymeradwyo	
<p>Derbyniodd y Bwrdd y Polisi ar Ddogfennau Polisi a Rheolaeth Ysgrifenedig (cyf 7.3.230120).</p> <p>Nododd y Bwrdd y newid disgwylidig i'r polisi i adlewyrchu Safonau'r Gymraeg a'r ystyriaeth a roddwyd i safbwynt polisi Cymru Gyfan yn y Pwyllgor Archwilio a Llywodraethu Corfforaethol diwethaf.</p> <p>Cymeradwyodd y Bwrdd y polisi ar Ddogfennau Polisi a Rheolaeth Ysgrifenedig.</p>			
PHW17/2020	Deddf Llesiant Cenedlaethau'r Dyfodol - Adolygiad Canol Blwyddyn		
<p>Derbyniodd a nododd y Bwrdd er gwybodaeth Adolygiad Canol Blwyddyn Deddf Llesiant Cenedlaethau'r Dyfodol - (cyf 8.230120).</p>			
PHW18/2020	Dyddiad y cyfarfod nesaf		
<p>26 Mawrth 2020 am 09.00 i'w gynnal yn Iechyd Cyhoeddus Cymru, 2 Capital Quarter, Stryd Tyndall, Caerdydd, CF10 4BZ.</p> <p>Gan na chafwyd unrhyw gwestiynau gan staff, daeth KE â'r sesiwn gyhoeddus i ben, gan esbonio'r rhesymau ynghylch cynnal unrhyw gyfarfod dilynol mewn sesiwn breifat.</p> <p><i>Daeth y Sesiwn Gyhoeddus i ben am 13:10</i></p>			
<p>Yn unol ag Adran 1 (2) Deddf Cyrff Cyhoeddus (Mynediad i Gyfarfodydd) 1960, cyfarfu'r Bwrdd mewn Sesiwn Breifat i ystyried busnes o natur gyfrinachol, y byddai rhoi cyhoeddusrwydd iddo'n niweidiol i fudd cyhoeddus.</p>			

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	Date Raised / Action Ref	Action	Update	Original Target Date	Revised Target Date	RAG Rating	Lead	Status (Open or Complete)
Board Meeting	23/01/20 PHW05/2020 Board Action Log	Following the introduction of agenda items featuring the organisation's Strategic Partners, Board members requested regular updates regarding ongoing work and developments with Strategic Partners, including expected impact.	Action on hold due to COVID-19	26/03/2020	30 September 2020		HB	Open
Board Meeting	23/01/20 PHW08/2020 Recruitment Deep Dive	Board members went on to request a summary of the correlation between vacancies and the risk to the success of the organisation, and how this was being managed. HG suggested the translation of this issue into a mission critical action plan, reviewed through Board Assurance Framework discussions at Board.	Action on hold due to COVID-19	26/03/2020	30 September 2020		PB/HB	Open
Board Meeting	28/11/19 93/2019 Scheme of Delegation	The Board Secretary to further consider delegation of decisions relating to workforce remuneration.	Will form part of the overall scheme of delegation review work that is underway. Now on hold due to COVID-19	31/03/2020	30 September 2020		HB	Open
Board Meeting	28/11/19 93/2019 Scheme of Delegation	In relation to the delegation of oversight of risk, The Board agreed that a schematic 'infographic' would be helpful in setting out respective Board/Committee roles and responsibilities.	Action on hold due to COVID-19	31/03/2020	30 September 2020		HB	Open
Board Meeting	28/11/19 92/2019 Welsh Language Standards	During 2020, the Board resolved to consider further developments around language and culture	Will form part of the Board Development Programme in 2020/21	2020/21			MB	Open
Board Meeting	28/11/19 92/2019 Welsh Language Standards	The Board resolved to consider a strategic options paper on translation services	Options to be developed and taken through Exec Team and reported to Board	30/06/2020	30 September 2020		PB	Open
Board Meeting	28/11/19 89/2019 Intergrated Performance Report	Board members commented on workforce issues being a factor affecting performance across a number of areas.....members agreed to ask Health Education and Improvement Wales to meet with the Board/Committee to explore how its remit would address these shortages	PB & RBW met with HEIW to consider areas for them to invest in and potentially fund. POD Chair and Lead Exec to consider if HEIW should be invited to a POD meeting. Update 23/2/20 - action on hold due to COVID-19	28/02/2020	30 September 2020		PB	Open
Board Meeting	25/07/19 37.1 Assessment of progress towards a Healthier Wales	The Board commented on the links with Public Health Wales Strategic Priorities and sought further clarity on the performance measures and outcomes for the next year. JB agreed to produce an additional appendix to the report to reflect this.	Update: This action is ongoing - a briefing paper and action plan will be tabled at the Strategic Priorities Coordination Group in November. The paper will ask for nominations for a task and finish group to map the actions in A Healthier Wales to the strategic priorities. As Strategic Priority Groups finalise their outcomes and impact measures this month, the task and finish group will then explore the best method for incorporating these into the assessment. A further update will be provided to the Board in March 2020 (dependant on the work of the strategic priority groups)	25/09/2019	26/03/20		JB	Open

Meeting	Date Raised / Action Ref	Action	Update	Original Target Date	Revised Target Date	RAG Rating	Lead	Status (Open or Complete)
Board Meeting	PHW15/2020 Self-assessment of Current Quality Governance Arrangements	Board members reflected on their substantive contribution to the self-assessment report submitted to Welsh Government in January 2020. The Board noted that the Audit and Corporate Governance Committee, and Quality and Safety and Improvement Committee would take forward ongoing monitoring arrangements.	Ongoing Monitoring of the Self-assessment of Current Quality Governance Arrangements has been scheduled on the work plans for Audit and Corporate Governance Committee and Quality and Safety Committee for 2020/21.	26/03/2020			KE/RBW/DE/HG/HB	Complete
Board Meeting	PHW14/2020 Board Assurance Framework	The Board went on to consider the revised content in the new version of the BAF, noting continued developments around assurance mapping and a broader assurance framework. The Board noted that HB and the Executive Team would continue to consider the headline presentation of risk 2, underpinned by additional details, and revise risk 1 to reflect discussions held earlier in the Board meeting.	The Recruitment plan work will be built into the workforce plan, and actions worked through by People and OD. Internal Audit have recently concluded their own audit into Recruitment, which will yield a reasonable assurance ratings with a range of actions. Undertake a review of recruitment processes which will give assurance to internal audit and a range of further actions for People and OD to complete. This will be reported through the Audit and Corporate Governance Committee and the People and Organisational Development Committee.	26/03/2020			Executive Team	Complete
Board Meeting	PHW13/2020 Update on the Impact of Leaving the European Union	The Board thanked QS for the update, recommending that future reports should provide assurance on business continuity, impact on staff and the supply of drugs/medicines.	Action requested noted and will be added to future reports.	26/03/2020			QS	Complete
Board Meeting	PHW11/2020 Building a Healthier Wales	JA to provide future updates on the Building a Healthier Wales programme as appropriate during 2020/21	Action noted and will be provided as appropriate.				JA	Complete
Board Meeting	PHW10/2020 Strategic Plan Approval 2020 - 2023	The Board approved the Strategic Plan 2020-2023 subject to the inclusion of the above recommendations.	Amendments made and plan submitted to Welsh Government by the required date.	26/03/2020			HG	Complete
Board Meeting	PHW10/2020 Strategic Plan Approval 2020 - 2023	The Board noted that members would receive the final version for information, which would include an update to the section on risk.	Final version provided by email.	26/03/2020			HB	Complete
Board Meeting	PHW09/2020 People Strategy 2020-2030	The Board agreed to receive the workforce plan at the March Board meeting.	Scheduled on the Board Agenda for March.	26/03/2020			PB	Complete
Board Meeting	PHW09/2020 People Strategy 2020-2030	In a wide-ranging discussion, Board members emphasised the need to attract a workforce with the strong public health and research skills necessary to inform and develop the organisation's work. Reflecting on future skills, members suggested explicit inclusion of engagement with academia and professional bodies; brand narrative; and the creation of a flexible working environment on an equitable All Wales basis.	The text within specific sections of the People Strategy have been updated to reflect the Boards request comment on areas that would benefit from more explicit detail. Changes available on request to the Board Business Unit	26/03/2020			PB	Complete
Board Meeting	23/01/20 PHW08/2020 Recruitment Deep Dive	Board members discussed apprenticeships; PB acknowledged that the apprenticeship focus had been around young people, and agreed to explore the possibility of higher-level apprenticeships.	One of the current graduate appointments in PHW is working on a project that will conclude in August 2020, which will pull these aspects together. The output of this work will be reported to People and Organisational Development Committee and the Board.	26/03/2020			PB	Complete
Board Meeting	23/01/20 PHW08/2020 Recruitment Deep Dive	Members acknowledged the effect of recruitment issues on performance, and set a challenge to improve the long-term position by strengthening links with education establishments. PB advised of investment in a graduation scheme and agreed to include meeting this challenge in the long-term solutions.		26/03/2020			PB	Complete

Meeting	Date Raised / Action Ref	Action	Update	Original Target Date	Revised Target Date	RAG Rating	Lead	Status (Open or Complete)
Board Meeting	28/11/19 83/2019 Strategic Partnership	TC concluded the discussion by highlighting common priorities, including: violence prevention, building winter resilience and identifying what 'good' looked like in an ageing population. She agreed to meet with HH to develop this agenda further.	A follow up meeting between the Commissioner and TC is being arranged. Update: meeting held between Commissioner and Mark Bellis. Further updates to be provided later in 2020/21	28/02/2020			TC / JA	Complete

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 6.2.260320
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Integrated Performance Report

Executive lead:	Huw George, Deputy Chief Executive/ Executive Director Operations and Finance
Author:	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; Ioan Francis, Head of Performance

Approval/Scrutiny route:	Business Executive Team (16 March 2020)
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Purpose

The purpose of the Integrated Performance Report is to provide an update on Public Health Wales' performance, including:

- Progress against our Strategic Priorities
- Operational performance including indicators within the NHS Wales Delivery Framework
- Financial performance – month 11 2019/20
- Workforce performance
- Quality – Putting Things Right

*Please note that in light of significant organisational wide support being provided to the COVID-19 response, some performance related information was not available at the time of reporting.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board is asked to:

- **Discuss** and scrutinise the paper and provide feedback and comments

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.

In order for Public Health Wales to deliver our strategic plan, effective performance management arrangements need to be in place to monitor and report on progress against achieving our strategic priorities to improve health outcomes. This intelligence is used to draw the Board's attention to areas of underperformance and is fundamental for effective and efficient decision making.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives
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Summary impact analysis

Equality and Health Impact Assessment	An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan.
Risk and Assurance	Our Strategic Risks are detailed within Our Strategic Plan
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	An update on the organisation's financial performance is enclosed
People implications	An update on the organisation's people performance is enclosed

1. Purpose / situation

The purpose of the Integrated Performance Report is to provide the Board with an update on Public Health Wales' performance, including:

- Progress against our strategic priorities
- Operational performance including indicators within the NHS Wales Delivery Framework
- Financial performance – month 11 2019/20
- Workforce performance
- Quality – Putting Things Right

2. Background

The Integrated Performance Report is discussed and scrutinised at each Board meeting as part of the regular agenda items.

3. Description/Assessment

A summary of key performance highlights and key performance issues by Strategic Priority area is provided in the main body of the report, and is supported by supplementary information in Annex A of the Integrated Performance Report.

3.1 Well-being of Future Generations (Wales) Act 2015



Ensures Public Health Wales is able to successfully monitor the delivery of its Long Term Strategy and Integrated Medium Term Plan. Areas of underperformance can be identified with earlier intelligence to aid decision making.



Effective and efficient decision making by Senior Managers, Executive Team and the Board is paramount to successful performance of the organisation in order for it to achieve its purpose, whilst preventing the potential to cause harm through underperformance.



The development of Public Health Wales' Long Term Strategy and Integrated Medium Term Plan was grounded in collaboration and integration across our workforce. To demonstrate that the organisation is achieving what it set out to achieve over the short, medium and long term, high

quality monitoring and reporting of information is essential through the integrated performance report.



Reporting of data and information through the integrated performance report requires collaboration across the organisation to ensure timely delivery of key service, quality, workforce and financial data. The potential for the development of business intelligence tools will require close working relationships with Directorates and especially Informatics to maximise potential.



To ensure compliance with the Welsh Audit Office Structured Assessment, agreeing and reporting Division / Directorate level performance measures will require involvement across the full breadth of the organisation. Monitoring and reporting against the strategic plan will involve working closely with staff to ensure accurate and timely intelligence for the Executive Team and Board.

4. Recommendation

The Public Health Wales Board is asked to:

- **Discuss** and scrutinise the paper and provide feedback and comments

INTEGRATED PERFORMANCE REPORT

February 2020

Report authors:

Huw George (Deputy Chief Executive and Director of Operations and Finance); Phil Bushby (Director of People and Organisation Development); Rhiannon Beaumont-Wood (Executive Director of Quality Nursing and Allied Health Professionals); Angela Fisher (Deputy Director of Finance); Ioan Francis (Head of Performance)

Version: v1a



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Public Health
Wales

Introduction

To support the delivery of our Long Term Strategy, we actively monitor progress against our strategic priorities. The Integrated Performance Report provides a comprehensive overview of our strategic and operational performance, set alongside our people, quality and financial performance. Where possible, the following report is presented through the lens of our seven long term priorities for 2018-2030. As we look to develop outcome goals, and realign our people and resources to support the delivery of our strategy, we will further develop and strengthen our performance reporting so that it aligns with the proposed shift towards a more devolved model, as defined by our Long Term Strategy.

Our ambition for the people of Wales is that by 2030 they will:

- have a more equal chance of living a fulfilling life, free from preventable ill health
- know how to support their families' mental well-being, that supports everyone to be mentally healthy citizens with greater resilience and a greater level of mental well-being
- live in an environment and society in which healthy choices are the easy choices; and in a Wales where
- more children will have achieved their full potential

We want a Wales with:

- reduced infections and which is prepared for and able to deal with the expected effects of climate change
- where the balance has shifted from hospital to community based care; reduced burden of disease from long term conditions with reduced incidence, improved early detection and survival outcomes; and also a Wales where
- population health services and interventions are based on world class intelligence and analysis, giving maximum return on investment

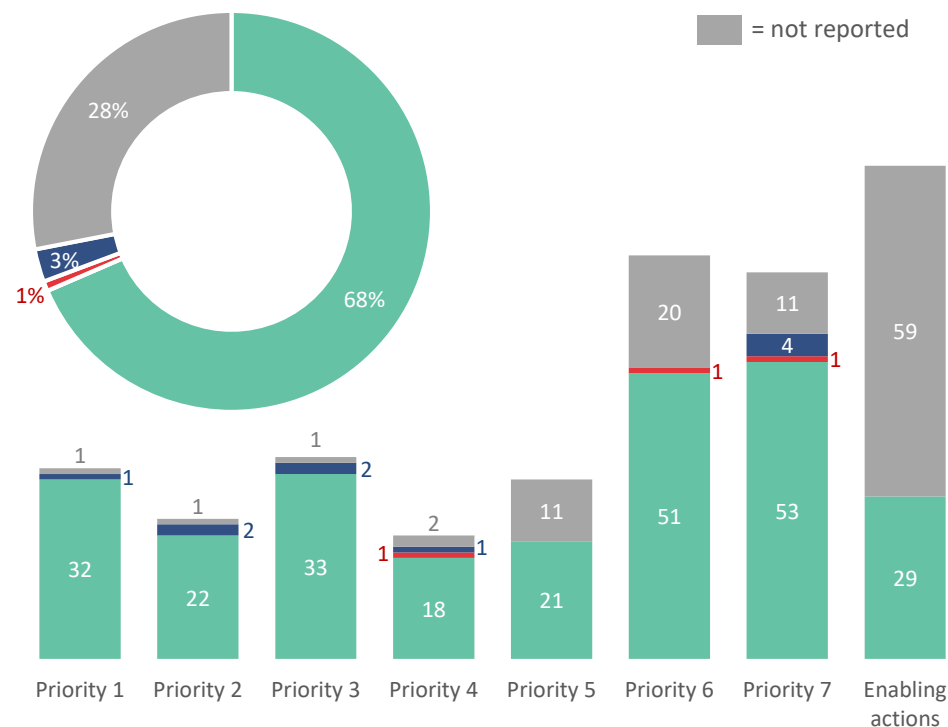


To secure this ambition, *Working to Achieve a Healthier Future for Wales* has seven priorities and each has defined:

- the difference we will have made by 2030
- how we will work
- medium term objectives to 2022
- a product map providing a blueprint for delivery
- short term (annual) plans

Summary of performance

Progress across all Strategic Priorities – February 2020



Performance highlights to note

- Month 11 revenue position is a small surplus of £4K, and currently anticipating a breakeven position at year end
- Number of complaints responded to within 2 working days remains at 100%; all nine complaints received in February remain within the 30 day target
- Treated smokers who are CO validated as successful exceeded target in Q3
- Breast Test Wales normal results sent (2 weeks) is now above standard in February (up 22.2% from January)
- Cervical Screening test result waits (4 wks) has returned to standard at 95.4%
- Performance remains positive for reported All-Wales vaccination rates at Q3

Status

Of the 378 change activities being tracked this year, 68% are being reported as on target for delivery by March 2020 (88% reported last month). Whilst good progress has been reported across Strategic Priorities 1-4, the unprecedented response to the COVID-19 outbreak has had a direct impact on the ability of a number of our priority areas to meet agreed milestones. In particular, this is being acutely felt across Strategic Priorities 5 and our enabling functions where work has been suspended.

Review process

Following the rapid mobilisation of our people across the organisation, a decision was made to stand down the Strategic Priority Coordination Group (SPCG) in February and March. Requests for change from Priority Groups have therefore not been submitted to the SPCG for consideration / approval. The situation will continue to be monitored.

Key Actions in February / March

- COVID-19 response has resulted in a shift in priority across the organisation
- Strategic Priority Group and Coordination Group meetings postponed due to organisation wide COVID-19 response
- Review IMTP and Annual Plan to consider areas where slippage this year might affect dependencies in the IMTP

The online Annual Plan 2019/20 reporting tool can be accessed [here](#)

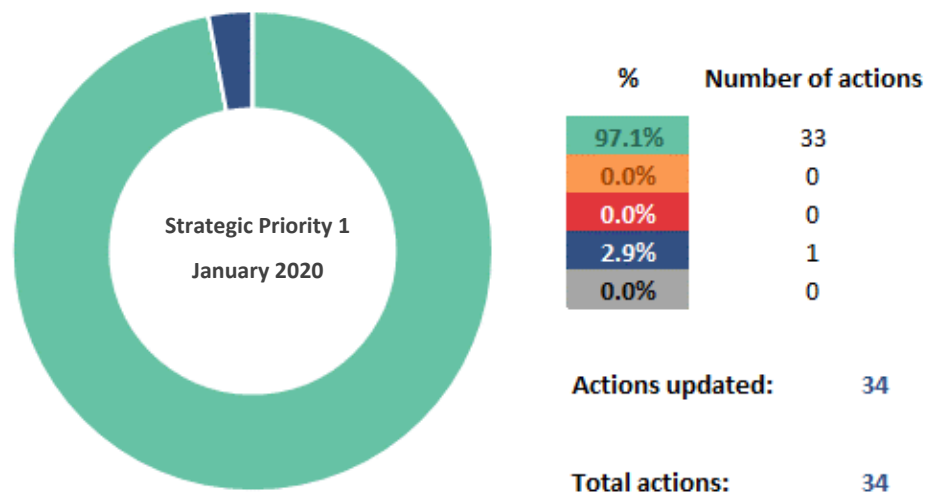
Performance challenges to note

- Monthly agency spend increased from £193K to £242K in February 2020
- Although improvements were evident in-month, Bowel Screening Wales colonoscopy and Breast Test Wales assessment waits remain below standard
- All-Wales C. difficile, Staph. aureus and E. Coli bacteraemia rates are above respective national targets for February 2020
- % treated smokers by smoking cessation services is below target in Q2 19/20
- Time to hire period increased from 42 days to nearly 49 days in January
- In-month sickness absence rates worsened over the latest reporting period
- Number of incidents increased between December (130) and February (213)

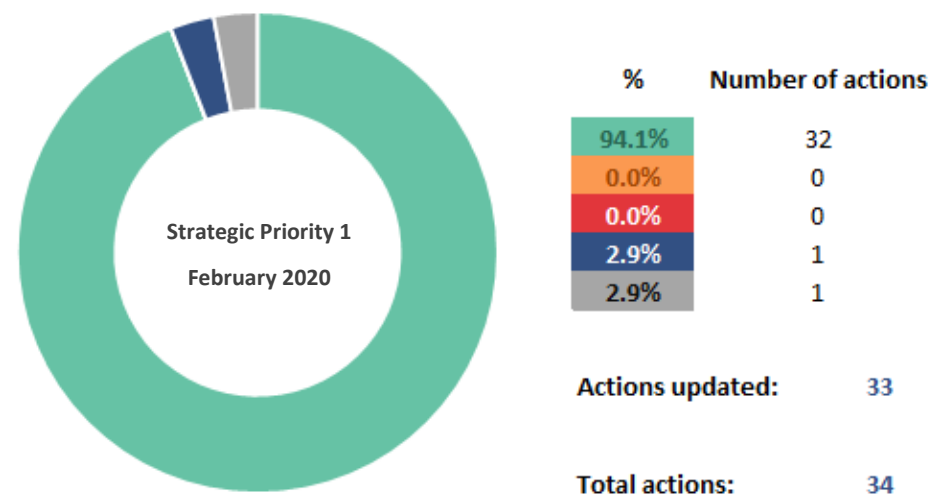
By 2030, we will:

- have a learning environment in schools and other educational settings that better improve health
- have established the sustainable development principle as a way of working and we are enabling high quality Health Impact Assessment across Wales
- have influenced the main employers in Wales to create good work, maintain employment and invest in staff health and well-being
- be a leading source of advice and evidence on the wider determinants of health to key decision makers
- have improved the quality and accessibility of housing in Wales through an innovative health and housing partnership
- have worked with partners to maximise the potential of the built and natural environment to improve health and well-being

Summary of performance – January 2020



Summary of performance – February 2020



Improving mental well-being and resilience



By 2030, we will:

- be leading an ongoing national conversation on what is important to the public and what helps us to attain better mental well-being
- be responding to the ever changing social and economic environment and working with our partners to stimulate collective action to improve outcomes
- be actively monitoring the mental well-being of the population and are using this to influence policy, strategy and programmes
- have supported partners in promoting mental well-being and resilience including reducing the impact of ACEs / trauma
- have facilitated a trauma and resilience informed Wales – aiming to break generational cycles of poor mental and physical health outcomes

Summary of performance – January 2020



%	Number of actions
88.0%	22
0.0%	0
0.0%	0
12.0%	3
0.0%	0

Actions updated: 25

Total actions: 25

Summary of performance – February 2020



%	Number of actions
88.0%	22
0.0%	0
0.0%	0
8.0%	2
4.0%	1

Actions updated: 24

Total actions: 25

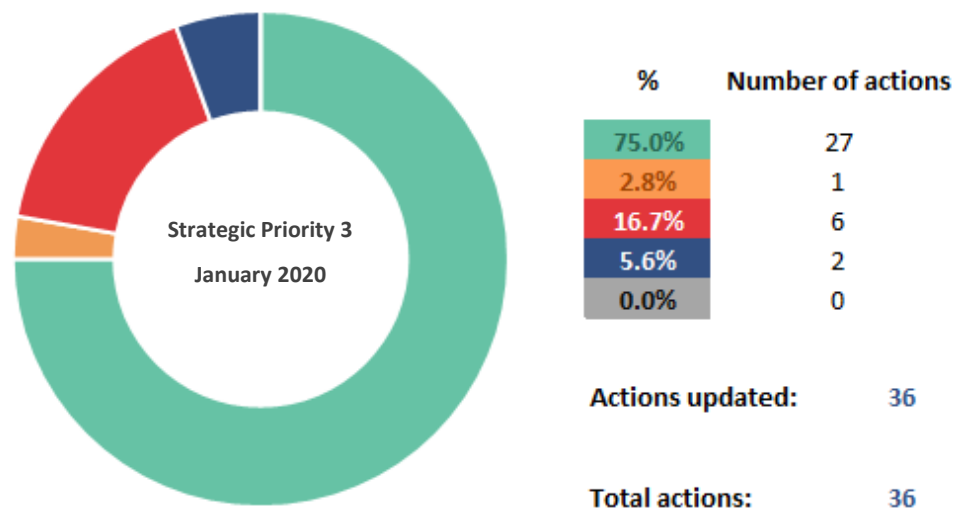
Promoting healthy behaviours

Promoting
healthy
behaviours

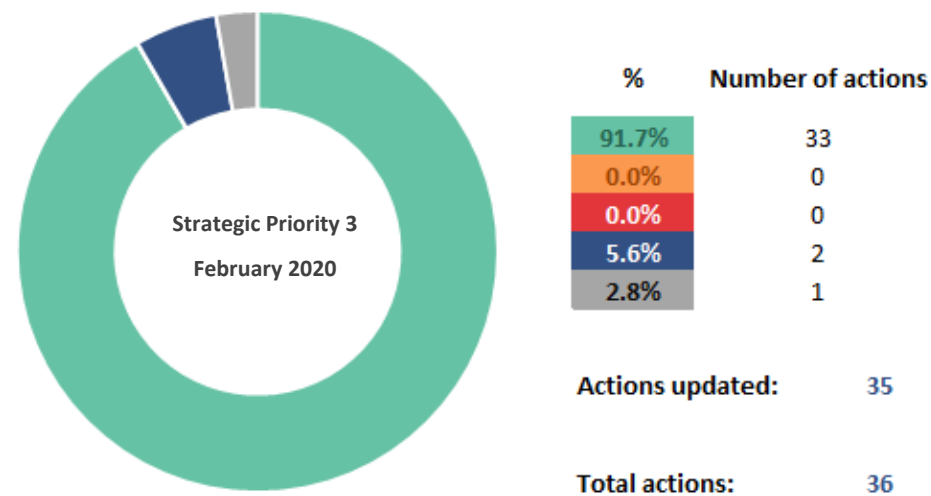
By 2030, we will:

- work with Welsh Government and others to deliver year on year increases in the proportion of children and young people who are smoke free and help an increasing number of smokers to quit
- have significantly increased the proportion of children and young people in Wales who are a healthy weight when they start school and into adulthood
- work to create co-ordinated action across the whole system to support healthy food choices and promote a more active Wales
- have changed social norms about the acceptability of a range of health harming behaviours

Summary of performance – January 2020



Summary of performance – February 2020



Performance indicators

Help me Quit

	Quarter 1	Quarter 2	Quarter 3	Quarterly target
% smoking population treated by smoking cessation service	0.95%	0.84%	Not available	(1.25% target)
% of treated smokers who are CO validated as successful	44.5%	47.1%	43.1%	(40% target)

* Stop Smoking Wales specific indicators no longer reported following transfer of service to Health Boards.

Full suite of smoking cessation data is available [here](#)

Securing a healthy future for the next generation

Securing
a healthy
future
for the
next
generation

By 2030, we will:

- seek to ensure that every child has the best start in life and will have promoted and supported an integrated population based support system for all parents and families
- have increased the proportion of settings that take action to promote health in early years
- have worked with partners to reduce abuse and neglect of children

Summary of performance – January 2020



%	Number of actions
86.4%	19
0.0%	0
13.6%	3
0.0%	0
0.0%	0

Actions updated: 22

Total actions: 22

Summary of performance – February 2020



%	Number of actions
81.8%	18
0.0%	0
4.5%	1
4.5%	1
9.1%	2

Actions updated: 20

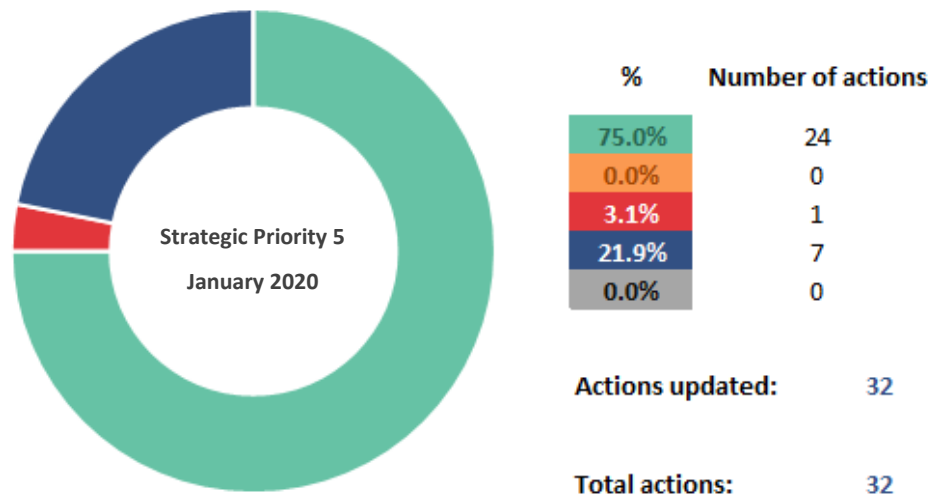
Total actions: 22

Protecting the public from infection and environmental threats to health

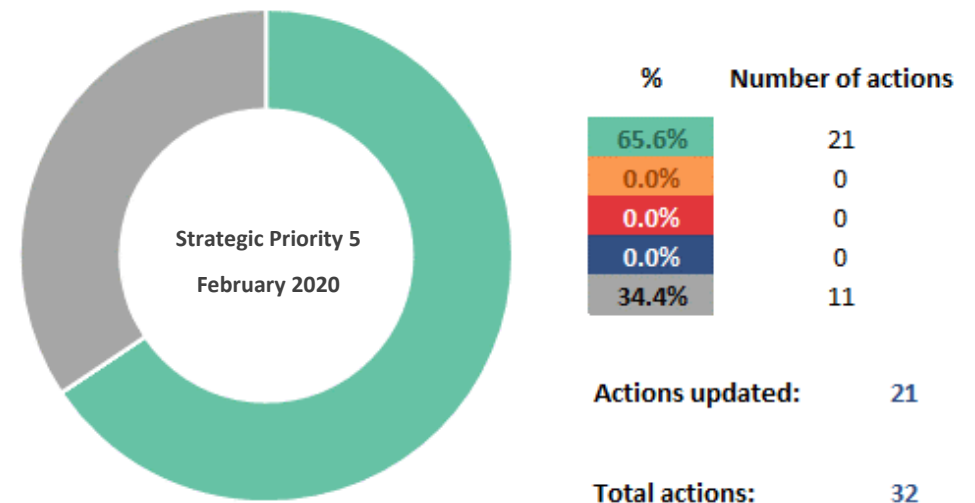
By 2030, we will:

- have contributed significantly to reductions in morbidity and mortality linked to infections
- be collating and utilising health data sourced across the health and care system to direct prevention activities and identify earlier opportunities for intervention (timely diagnosis and appropriate treatment)
- have established strengthened capacity in Wales for early warning, risk reduction and management of national and global health risks
- be recognised as system leaders for healthcare associated infections and antimicrobial resistance
- have worked with partners to reduce mortality and morbidity attributed to factors such as the impact of climate change and air pollution

Summary of performance – January 2020



Summary of performance – February 2020



Performance indicators

Healthcare Associated Infections (February 2020)

Clostridium difficile rate	26.7 per 100,000	▲ 2.6	Outside of ≤25 target
Staph aureus rate	24.2 per 100,000	▼ 7.4	Outside of ≤20 target
E.Coli bacteraemia rate	80.8 per 100,000	▲ 5.6	Outside of ≤67 target

Vaccination & Immunisation (Q3 2019/20)

% children who received 3 doses of the '6 in 1' by age 1	95.9%	(96.3% target)
% children who received 2 doses of MMR vaccine by age 5	92.3%	(90.8% target)

Full suite of data on HCAI, Vacc & Imms & Microbiology is available [here](#)

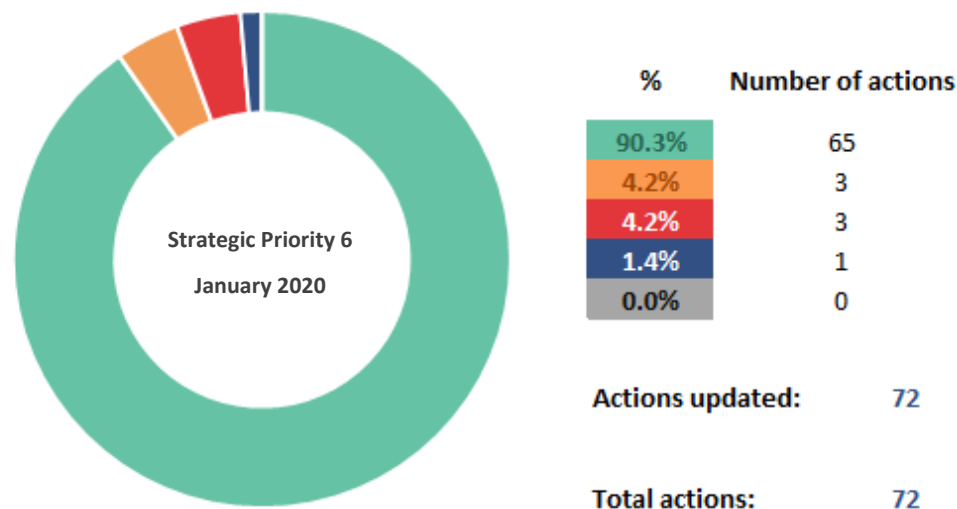
Supporting the development of a sustainable health and care system focused on prevention and early intervention

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

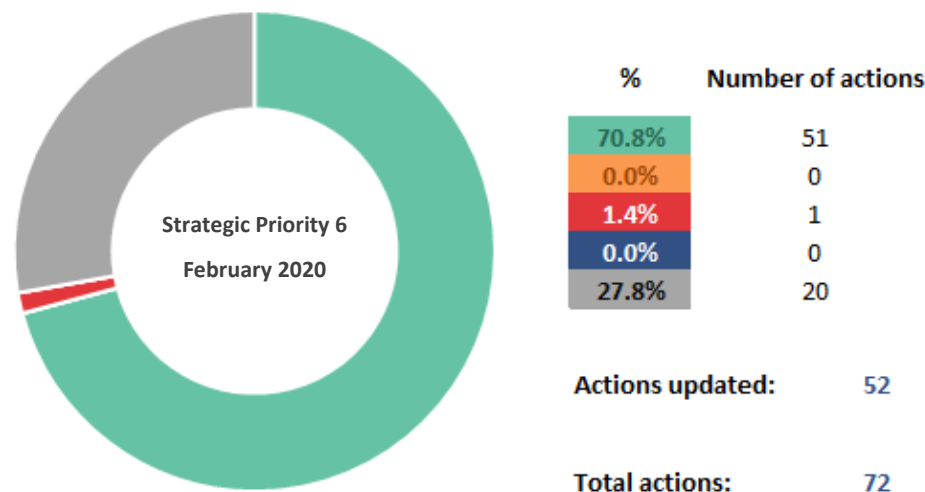
By 2030, we will:

- maximise opportunities to prevent disease through health service interactions with patients
- increase disease prevention and earlier intervention through approaches to maintain and improve focus on national population-based screening programmes. When disease is detected, pathways of care will be seamless
- reduce variation and inequality in care and harm in its deliver
- support care moving closer to the home and centre it round patients and carers

Summary of performance – January 2020



Summary of performance – February 2020



Performance indicators: highlights

Breast Test Wales – Normal results sent within 2 weeks of screen

99.0% ↑ 22.2% **Above 90% standard**

Breast Test Wales – Round length (36 months)

89.9% ↑ 3.3% **Below 90% standard**

Cervical Screening Wales – Waiting time for screening test results (4 weeks)

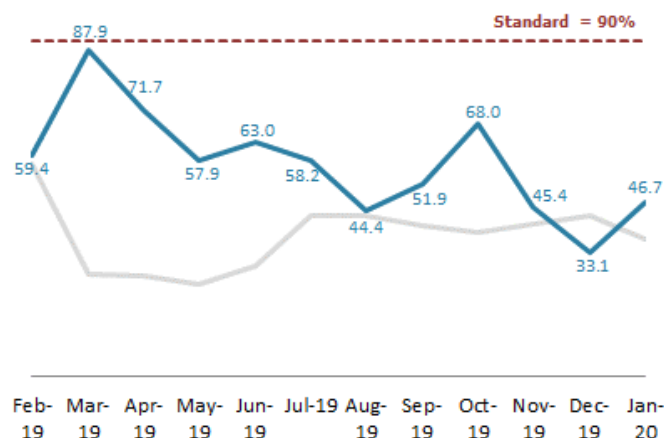
95.4% ↑ 1.2% **Above 95% standard**

Full suite of screening data available [here](#)

Performance indicators: challenges

Bowel Screening Wales

Percentage waiting time for colonoscopy within 4 weeks of booking appointment



Cause

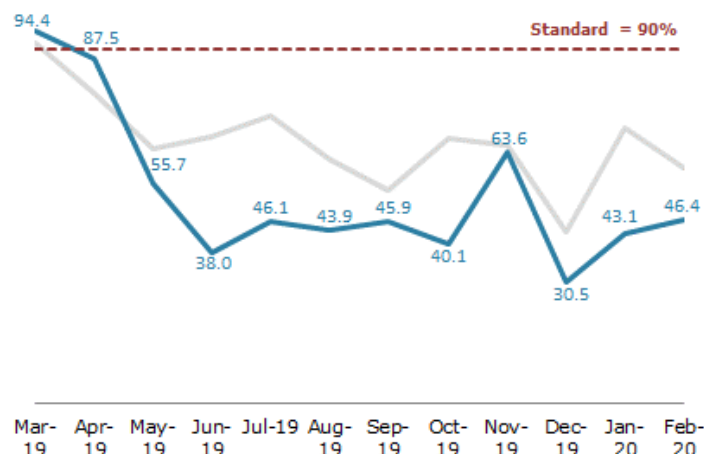
- Waiting times for colonoscopy continues to perform below national standard due to a lack of capacity in endoscopy, including ongoing issues with symptomatic services
- Recruitment to fill consultant posts in Health Boards remains challenging impacting on the number of screening colonoscopists available to undertake screening endoscopy lists

Action

- Work ongoing with health boards that consistently underperform
- Recently completed a round of service review meetings with all seven health boards in Wales, where performance is discussed
- Ongoing monitoring of progress against Health Board recovery plans
- Implementation of the new polyp surveillance guidelines should release significant capacity in the system
- Two new screening colonoscopists are being assessed in March 2020
- Plans for an additional four screening colonoscopists to undergo accreditation during 2020

Breast Test Wales

Percentage of assessment invitations given within 3 weeks of scan



Cause

- Low medical staffing levels due to annual leave, professional leave, maternity leave and sickness continue to impact on performance
- West Wales has very low medical staffing levels; performance is very sensitive to leave of any kind.
- Medical staffing vacancy in West Wales region
- Back log of film reading in WW has increased the wait to assessment in this region

Action

- Additional staff being trained to support the service in the medium term
- North Wales providing film reading support to West Wales region
- Weekly escalation meetings have been scheduled for the West Wales Centre to further manage the assessment pathway.
- Clinics dynamically managed to ensure best utilisation of slots taking into account the case mix and cancellations

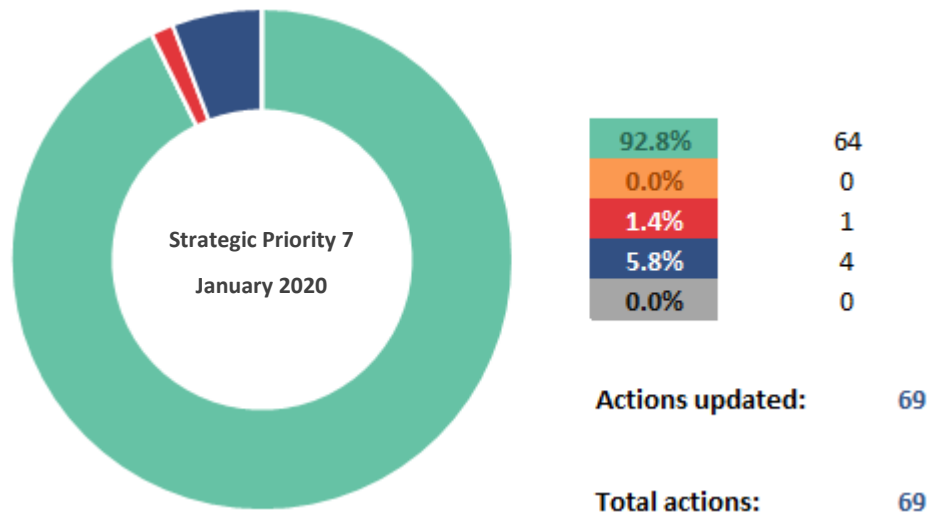
Building and mobilising knowledge and skills to improve health and well-being across Wales

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

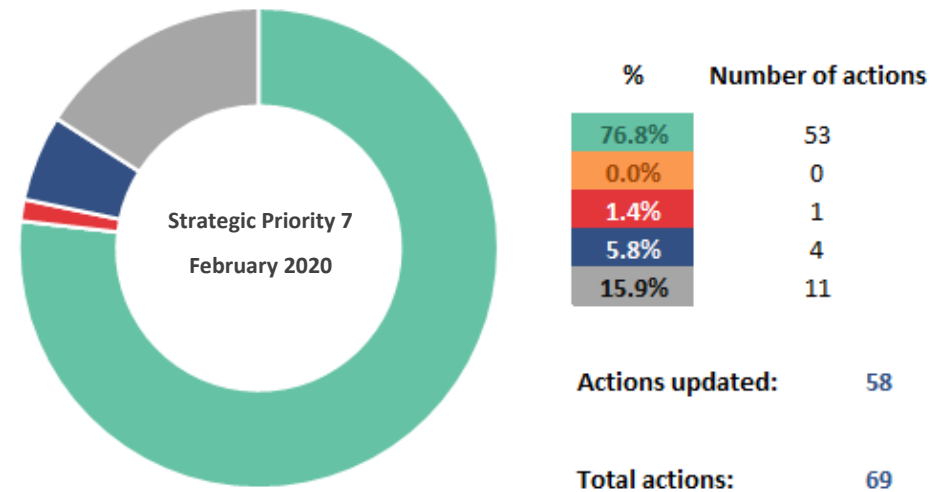
By 2030, we will:

- have a thriving research and development environment, drawing from and contributing to the best international evidence, attracting diverse investment and employing research talent from around the world
- be an international exemplar and trusted national resource in the use of evidence and intelligence to inform decision making for health
- be a recognised lead in the mobilisation of knowledge for population health, through system wide leadership
- have influenced key decision makers through a knowledge - informed, health impact, future-focused and sustainable approach

Summary of performance – January 2020



Summary of performance – February 2020

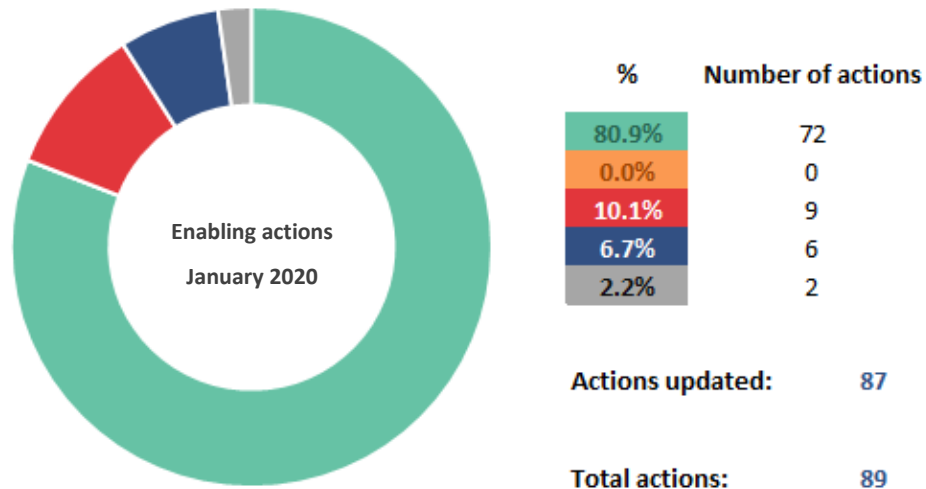


Enabling delivery of our strategic priorities

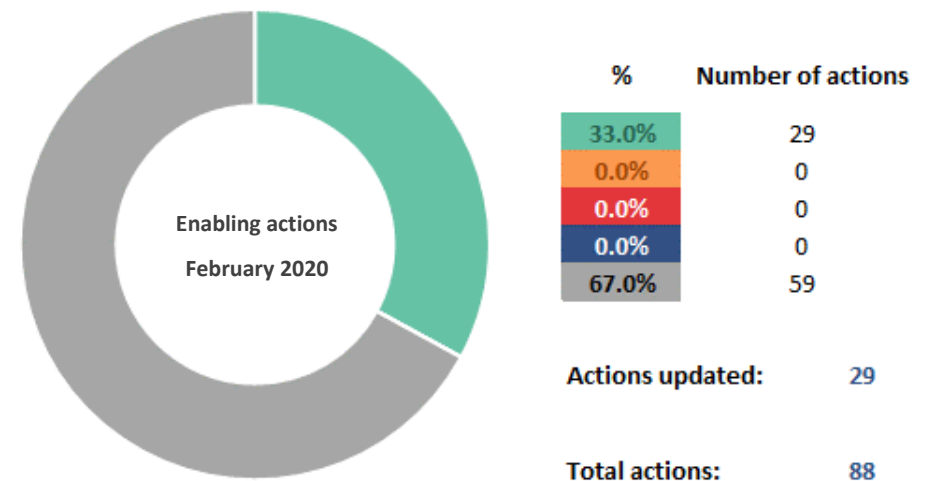
We are supported by a number of internal enabling functions whose work is critical to delivering our seven strategic priorities. The enabling functions support the organisation through:

- Developing a future operating model for the organisation
- Supporting the implementation of the Well-being of Future Generations Act
- Promoting knowledge and intelligence
- Developing our digital and information systems
- Ensuring that we have a safe and appropriate environment
- Developing our people and organisation
- Transforming planning and implementation of change
- Delivering quality and measuring our impact
- Ensuring our financial behaviours encourage, incentivise and add value
- Communicating effectively with our people, partners and the public

Summary of performance – January 2020



Summary of performance – February 2020



Overview of Financial Performance – Month 11 2019/20

1. Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the revenue and capital position for Public Health Wales as at 29th February 2020 (M11), which is also circulated to the Audit and Corporate Governance Committee. The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 12th March 2020 as part of the full financial monitoring return for Month 11.

2. Summary of Key Financial Performance

The cumulative reported position is a net surplus of £4k, and is summarised in the table below:

Cumulative Position

Target	Current Month	Year to Date	Year-end Forecast
Revenue financial target Deficit/(Surplus)	54K	(4K)	Breakeven
Capital financial target	(33K)	(533K)	Breakeven
Public Sector Payment Policy	96%	96.40%	>95%

-£4K Surplus

Income £'000

£222K

Annual Budget	-£150.09M
YTD Budget	-£135.65M
YTD Actual	-£135.87M

Pay £'000

-£1,369K

Annual Budget	£93.65M
YTD Budget	£85.17M
YTD Actual	£83.80M

Non-Pay £'000

£1,587K

Annual Budget	£56.45M
YTD Budget	£50.47M
YTD Actual	£52.06M

2.1 Key Actions

- The month-end position for Public Health Wales is a surplus of £4k. This consists of variances across Public Health Wales that will be monitored as part of our ongoing budgetary control process. The month-end position includes £0.156m of costs directly related to the Trust's Coronavirus response. This additional expenditure has currently been managed within our M11 position
- Directorate forecast positions for year-end have been completed and agreed with Executive Directors as part of the mid- year reviews. Assurance has been received to confirm that Directorates have robust spending plans in place for M12 in order to deliver the agreed year-end forecast of break-even. Following correspondence with Welsh Government on COVID19, a schedule of all the costs are being compiled for their consideration of additional funding to enable the Trust to maintain its year-end forecast break-even position.

3. Financial Performance by Directorate

Financial Position By Directorate £'000						Financial Position By Income Pay Non Pay £'000				
Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud	Row Labels	Income	Pay	Non Pay	Grand Total
Public Health Services Directorate	51,393	46,358	46,843	485	1.05%	Public Health Services Directorate	-201	-310	996	485
Central Budgets Directorate	-96,957	-87,495	-87,322	173	-0.20%	Central Budgets Directorate	-9	-45	227	173
Operations and Finance Directorate	8,197	7,526	7,546	21	0.27%	Operations and Finance Directorate	-3	-83	106	21
WHOC Collaborating Center Directorate	2,187	1,886	1,892	6	0.32%	WHOC Collaborating Center Directorate	0	-38	44	6
NHS Quality Imp Division	3,721	3,386	3,388	2	0.06%	NHS Quality Imp Division	-1	-26	29	2
Hosted Directorate	0	-71	-71	0	0.00%	Hosted Directorate	-0	-0	0	0
ACE's Hub Directorate	100	86	86	-0	0.00%	ACE's Hub Directorate	0	-2	2	-0
Board and Corporate	1,981	1,815	1,786	-29	-1.62%	Board and Corporate	-1	-17	-12	-29
Workforce & Org Develop Directorate	1,624	1,492	1,449	-43	-2.87%	Workforce & Org Develop Directorate	-3	-31	-9	-43
Quality Nursing & Other Allied Profs Direc	2,283	2,086	1,951	-135	-6.46%	Quality Nursing & Other Allied Profs Direc	-4	-159	28	-135
Knowledge Directorate	4,021	3,560	3,359	-201	-5.65%	Knowledge Directorate	-1	-241	41	-201
Health & Wellbeing Directorate	21,451	19,371	19,089	-282	-1.46%	Health & Wellbeing Directorate	-0	-416	134	-282
Grand Total	0	0	-4	-4	0.00%	Grand Total	-222	-1,369	1,587	-4

3.1 Key Actions

Key overspends reported in Month 11:

- Public Health Services Directorate – this position shows an increase in the cumulative overspend from M10 to £485k at M11. This is largely due to additional costs incurred on COVID19 of £156k, which are included in the position. The month 11 position is after the release of funding as agreed as part of the mitigating actions against spending pressures within Microbiology and after reflecting the outcome of a February 2020 stock take. **ACTION:** After the release of funding and stock take adjustments a breakeven position was anticipated for month 11. Non-pay spend in Microbiology along with the COVID19 expenditure are the main reasons for the deviation from the plan, and work is ongoing to identify further mitigating actions to deliver as close to a breakeven position as possible.
- Central Budgets – Over spend of £485k is predominantly due to a provision for the payment of Voluntary Early Release Scheme (VERs) and a reduction in our expected levels of VAT recovery for 2019/20. The Central Budgets are being managed as part of a number of financial risks and opportunities reported on following the declaration of the Directorate forecasts and investment slippage to manage the overall Trust position. Please refer to section 8.

Key underspends reported in Month 11 are all in respect of vacancies and delayed recruitment plans within the following Directorates:

- Health & Wellbeing Directorate – Under spend of £282k is mainly due to Local Public Health Team vacancies plus the vacant Deputy Director post.
- Knowledge Directorate – Under spend of £201k is due to vacancies within most of the divisions across the Directorate.
- Quality, Nursing & Other Allied Professionals – Under spend of £135k. This relates predominantly to pay underspends due to a number of vacancies.

ACTION: these underspends are consistent with the Directorate forecasts for recruitment. These underspends have now been factored into the overall management of the financial position.

4. Savings

Recurrent Savings By Directorate £'000

Directorate	Annual Savings £'000
Public Health Services	472
Organisational Efficiency	458
Health & Wellbeing	247
Ops & Finance	77
NHS Quality Improvement	36
Policy, Research & International Development	24
Quality, Nursing & Other Allied Health Professionals	23
Board & Corporate	18
Workforce & OD	15
Ace's Hub	1
Grand Total	1,371

The savings target needed in order to deliver the full investment programme on a recurrent basis is £1.371m. However, due to the profiling of the expenditure plans of the investment bids then the savings achieved for 2019/20 are £1.177m.

Of this, £913k relates to the 1% savings target assigned to each Directorate. £257k of which was met by increased vacancy factors. Based on the Month 11 pay position the increased vacancy factors are being achieved and will continue to be monitored on a monthly basis. The remaining element of £656k was met by changes within staffing establishments and non-pay efficiencies. Whilst the relevant budgets have been reduced by the associated efficiencies, we need to monitor whether actual savings have been achieved as proposed.

ACTION: Continue to work with Directorate leads to ensure that the efficiencies are being delivered on an ongoing basis.

4.1 Key Actions

Organisational Work Stream	2019/20 Target £	2019/20 Plans £	2019/20 +/- £	Recurrent Target £	Recurrent Plans £	Recurrent +/- £
Workforce	50	50	0	50	50	0
Estates and Accommodation	50	50	0	50	50	0
Procurement	65	65	0	65	65	0
Total	165	165	0	165	165	0

The latest update confirms that the Trust has met the Organisational efficiency target of £165k for 2019/20. The current position for 2020/21 reports a range of savings schemes identified as Green/Amber totalling £265k. Further work is required to ensure that further pipeline schemes are progressed to deliver the gap of £185k.

ACTION: Continue to work on the 2020/21 efficiency savings. Audit Corporate Governance Committee will receive an update at the next meeting to be held on the 19th March 2020.

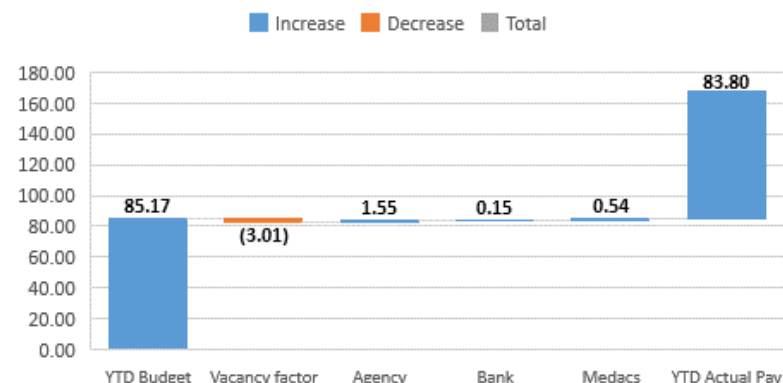
5. Pay Analysis

Further information on Agency Spend can be viewed [here](#)

Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Hosted Directorate	9,611	7,876	7,876	-0	0.00%
ACE's Hub Directorate	377	319	319	-0	0.00%
Board and Corporate	1,911	1,588	1,572	-16	-1.01%
WHOC Collaborating Center Directorate	2,913	2,397	2,378	-19	-0.80%
NHS Quality Imp Division	4,124	3,397	3,375	-23	-0.67%
Workforce & Org Develop Directorate	1,536	1,293	1,262	-31	-2.40%
Central Budgets Directorate	912	762	714	-49	-6.38%
Operations and Finance Directorate	5,208	4,216	4,139	-77	-1.82%
Quality Nursing & Other Allied Profs Dir	2,145	1,772	1,631	-141	-7.96%
Knowledge Directorate	3,958	3,257	3,045	-212	-6.51%
Health & Wellbeing Directorate	16,903	14,160	13,768	-392	-2.77%
Public Health Services Directorate	44,591	36,629	36,199	-430	-1.17%
Grand Total	94,189	77,667	76,277	-1,390	-1.79%

Cumulative Pay Bill - Workforce Trends



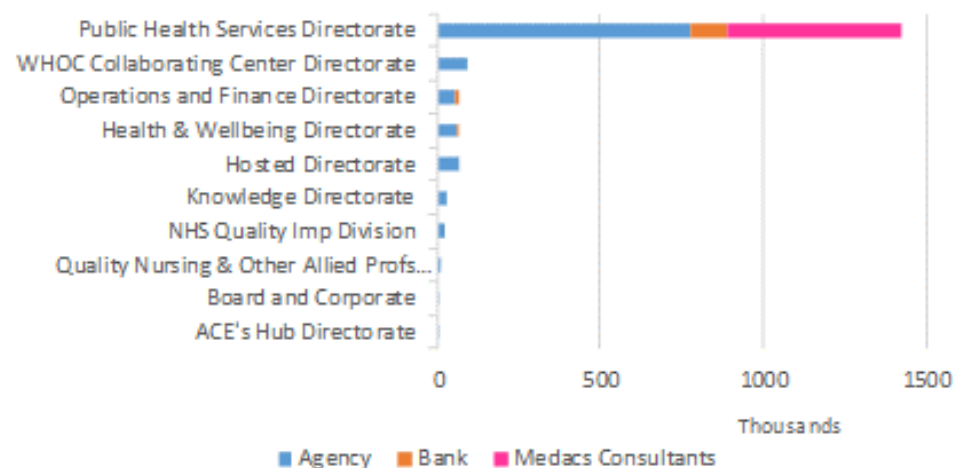
5.1 Key Actions

The overall pay position for Public Health Wales at month 11 is an underspend of £1,369m, this is after taking into account £3.01m negative budget for vacancy/turnover factor. Agency costs in month 11 are higher than the trend of 2018/19, equating to 3.2% (2018/19 – 2.6%) of total pay expenditure. Our year to date agency expenditure is 1.8% of total pay spend. In month 11 expenditure increased to 3.2% due to an increase in agency spend in the following areas:

- NHS Wales Health Collaborative – agency spend relating to the Laboratory Information Network Cymru (LINC) programme has been moved from capital to revenue in month.
- Public Health Services – agency spend incurred to support the Coronavirus response.
- WHO Collaborating Centre – Expenditure on Early Years and Prevention research projects

As at month 11 Public Health Services are underspending on pay by £310k largely as a result of Screening under spending by £390k. This is due to vacancies within Breast Test Wales and Diabetic Eye Screening and recruitment is continuing within both these Programmes. Additional pay costs of £123k incurred as a result of the response to Covid-19 are also included within the Public Health Services position. Release of agreed funding to mitigate pressures in Biomedical Scientists and Consultants workforce within microbiology has offset previous pay overspends. **ACTION:** Continue to monitor Directorate vacancies and recruitment plans to ensure an accurate reflection within the year-end financial position. Health & Wellbeing, Knowledge and Quality, Nursing and Other Allied Professions are underspending by £416k, £241k and £159k respectively. Please refer to 3.1 for details. **ACTION:** As per 3.1

Variable Pay By Directorate

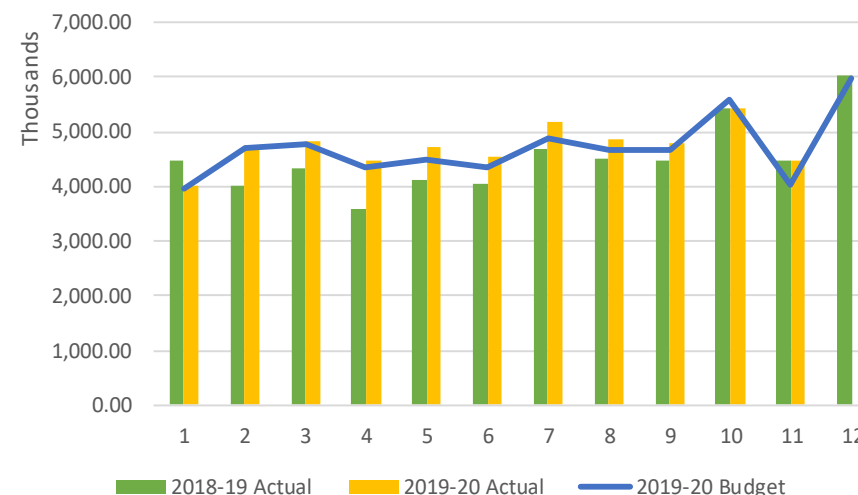


6. Non Pay Analysis

Non-Pay Position By Directorate £'000

Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance	% YTD Var / YTD Bud
Public Health Services Directorate	29,353	26,494	27,490	996	3.76%
Central Budgets Directorate	3,857	3,602	3,829	227	6.30%
Health & Wellbeing Directorate	7,463	6,482	6,616	134	2.07%
Operations and Finance Directorate	3,571	3,278	3,385	106	3.24%
WHOC Collaborating Center Directorate	709	556	600	44	7.93%
Knowledge Directorate	589	456	498	41	9.09%
NHS Quality Imp Division	1,320	1,084	1,112	29	2.67%
Quality Nursing & Other Allied Profs Director	185	171	199	28	16.38%
ACE's Hub Directorate	123	104	106	2	1.87%
Hosted Directorate	8,749	7,756	7,756	0	0.00%
Workforce & Org Develop Directorate	350	328	319	-9	-2.83%
Board and Corporate	177	165	153	-12	-7.12%
Grand Total	56,447	50,475	52,062	1,587	3.14%

Non Pay Run Rates



6.1 Key Actions

Non-pay has been profiled according to expenditure plans received to date. As at month 11 the key areas of overspends are:

- Public Health Services – Over spend of £996k. Within Microbiology the main non-pay over spends are £212k on North Wales courier costs, £99k on equipment maintenance, £68k on laboratory consumables and £130k on Divisional Management. Within the Screening Division Breast Test Wales are reporting an over spend of £277k against non-pay due to increased running and maintenance costs for the ageing mobile units as well as the British Telecom and equipment maintenance costs, whilst Diabetic Eye Screening are also reporting an over spend of £72k on IT equipment for new staff, translation and vehicle maintenance. The position also includes spend of £33k for Covid-19 test kits and other associated items. **ACTION:** As per 3.1 above, further work is being undertaken to investigate the Microbiology non-pay position and to identify further mitigating actions to deliver as close to a breakeven position as possible.
- Central Budgets – Over spend of £227k. As per point 3.1, this position reflects a number of financial risks and opportunities reported following the month 9 review of Directorate forecasts and slippage on investment bids expenditure plans. Please refer to section 8.
- Health & Wellbeing Directorate – Over spend of £134k. The majority of this overspend is within the Primary Care division and is a result of reinvestment plans for pay slippage.

7. Income Analysis

Income Position By Directorate £'000				
Directorate	Annual Budget	YTD Budget	YTD Actual	YTD Variance
WHOC Collaborating Center Directorate	-1,442	-1,326	-1,326	0
ACE's Hub Directorate	-400	-367	-367	0
Hosted Directorate	-18,112	-16,350	-16,350	0
Health & Wellbeing Directorate	-2,668	-2,415	-2,415	0
NHS Quality Imp Division	-1,719	-1,454	-1,454	0
Board and Corporate	-108	-99	-100	0
Knowledge Directorate	-527	-502	-504	-1
Workforce & Org Develop Directorate	-262	-250	-253	-3
Operations and Finance Directorate	-579	-412	-415	-3
Quality Nursing & Other Allied Profs Dir	-46	-42	-46	-4
Central Budgets Directorate	-101,718	-91,934	-91,943	-9
Public Health Services Directorate	-22,512	-20,496	-20,697	-201
Grand Total	-150,092	-135,646	-135,869	-222

7.1 Key Actions

The month 11 position of £222k of over achievement against income relates mainly to Public Health Services. Education & Training income is higher than budgeted across the Microbiology and Screening Divisions. Screening has also received additional funding from Health Education and Improvement Wales to develop the Screening diploma and from the Moondance Foundation in order to increase uptake of bowel screening and reduce inequalities across Wales.

8. Forecast Position and Investment Status

Directorate	Month 9 Year End Forecasts 19/20 £000's	Remaining investment monies to transfer @ Month 11 £000's
1000 Lives	0	15
Health & Wellbeing	-124	64
Knowledge Directorate	-94	0
Ops & Finance	0	9
People & OD	1	77
Quality, Nursing & Allied Health Prof	-71	3
WHO Collaborating Centre	0	7
Board & Corporate	0	0
Public Health Services	0	0
Grand Total	-289	175

The Trust is forecasting a year-end breakeven outturn. Following the month 9 Directorate returns, Directors have provided assurance that they have robust spending plans in place for M12 in order to deliver the agreed year-end forecasts.

The M11 position includes £0.156m of costs directly related to the Trust's Coronavirus response. This additional expenditure has currently been managed within our M11 position. Following correspondence with Welsh Government, a schedule of all the costs are being compiled for their consideration of additional funding to enable the Trust to maintain its year-end forecast break-even position

ACTION: To liaise with Welsh Government regarding the costs incurred in respect of COVID19, and continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position.

9. Balance Sheet

	Opening Balance 1/4/2019 £000s	Movement £000s	Closing Balance 29/02/20 £000s
Non-Current Assets			
Property, plant and equipment	11,352	(891)	10,461
Intangible assets	913	(184)	729
Trade and other receivables	327	465	792
Non-Current Assets sub total	12,592	(610)	11,982
Current Assets			
Inventories	569	156	725
Trade and other receivables	11,372	14,805	26,177
Cash and cash equivalents	5,146	1,842	6,988
Current Assets sub total	17,087	16,803	33,890
TOTAL ASSETS	29,679	16,193	45,872
Current Liabilities			
Trade and other payables	(12,219)	(16,534)	(28,753)
Provisions	(1,284)	952	(332)
Current Liabilities sub total	(13,503)	(15,583)	(29,086)
NET ASSETS LESS CURRENT	16,176	610	16,876
Non-Current Liabilities			
Trade and other payables	(1,004)	(346)	(1,350)
Provisions	(1,672)	(213)	(1,885)
Non-Current Liabilities sub	(2,676)	(559)	(3,235)
TOTAL ASSETS EMPLOYED	13,500	51	13,551
FINANCED BY: Taxpayers'			
PDC	12,469	0	12,469
Retained earnings	567	4	571
Revaluation reserve	464	47	511
TOTAL TAXPAYERS' EQUITY	13,500	51	13,551

The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities and reserves of the organisation at a specific point in time.

Property, plant and equipment has decreased by £1.075m. M1-11 actual depreciation was posted in M11. Up to this point, depreciation had been accrued (and included in other payables). We expect non-current assets to increase before year-end as our capital spending plans are executed.

Current trade and other receivables has increased by £14.805m. £8.173m of the variance relates to the PHW M12 core income invoice which is was raised in M11 and remained outstanding at the end of the month. £3.500m of the variance is due to accrued income for the NHS Welsh Health Collaborative (£2.013m) and Microbiology (£1.487m). This is predominantly SLA accrued income. £3.339m of the variance relates to outstanding core income invoices raised in M11 for the Collaborative and Finance Delivery Unit.

Cash and cash equivalents has increased by £1.842m. This is mainly as a result of the timing of our tax and NI payments (£1.725m), which are paid a month in arrears in year but settled in full by year end.

Current trade and other payables has increased by £16.534m since the beginning of the year. £8.173m of this variance relates to the M12 core income which has been invoiced in M11 and has been treated as deferred until required in M12. Accrued pay and non pay expenditure for the Collaborative makes up £2.183m of the movement and £1.078m is deferred income for the Collaborative. £1.382m of PHW M11 core income has been treated as deferred. Most of the remaining movement relates to accrued expenditure for National Exercise Referral Scheme (NERS) (£1.453m). £1.725m of the movement relates to timing of tax and NI payments as mentioned above.

Current provisions have reduced by £0.952m due to the settlement of clinical negligence claims and an HR case in year and movements between current and non-current provisions as a result of changes in the estimated settlement date of clinical negligence cases.

10. Capital

Capital KPIs: To ensure that costs do not exceed the Capital resource limit set by Welsh Government	Value £'000
Current reported year end forecast - deficit/(surplus)	Breakeven
Reported in-month financial position - deficit/(surplus)	(£435k)

Public Health Wales capital funding for 2019/20 totals £3.740m, split as follows:-

- Discretionary £1.148m
- Strategic £2.592m, which is in respect of CSIMs year 4, Digital Priorities Investment Fund, WAAASP Equipment Replacement, Screening Mammography Equipment and Laboratory Information Network Cymru.

Excluding the Strategic projects, 30 bids totalling £1.148m for discretionary funding have been approved. Of these,

- £0.618m has been spent YTD
- £0.350m committed with purchase orders
- £0.180m Procurement input received, no purchase orders raised as at month 11 but expected in month 12. Included in this is £114k for CISCO switch software licence upgrades.

ACTION: Capital team to work closely with Project managers and Procurement to ensure Capital schemes are delivered within the financial year and their capital allocations.

11. Recommendations

The Board is asked to note the following:-

- financial position reported at month 11;
- the agreed forecasts and position on investments;
- status of the Capital Programme for 2019/20.

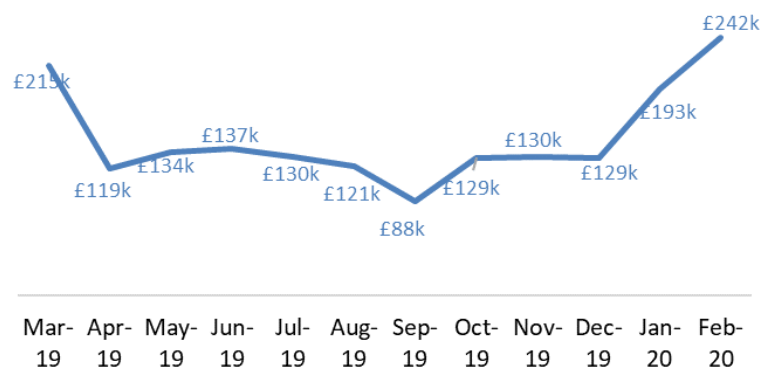
12. Action Register

The following action register lists the open actions with previous actions closed and removed to a closed action register, which is available on request.

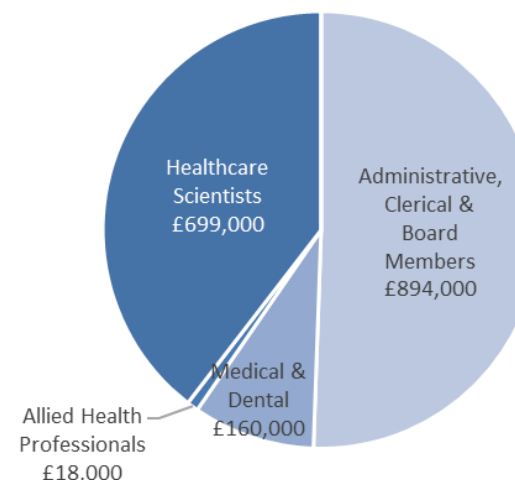
Posted On	ID ref	Area	Actions	Due Date	Update	Status
M03	3.1	Public Health Services Directorate	The dedicated monthly finance meetings have been established and a detailed action plan produced which focuses on those key areas of increasing spend.	Ongoing	After the release of funding and stock take adjustments, a breakeven position was anticipated for month 11. Work is on-going to identify further mitigating actions to deliver as close to a breakeven position as possible.	Open Ongoing review
M03	4.1	Savings Plans – Organisational Efficiencies	Senior Leadership Team to take a lead role in delivering the ongoing work programme and continue to actively pursue savings so we can invest recurrently as planned.	Ongoing	Continue to work with Directorate leads to ensure that the efficiencies are being delivered on an on-going basis Continue to work on the 2020/21 efficiency savings. Audit Corporate Governance Committee will receive a detailed report at the next meeting to be held on the 19 th March 2020.	Open
M03	5.1	Pay – Public Health Services Directorate	As per 3.1 above, agency expenditure is included within the action plans that forms part of the dedicated monthly finance meetings with Public Health Services Directorate.	Ongoing	Continue to monitor Directorate vacancies and recruitment plans to ensure an accurate reflection within the year-end financial position	Ongoing review and monitoring

Posted On	ID ref	Area	Actions	Due Date	Update	Status
M05	3.1	Quality, Nursing, Allied Health Professionals Health and Wellbeing Directorate Knowledge	Monitor recruitment plans through to year-end to ensure accurately reflected in overall financial position of Directorate.	Ongoing	Pay underspends are consistent with the Directorate forecasts for recruitment. These underspends have now been factored into the overall management of the financial position.	Ongoing
M09	10.1	Capital	Capital team to work closely with Project managers and Procurement to ensure Capital schemes are delivered within the financial year and within their capital allocations.	Ongoing		Open
M10	8.1	Forecast & Investment Status	Continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position.		To liaise with Welsh Government regarding the costs incurred in respect of COVID-19 and continue to monitor the forecast spending plans to ensure delivery of the agreed year-end position	Open

Monthly agency spend



Rolling 12 months agency spend by category, March 2019 to February 2020



Summary

- Total agency spend has increased from £193K in January 2020 to £242K in February 2020, with actual costs for the year to date at £1.55M, equating to 1.9% of total pay expenditure (3.2% in-month). This is higher than agency spend in 2018/19 (2.6% of total pay).
- There has been an increase in expenditure in the categories 'Administrative, Clerical & Board Members' from £88K in January 2020 to £198K in February 2020, in 'Medical and Dental' from £8K to £9K and in 'Allied Health Professionals' from £0K to £6K. There has been a decrease in expenditure in the category 'Healthcare Scientists' from £97K to £29K.

Key actions

- All agency cases are reviewed by Finance and People Business Partners and scrutinised by the Establishment Control Panel to ensure alternatives have been explored before agency workers are engaged.
- As we approach year end we have had a number of short-term vacancies arise, and so agency workers have been engaged in order to ensure continued delivery up to the end of the financial year.

Overview of People Performance

Indicator		Timeframe			Target Source (as relevant)
Headcount		Dec-19	Jan-20	Feb-20	
Headcount (does not include Bank and Agency staff)		1,887	1,897	1,901	
Full time equivalents (FTE)		1,690.59	1,700.25	1,702.86	
Contractual Status		Dec-19	Jan-20	Feb-20	
Permanent		1,700	1,702	1,703	
Fixed term contracts		187	195	198	
Bank staff		43	34	34	
Agency workers		38	49	53	
TOTAL		1,968	1,980	1,988	
Staff Turnover		Target	Dec-19	Jan-20	Feb-20
Rolling 12 month staff turnover		10%	10.9%	10.7%	10.7% NHS Best Practice
Rolling 12 month staff turnover excluding Fixed-term staff			8.9%	8.9%	8.9%
Rolling 12 month Regrettable Turnover			6.1%	6.0%	5.9%
Monthly turnover rate			1.2%	0.5%	0.6%
Monthly turnover rate excluding Fixed-term staff			0.9%	0.5%	0.5%
Starters and Leavers			Dec-19	Jan-20	Feb-20
Starters Headcount			18	24	17
Leavers Headcount			22	10	12
Time to Hire		Target	Dec-19	Jan-20	Feb-20
Time from vacancy requested to conditional offer letter issued (days)		44	42.3	48.9	Not available NWSSP Target
Live Vacancies (by days open - January 2020 data)		Actual	< 44	44 - 55	> 55
Live Vacancies		25	15	1	9
Sickness Absence		Target	Dec-19	Jan-20	Feb-20
Monthly sickness absence rate (% FTE)		3.25%	3.78%	4.16%	Not available Internal Target
Rolling 12 month period sickness absence rate (% FTE)		3.25%	3.74%	3.74%	Not available Internal Target
Short term sickness absence rate (% FTE)			1.37%	2.01%	Not available
Long term sickness absence rate (% FTE)			2.41%	2.15%	Not available

Overview of People Performance

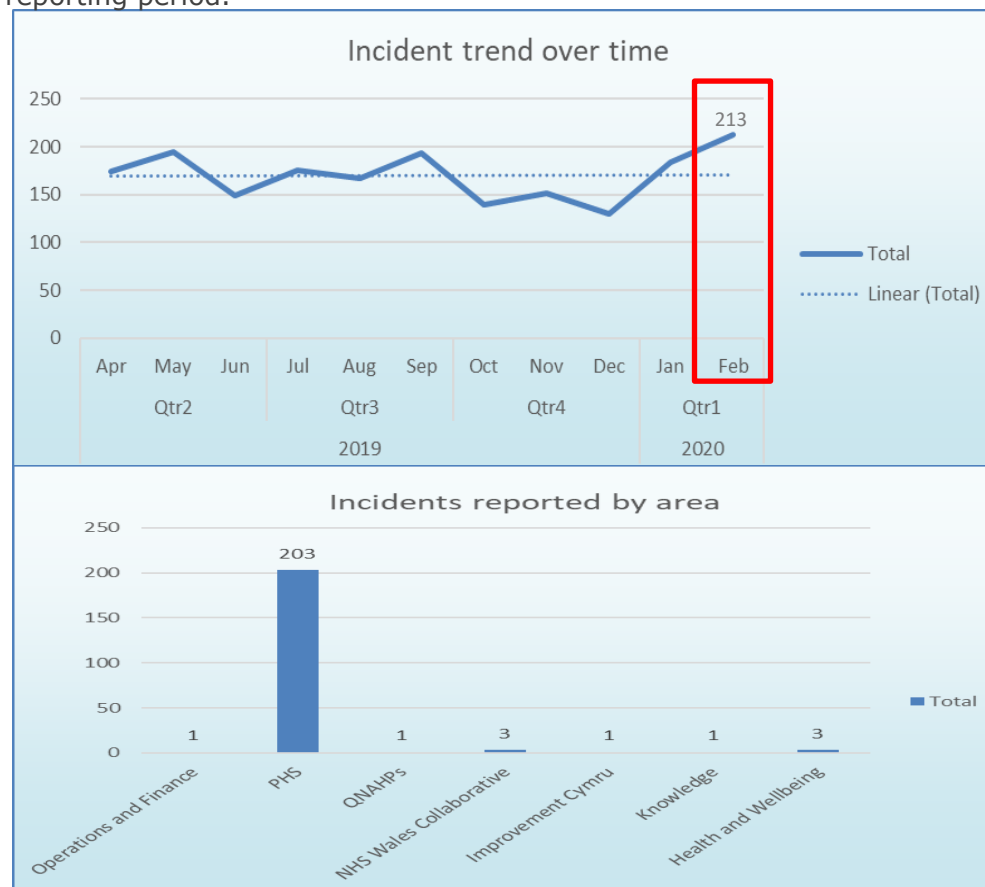
Statutory and Mandatory Training		Target	Dec-19	Jan-20	Feb-20	
Training Compliance with core competencies		95%	88.67%	89.47%	89.91%	Internal Target
Training Compliance including extended competencies			89.27%	90.05%	90.46%	
Appraisals		Target	Dec-19	Jan-20	Feb-20	
My Contribution Appraisal completed within previous 12 months		85%	77.67%	77.50%	75.50%	WG Target
Medical Revalidation Appraisal completed within previous 15 months					Not available	
Combined Appraisal % (under review)					Not available	
Employee Engagement - Staff Survey			2013	2016	2018	
Intrinsic psychological engagement			3.88	3.90	3.97	
Ability to contribute towards improvement at work			3.54	3.48	3.77	
Staff advocacy and recommendation			3.70	3.79	3.85	
Overall Engagement Index Score			3.70	3.73	3.86	
Gender				Feb-19	Feb-20	
Male				23%	23%	
Female				77%	77%	
Black, Asian and Minority Ethnic (BAME) Staff				Feb-19	Feb-20	
BAME				4%	5%	
White				76%	77%	
Not Declared/Unspecified				20%	18%	
Disability				Feb-19	Feb-20	
Yes				3%	4%	
No				61%	66%	
Not Declared/Unspecified				36%	30%	
Welsh Language Skill Level Declaration			Dec-19	Jan-20	Feb-20	
Listening/Speaking Welsh			87%	88%	89%	
Reading Welsh			84%	85%	87%	
Writing Welsh			84%	85%	87%	

Putting Things Right – Performance against tier 1 targets

Complaints	Target	February 2020
Total number of formal complaints received for the period 1 – 29 February 2020	-	9
Number (%) of complaints acknowledged within 2 working days	95% (PHW)	9
Number (%) of complaints responded to within 30 working days of receipt	75% (WG) 95% (PHW)	0*
Number (%) of complaints responded to Within a period exceeding 30 working days but within 6 months	-	0
Number of informal complaints (on the spot) received	-	4
Serious Incidents		
Number of serious incidents reported	-	0
Number of serious incidents not closed within 60 days	0%	0
Summary <ul style="list-style-type: none"> During the reporting period, a total of 9 formal complaints were received and all were acknowledged within the target time of 2 working days. *All formal complaints received during the reporting period are still under investigation, but remain within the target response time of 30 working days. Additionally 4 'on the spot' complaints were received and dealt with. No serious incidents were reported to Welsh Government. 		
Compliments <ul style="list-style-type: none"> For the period 1 – 29 February 2020, a total of 139 compliments were received. The ratio of compliments to complaints for this period was 10:1. 		
Action <ul style="list-style-type: none"> The responsibility for reporting compliance against tier 1 targets has now been delegated to the Chief Risk Officer, and is reported in full in the Quarterly Putting Things Right report. 		

Incident Reporting activity

- Through the reporting period there were a total of 213 incidents reported. The first chart shows the incident reporting trend over the financial year with the current reporting period highlighted, whereas the second chart shows the incidents reported by Directorate for the current reporting period.



Summary

- It will be noted that almost all of the incidents occur within Public Health Services, which is to be expected due to the clinical nature of their activities.
- There were 213 incidents reported during the reporting period which shows a continuing upward trend. This was anticipated following the introduction of new measures to improve and strengthen the incident reporting process.

Claims

	February 2020
Current number of confirmed claims	10
Current number of potential claims	7
Current number of redress cases	1
New claims received in month	0
Number of claims closed in month	0
New redress cases received in month	1
Number of redress cases closed in month	0
Number of Settled Claims in this reporting period	0
Aggregate value of confirmed claims in progress	£4,086,823.68
Aggregate value of potential claims	£5,990,000.00
Aggregate value of confirmed and potential claims	£10,076,823.68
Anticipated Public Health Wales Liability in respect of confirmed claims	£250,000

Summary

- At the end of February 2020 the total number of confirmed and potential clinical negligence claims was 17.
- The aggregated value of the confirmed claims is £4,086,823.68.
- The anticipated Public Health Wales liability in respect of both confirmed and potential claims is £250,000.
- The significant increase in aggregate value of potential claims is a result of a claim that is anticipated which will have a shared liability with a Health Board.
- Internal Audit provided substantial assurance for the Financial Management of Claims.

Action

- Lessons learnt relating to any settled claims are shared via the Quality, Safety and Improvement Committee via the quarterly claims report.

Performance data

Influencing the wider determinants of health

 >10% below target

 Within 10% of target

 Achieving target

 Not applicable

Healthy Working Wales	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Organisations completing a CHS mock assessment	25	1	6	3
Private sector organisations completing a mock assessment	5	0	2	2
Organisations completing a full assessment	25	2	5	3
Private sector organisations completing a full assessment	5	0	1	1
Organisations achieving a Small Workplace Health Award	100	1	10	10

Improving mental well-being and resilience

[Back to SP1](#)

Welsh Network of Healthy Schools	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Schools achieving level 1 - 5 award	180	45	54	41
Schools undertaking National Quality Award	50	17	2	2

Promoting healthy behaviours

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Help Me Quit	Annual target	Q1 19/20	Q2 19/20	Q3 19/20
% smoking population treated by smoking cessation services	5.0%	0.95%	0.84%	Not available
% of treated smokers who are carbon monoxide validated as successful	40%	44.5%	47.1%	43.1%
Stop Smoking Wales	Quarterly target	Q1 19/20	Q2 19/20	Q3 19/20
% of treated smokers who have a carbon monoxide reading at 4 weeks	80%	61.6%	63.7%	No longer reported
% of treated smokers that quit smoking at 4 weeks (self reported)	50%	72.2%	74.2%	
Average waiting time for an appointment in this month (days)	14	10	9	
Smoking Prevention Programme	Annual Target	Q1 19/20	Q2 19/20	Q3 19/20
Number of secondary schools targeted	60	16	0	23

YTD = Year to date

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Securing a healthy future for the next generation - No performance indicators currently being reported.

Performance data

Protecting the public from infection and environmental threats to health

■ >10% below target

■ Within 10% of target

■ Achieving target

■ Not applicable

Vaccination and Immunisation		Target ¹			
Influenza vaccination uptake among those aged 65+	70.2%	at 12 Jan 2020 67.6%	at 16 Feb 2020 69.0%	at 1 March 2020 69.2%	
Influenza vaccination uptake among the under 65s in high risk groups	49.5%	40.7%	43.5%	43.9%	
Influenza vaccination uptake among pregnant women	74.2%	Reported annually	Reported annually	Reported annually	
Influenza vaccination uptake among healthcare workers	60.2%	56.1%	57.8%	57.8%	
Influenza vaccination uptake among Public Health Wales staff	N/A	63.8%	Not available	Not available	
Influenza vaccination uptake among Public Health Wales front line staff	70%	52.9%	66.8%	67.7%	
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	96.3%	Q1 19/20 95.8%	Q2 19/20 95.1%	Q3 19/20 95.9%	
Percentage of children who received two doses of the MMR vaccine by age 5	90.8%	92.4%	92.4%	92.3%	
Healthcare Associated Infections		Target ¹	Dec	Jan	Feb
Clostridium difficile rate (per 100,000 population)	25	26.0	24.1	26.7	
Staph aureus bacteraemia rate (per 100,000 population)	20	27.5	31.6	24.2	
E. Coli bacteraemia rate (per 100,000 population)	67	74.9	75.2	80.8	
Klebsiella sp bacteraemia rate (per 100,000 population) *	10% annual reduction	18.8	16.6	24.2	
P. aeruginosa bacteraemia rate (per 100,000 population) *		7.2	6.4	6.7	
Microbiology		Target ¹	Q1 19/20	Q2 19/20	Q3 19/20
UKAS status of accreditation to ISO 15189:2012	Accredited	Accredited	Accredited	Accredited	
EQA performance (Bacteriology)	95%	98%	94%	96%	
EQA performance (Virology)	95%	98%	98%	96%	
EQA performance (Specialist and reference units)	95%	98%	97%	100%	
EQA performance (Food, Water and Environmental Laboratories)	90%	98%	99%	100%	
Turnaround time compliance (Bacteriology)	95%	94%	94%	93%	
Turnaround time compliance (Virology)	95%	92%	96%	93%	
Turnaround time compliance (Specialist and reference units)	95%	98%	99%	99%	
Turnaround time compliance (Food, Water and Environmental Labs)	95%	97%	98%	98%	
Turnaround time compliance urgent samples (Bacteriology/Virology)	95%	Reported annually	Reported annually	Reported annually	

* Klebsiella sp and P. aeruginosa Blood Stream Infections included following the release of the Welsh Government AMR & HCAI Improvement Goals for 2019-20 (WHC/2019/019).

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

National Exercise Referral Scheme		Target ¹	Q1 19/20	Q2 19/20	Q3 19/20
Number of referrals		5,875	7,890	8,083	7,435
Number of 1st consultations		4,075	4,822	4,872	4,422
Number of 16 week consultations		1,625	2,445	2,582	2,376
Breast Test Wales		Target ¹	Nov	Dec	Jan
Assessment invitations given within 3 weeks of screen		90%	63.6%	30.5%	43.1%
Normal results sent within 2 weeks of scan		95%	81.9%	79.4%	76.8%
% women invited within 36 months previous screen		90%	88.7%	77.2%	86.6%
Cervical Screening Wales					
Waiting time from sample being taken to screening test result being sent (4 weeks)		98%	96.8%	97.5%	94.2%
Coverage ²		80%	Not available	Not available	Not available
Bowel Screening Wales					
Coverage		62%	56.6%	56.9%	57.3%
Waiting time for colonoscopy		70%	45.4%	33.1%	Not available
Abdominal Aortic Aneurysm Screening Wales					
Small AAA surveillance uptake		90%	93.2%	88.9%	90.9%
Medium AAA surveillance uptake		90%	90.5%	97.9%	90.7%
Newborn Hearing Screening Wales					
% of babies who complete programme (within 4 weeks)		98%	98.4%	94.9%	Not available
Babies completing assessment procedure (by three months of age)		85%	94.6%	96.4%	Not available
Newborn Bloodspot Screening Wales					
Coverage (newborns)		95%	95.8%	94.2%	95.1%
Avoidable repeat rate		3.0%	3.5%	4.4%	3.3%
Diabetic Eye Screening Wales ³					
Coverage-Reported Result in the Last 12 Months		68%	66.8%	66.1%	63.5%
Results Letters Printed Within 3 Weeks of Screen Date		80%	100.0%	100.0%	99.8%

1. Data reported against 2019/20 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. Diabetic Eye Screening Wales indicators reported from 2018/19.

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END

 GIG CYMRU NHS WALES	lechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board
		Date of Meeting 26 March 2020
		Agenda item 6.4.260320

Composite Committee report for Board

Reporting Committee	Chair	Lead Executive Director	Date of last meeting
Audit and Corporate Governance Committee	Dyfed Edwards	Huw George, Deputy CEO and Executive Director Operations and Finance	15 January 2020
Knowledge, Research and Information Committee	Shantini Paranjothy	Sian Bolton, Transition Director, Knowledge Directorate	6 February 2020
Quality, Safety and Improvement Committee	Kate Eden	Rhiannon Beaumont-Wood, Executive Director QNAHP	11 February 2020
People and Organisational Development Committee	Judi Rhys	Phil Bushby, Director of People and Organisational Development	27 February 2020

Summary of key matters considered by the Committee and any related decisions made.

All Committees:

Board Assurance Framework:

All of the Committee received the updated Board Assurance Framework and noted the following developments:

- The development made to the BAF, which was approved by the Board in January;
- That assurance mapping was being developed for each of the Risk (currently in place for Risk 2)
- That the oversight of the action plans now sat at Committee level;
- Audit and Corporate Governance Committee's role included oversight of the BAF process in the context of the overall risk framework;
- the new **Risk 8** that was approved by the Board for development; and
- The change to the assuring group for **Risk 4** from the Knowledge, Research and Information Committee to the Audit and Corporate Governance Committee remit, due to the business continuity subject matter.

Summary of key matters considered by the Committee and any related decisions made.

Corporate Risk Register

All Committees **considered** the Corporate Risk Register for oversight of those risks within their remit.

People and Organisational Development Committee

The Committee considered the following key matters:

- A staff experience story from Stepheni Kay, who works within the Health Foundation Projects, gave the Committee insight into her initial experience of joining the organisation. This included the integration of new starters into the multifunctional workspace. The Committee noted two key areas for improvements: improving the culture for welcoming new starters consistently, and that further work was needed to promote PHW as an employer in a wider range of communities.
- The draft of the People and Organisational Development Directorate Priorities, considering the nine pivotal themes from the People Strategy.
- Received **assurance** on the management of policies, procedures and other written control documents within its remit.
- **Received** an update on Employee engagement, noting the new approach being taken this year with a rolling programme of more frequent engagement with staff. The Committee received **assurance** that proactive plans and activities were in place and progressing in response to the 2018 staff survey.
- **Considered** a report outlining the training and development funding blueprint for structuring investment.
- Took **assurance** from the update provided on the WAO: Collaborative Arrangements for Managing Local Public Health Resources, that the organisation has progressed with the areas for action to improve the capability and capacity of the public health workforce.
- Took **assurance** from the Health and Safety report that appropriate measures were in place to monitor compliance and to address areas identified for improvement.
- Took **assurance** on the progress being made in respect of the Welsh Language standards, noting the continued focus to find solutions for those which had proved difficult to achieve within the timescales set.
- The Chair of the Committee signed the Dying to Work Charter on behalf of the organisation.

Audit and Corporate Governance Committee:

The Committee considered the following key matters:

- **Received** Welsh Pool and management of contracts internal audit reports;
- **Monitored** the internal audit action log and ensured that actions were being completed within the timescales;
- Discussed the Internal Audit Work Plan for 2020/21 with the Head of internal Audit and had the opportunity to contribute to the plan as it was being developed;
- Received an update report from Counter Fraud;

Summary of key matters considered by the Committee and any related decisions made.

- Received **assurance** from the report that the procurement activity was undertaken in line with the requirements of the Standing Financial Instructions (SFIs) and also that the report is presented to the Procurement Champions for follow up action and future procurement plans.
- Receive **assurance** that all losses and special payments have been made in accordance with the requirements of the Standing Financial Instructions.
- Received **assurance** on the management of policies, procedures and other written control documents within its remit.
- Received **assurance** that they receive regular updates to keep them informed of the financial position relating to the Annual report and accounts timetable.

Quality, Safety and Improvement Committee

The Committee considered the following key matters:

- **Took assurance** from the Cervical Screening Wales Deep Dive that the Cervical Screening Wales Programme was being delivered safely and effectively. The focus of the discussion was on:
 - Methods to engage and encourage greater uptake;
 - How data presentation can be improved and progress evaluated against previous data / years.
- **Took assurance** on the monitoring and scrutiny arrangements in place for the action plan on the Quality Governance Arrangements.
- **Took assurance** on the work underway to ensure a robust system is in place for the management of alerts was reliable and effective.
- **Received** a presentation on the development of direction of the Quality and Improvement Strategy for the organisation.
- **Received** a report outlining the summary of experience framework for Assuring Service User Experience. The Committee discussed the current position and the need to develop further so that service user experience is embedded into the work that we do as a matter of routine. The Committee took assurance that the organisation is fulfilling its statutory/reporting duties around Service User Experience, but noted that further work was needed to progress this to meet the organisation's ambition to fully integrate and embed service user experience.

Summary of key matters considered by the Committee and any related decisions made.

Knowledge, Research and Information Committee

The Committee considered the following key matters:

- **Received** a report outlining the detailed research activity according to each strategic priority, noting the breadth of research activity undertaken throughout the organisation, the income generated, and steps taken to encourage colleagues at all levels of the organisation to contribute to research projects.
- Took **assurance** that the WHO Collaborating Centre was established and progressing according to plan, in line with the organisational strategic priorities and objectives, as well as national legislative and strategic context. The focus of the Committee's consideration was on:
 - The initiatives to transition problems into action, alongside sustainable solutions to reduce health inequalities;
 - Capturing the value of the organisations interventions, and the drive for Wales to be recognised as an influencer organisation;
 - the cross directorate work to strengthening Nurse Leadership, and Public Health Promotion; and
 - The measurement of the Collaborating Centres impact on Public Health Wales as an organisation, and how it delivered a difference to the population of Wales.
- **Considered** a Deep Dive into Information Governance, taking **assurance** that the Information Governance Management System is operating effectively. The Committee focused on the following issues:
 - Ways to encourage colleagues to consider information governance at the start of projects to prevent potential delays;
 - Ongoing concern regarding the alignment of All Wales Once for Wales concerns management system, data quality management and Datix;
 - The data standards used to protect the organisation from risk; and
 - That an internal audit into Cyber Security received a substantial assurance rating.
- **Received** the Evaluation and Impact Programme 2018/19 Deliverables report, which showcased complex pieces of work. The Committee considered that sign off process for peer reviews was part of the internal quality process within the Research and Evaluation team.
- **Noted** an update from the Official Statistics Groups, which outlined Official Statistics and data quality management work.

Key risks and issues/matters of concern of which the board needs to be made aware:

People and Organisational Development

The Committee considered the following matters to specifically draw the Board's attention to:

- **Strategic Equalities Objectives and Implementation plan**

Key risks and issues/matters of concern of which the board needs to be made aware:

The Committee commended the team for the positive work in this area and for the quality of the content of the plan. The Committee agreed that this was an ambitious plan that would require additional resources to bring the plan into being. The Committee agreed to raise the issue of resourcing the Board when it considers this report.

The Committee **recommended** to the Board that it approve the Strategic Equalities Plan and Objectives 2020-2024.

Quality, Safety and Improvement Committee

The Committee considered the following matter to specifically draw the Board's attention to:

Service User Experience – having discussed this subject at successive Committee meetings, the Committee felt that it was timely to highlight to the Board the current gap in how we routinely collect data service user experience as a result of our activity, and the need to allocate appropriate resources to fulfil this ambition. The Committee wished to highlight this important area and suggest that the Board consider approving the development of a timetable for a strategy / policy, with an outline of the resources to deliver.

Delegated action taken by committees:

People and Organisational Development

The Committee **approved**:

- the Annual Equality Report 2018-19, noting it would be circulated to the Board in March for information;
- The Gender Pay Gap report, commenting that the organisation should map out its ambition and the steps required to achieve this to enable the Board to decide the way forward.

Quality, Safety and Improvement Committee

The Committee considered the new draft Quality Management and Assurance Dashboard and **approved** the format and the direction of travel for the development of this and the assurance levels it will provide to the Committee. This incorporated the Putting Things Right data for Quarter 3.

Audit and Corporate Governance Committee

The Committee **approved** the writing-off of bad debts and claims abandoned.

Delegated action taken by committees:

Knowledge, Research and information Committee

- The Committee **approved** the Vision for Knowledge Mobilisation 2020-25 subject to the revision of the EHIA and the issues raised by the Committee in considering the impact and evaluation of the vision.

In considering the vision, the Committee noted the following:

- The Lessons learnt and workshops to develop a cross-directorate, organisation wide approach to the vision. RBW suggested that the team liaise with the Quality Directorate around driving Quality and Improvement
 - The teams focus on ensuring the vision aligned with existing initiatives and strategies, to ensure the organisation as a whole was moving in the same direction.
 - Suggestions around maximising the evidence base before pilots commence, and the measurement of outcomes, impact, and value.
 - The lack of external engagement at the development stage, noting plans for external engagement in the coming year.
- The Committee resolved to **approve** the Research Misconduct Policy and Procedure

Unconfirmed Minutes for QSIC, KRIC and POD are available on request.

Previously confirmed minutes can be found on the website at

<https://phw.nhs.wales/about-us/board-and-executive-team/board-committees/>

None

Date of next meetings

Due to the ongoing response to the Coronavirus, the decision has been made to cancel non-essential meetings. The following Committee meetings have been cancelled:

- People and organisational Development Committee – 14 April 2020
- Knowledge, Research and Information Committee – 10 June 2020


Appropriate arrangements are being put in place to ensure that all statutory requirements within these Committees (such as Health and Safety, Information Governance) are being fulfilled. The detail of these arrangements is being presented to the Board in March for consideration.

Audit and Corporate Governance Committee; Quality, Safety and Improvement Committee and Remuneration and Terms of Service Committee will continue to operate within their scheduled meeting. However the agenda will be reduced to cover statutory requirement to ensure appropriate governance arrangements are in place to provide appropriate assurance to the Board, whilst balancing the need to reduce pressure on staff during this time. These meetings will take place via electronic means, such as Skype.

Delegated action taken by committees:

The next scheduled Committee meetings are as follows (please note these are subject to change):

<i>Audit and Corporate Governance Committee</i>	19 March 2020
<i>Quality, Safety and Improvement Committee</i>	19 May 2020
<i>People and Organisational Development Committee</i>	14 July 2020
<i>Knowledge, Research and Information Committee</i>	1 September 2020

 GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 6.5.260320
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NHS Wales Health Collaborative – hosting agreement extension				
Executive lead:	Huw George, Deputy Chief Executive and Director of Finance and Operations			
Authors:	Helen Bushell, Board Secretary and Head of Board Business Unit Rob Tovey, Assistant Director Finance – NHS Wales Health Collaborative			
Approval/Scrutiny route:	The Audit and Corporate Governance Committee considered the annual assurance statement from the NHS Wales Health Collaborative on the 19 March 2020 and took the appropriate assurance from that report in relation to 2019/20.			
Purpose				
The Board is asked to approve the extension to the hosting agreement for the 2020/21 financial year.				
Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input type="checkbox"/>
The Board is asked to: <ul style="list-style-type: none"> Approve the extension to the Hosting Agreement for the NHS Wales Health Collaborative for the 2020/21 financial year. 				

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
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Summary impact analysis

Equality and Health Impact Assessment	Not required
Risk and Assurance	No impacts to identify
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 Choose an item. Choose an item.
Financial implications	No financial implications, a levy is in place to support Public Health Wales costs
People implications	No impact over and above the agreed monitoring and assurance arrangements

1. Purpose / situation

The current hosting agreement is due to expire on the 31 March 2020. The Board is asked to approve a one year extension to the current hosting agreement.

A copy of the hosting agreement is included with this paper.

2. Background

Public Health Wales has acted as the host organisation for the NHS Wales Health Collaborative since its creation in 2016. The current hosting agreement expires on 31 March 2020. This further one-year extension to the agreement is to enable and facilitate the hosting of the NHS Wales Health Collaborative by Public Health Wales on behalf of NHS Wales Chief Executives.

3. Description/Assessment

It is anticipated that arrangements in relation to the proposed NHS Executive functions will become clearer during 2020. This one-year extension to the hosting agreement is intended to ensure that hosting arrangements remain clear, continuous and transparent and that the rights and obligations of all parties are documented and agreed. The original signed agreement (copy attached) sets out appropriate financial arrangements and the obligations of all parties to the agreement.

3.1 Well-being of Future Generations (Wales) Act 2015

This section is not relevant to this paper.

4. Recommendation

The Board is asked to:

- **Approve** the extension to the hosting agreement for the NHS Wales Health Collaborative for the 2020/21 financial year.



***NHS Wales Health
Collaborative
&
Public Health Wales
&
NHS Wales Health Boards and
Trusts***

**One Year extension,
to 31st March 2021,
to Hosting
Agreement**

Author: Robert Tovey

Date: 17 February 2020

Version: 0a

Purpose and Summary of Document:

The current one year extension to the original three year hosting agreement expires on 31st March 2020. This additional one-year extension to the agreement is to enable and facilitate the hosting of the NHS Wales Health Collaborative by Public Health Wales on behalf of NHS Wales Chief Executives.

Public Health Wales	NHS Wales Health Collaborative: One year extension to Hosting Agreement
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It is anticipated that arrangements in relation to the proposed NHS Executive functions will become clearer during 2020. This one-year extension to the hosting agreement is intended to ensure that hosting arrangements remain clear, continuous and transparent and that the rights and obligations of all parties are documented and agreed. The original signed agreement (copy attached) sets out appropriate financial arrangements and the obligations of all parties to the agreement.

1 Parties to this agreement

The parties to the extension to this agreement are:

Public Health Wales NHS Trust (Public Health Wales), which is the hosting body

The NHS Wales Health Collaborative (the Collaborative), which is the hosted unit and, for the purposes of this agreement, includes all subsidiary functions, teams and services forming part of the Collaborative

All NHS Wales health boards and trusts, on whose behalf the Collaborative will work

Health Education and Improvement Wales Special Health Authority

The signatories to this agreement are:

1. Tracey Cooper, Chief Executive, on behalf of Public Health Wales

Signed: _____

Date: _____

2. Rosemary Fletcher, Interim Director, on behalf of the NHS Wales Health Collaborative

Signed: _____

Date: _____

Public Health Wales	NHS Wales Health Collaborative: One year extension to Hosting Agreement
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3. Tracy Myhill, Chief Executive, on behalf of Abertawe/Swansea Bay University Health Board

Signed: _____

Date: _____

4. Judith Paget, Chief Executive, on behalf of Aneurin Bevan University Health Board

Signed: _____

Date: _____

5. Simon Dean, Interim Chief Executive, on behalf of Betsi Cadwaladr University Health Board

Signed: _____

Date: _____

6. Len Richards, Chief Executive, on behalf of Cardiff and Vale University Health Board

Signed: _____

Date: _____

7. Sharon Hopkins, Interim Chief Executive, on behalf of Cwm Taf Morgannwg University Health Board

Signed: _____

Date: _____

Public Health Wales	NHS Wales Health Collaborative: One year extension to Hosting Agreement
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8. Steve Moore, Chief Executive, on behalf of Hywel Dda University Health Board

Signed: _____

Date: _____

9. Carol Shillabeer, Chief Executive, on behalf of Powys Teaching Health Board

Signed: _____

Date: _____

10. Steve Ham, Chief Executive, on behalf of Velindre NHS Trust

Signed: _____

Date: _____

11. Jason Killens, Chief Executive, on behalf of the Welsh Ambulance Service NHS Trust

Signed: _____

Date: _____

12. Alex Howells, Chief Executive, on behalf of Health Education and Improvement Wales

Signed: _____

Date: _____

2 Original Hosting Agreement 2016/17 to 2018/19




NHSWHC Hosting
Agreement signed copy

3 Initial one year Extension to Hosting Agreement to 31/03/2020



Hosting agreement
extension - signed copy

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 6.6. 260320
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Ratification of Chair's Action and Affixing of the Common Seal

Executive lead:	Helen Bushell, Board Secretary and Head of Board Business Unit
Author:	Helen Bushell, Board Secretary and Head of Board Business Unit

Approval/Scrutiny route:	Not applicable
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Purpose

This report details the Chair's Action taken on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.

Recommendation:

RATIFY <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Board is asked to:

- **Note** the occasion where Affixing of the Common Seal was taken;
- **Receive assurance** that the actions were taken in accordance with Section 8 of the Standing Orders;
- **Ratify** the affixing of the Common Seal to extend the lease to part of the 2nd Floor, Cathedral Road, Cardiff, CF11 9JL.

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.

Purpose / situation

This report details Chair's Action taken on behalf of the Board. It also advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal.

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 not 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.

Description/Assessment

3.1 Chair's Action

There have been one occasion since the last report where Chair's Action was taken on behalf of the Board. This was taken in accordance with Section 2 of the Standing Orders and is reported in a separate Board paper contained within the agenda for the 26 March 2020. This was in relation to the Board meeting on the 26 March 2020 being run via electronic means, and not in public.

3.2 Affixing of the Common Seal

Affixing of the Common Seal was taken on one occasion since the last report. This was taken in accordance with Section 8 of the Standing Orders. The seal was used in relation to an extension to the lease to part of the 2nd Floor, 14 Cathedral Road, Cardiff, CF11 9JL.


Recommendation

The Board is asked to:

- **Note** the occasion where Affixing of the Common Seal was taken;

Date: 23 March 2020	Version: V0.1	Page: 3 of 4
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- **Receive assurance** that the actions were taken in accordance with Section 8 of the Standing Orders;
- **Ratify** the affixing of the Common Seal to extend the lease to part of the 2nd Floor, Cathedral Road, Cardiff, CF11 9JL.

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Board Date of Meeting 26 March 2020 Agenda item: 7.1.260320
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Strategic Equality Plan and Objectives 2020 -2024				
Executive lead:	Phil Bushby, Director of People and Organisational Development			
Author:	Sarah Morgan, Diversity and Inclusion Manager			
Approval/Scrutiny route:	Business Executive Team – February 2020 People and OD Committee – February 2020			
Purpose				
The purpose of this paper is to support and provide background context to the Strategic Equality Plan and Objectives following the public consultation and feedback received.				
Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	NOTE <input type="checkbox"/>
The Board is asked to: <ul style="list-style-type: none"> approve the strategic equality plan and objectives 2020-2024 as recommended by the People and Organisational Development Committee. 				

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 the following:

Strategic Priority	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
Strategic Priority	Choose an item.
Strategic Priority	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	An EQIA is not required as the plan is focused on Equality, and no decision is required.
Risk and Assurance	As a Public Body, we are legally obligated to consult on and refresh our strategic equality objectives at least every four years. Failure to do this would link to risk number 727: There is a risk that Public Health Wales will not comply with its statutory and regulatory obligations to such a degree that it fails to achieve its strategic priorities
Health and Care Standards	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Theme 6 - Individual Care Theme 7 - Staff and Resources Choose an item.
Financial implications	There will be a cost associated with implementing the objectives that have been developed following consultation. The cost of delivering the training is expected to be met through the return of an existing Band 6 staff member who is currently on secondment to Swansea Bay UHB. If the individual does not return from the secondment in April as planned, an equivalent sum of money will be required from an investment bid to cover this. There will also be a cost associated with Work Placement Schemes which are as yet unknown. This can come from the existing budget which is currently ring-fenced for work placements.

	There will be costs associated with advertising our jobs within communities and groups to attract the diverse candidates we want which is estimated to be around £1500 per annum. Other costs, such as service development, inclusive buildings, are as yet unknown.
People implications	Objectives 1-3 particularly relate to staff, and the people implications associated with these are explained in this paper, and also in the Strategic Equality Plan

1. Purpose / situation

The purpose of this paper is request approval of = the Strategic Equality Plan and Objectives for 2020-2024 following the public consultation and feedback received. The plan is recommended to the Board by both the Business Executive Team and People and Organisational Development Committee.

2. Background

As part of our obligations under the Public Sector Equality Duties, we are required to consult on and refresh our Strategic Equality Objectives at least every four years.

The Strategic Equality Objectives and high-level actions were developed during May and June 2019 in collaboration with the staff Diversity Networks, trade Unions and external stakeholders. A public consultation took place between August and November, where various organisations and members of the public were consulted with to further develop the draft objectives

Involving internal and external stakeholders to develop draft objectives, and using information from the "Is Wales Fairer?" Report has enabled us to identify where we need to focus our work for 2020-2024. We also analysed the current breakdown of staff at each grade by protected characteristic, to help identify where we are under-represented.

3. Description/Assessment

The attached Strategic Equality Plan contains the equality objectives for Public Health Wales to cover April 2020 – March 2024.

The objectives have been further developed following a public consultation, where feedback was received by a number of organisations who represent people with different and multiple protected characteristics. As well as holding a workshop to discuss our plans in detail, feedback was received via email from some organisations who had accessed the consultation document through our Internet, and also from some who were sent the document and actively invited to provide feedback.

The five themes that were identified and presented to the Board in July remain the same.

These are:

1. Understand and advocate for diversity
2. Attract, recruit, retain and develop our staff
3. Fair Pay
4. Access to services and our environment
5. Listening, learning and responding

In developing the objectives, we have also incorporated the findings from the "Is Wales Fairer?" report, The Welsh Government Strategic Equality Objectives and the Socio-economic duty.

Appendix 1 of the document contains a chart to show the linkages between these reports, as well as our organisation's strategic priorities and the Wellbeing of Future Generation Act Goals.

A Stakeholder Reference Group is being set up with representatives across the nine protected characteristic groups and communities to enable us to deliver the actions in our plan, and to monitor progress.

Following the Business Executive Team Meeting in January, some amendments were made. The plan was then presented to the People & Organisational Development Committee in February, and was recommended to Board for approval.

Due to the current situation regarding the work around Covid-19, we will not be able to publish our Strategic Equality Plan and Objectives by the 31 March 2020, as required by the Public Sector Equality Duties (2011). The Welsh Government and Equality and Human Rights Commission have been informed of this. In addition to this, it is possible that there could be some delay in delivering some of the actions. Work is being undertaken to prepare as much as possible for a return to "Business as usual" so that the actions in the plan can be picked up quickly. The People and OD Committee will continue to hear regular progress updates on this work so they can be assured that work is underway and actions being delivered.

We have ensured that we have taken into account the needs of staff who are pregnant, have underlying health conditions or direct caring responsibilities in our management of the response to the Covid-19 situation, and have advised staff who fall into these groups to work from home in line with current guidance, wherever possible.

3.1 Well-being of Future Generations (Wales) Act 2015

This report contributes /will contribute to the following Public Health Wales well-being objectives

Goal 3 - Support the NHS to deliver high quality, equitable and sustainable services

Goal 7 - Strengthen our role in global health and sustainable development

Choose an item.



The report sets out work that has been undertaken, as well as work planned to continue in a sustained way in the future



By focusing on the work undertaken with the various protected characteristics, enables us to ensure equity of access to our services, thus preventing problems in future



The work focuses on all of the Well-being goals, in particular, a more equal Wales. This is shown in Appendix one.



We have worked collaboratively and extensively with people from other organisations to develop the strategic equality objectives



The plan explains in detail how we have involved diverse stakeholders and worked with them to further develop and inform people of our services.

4. Recommendation

The Board is asked to:

- **approve** the strategic equality plan and objectives 2020-2024 as recommended by the People and Organisational Development Committee.

Working to achieve a healthier future for Wales

Public Health Wales Our Strategic Equality Plan and Objectives 2020 – 2024

Introduction by the Chair and Chief Executive

Welcome to our strategic equality plan and objectives for the next four years and thank you to everyone who took the time to contribute their ideas, thoughts and comments. We now have a much better idea of how you would like to work with us in the future and more importantly the progress you expect us to make.

We acknowledge the inequalities faced by some groups and communities in Wales and we are determined to do what we can to challenge this. We will continue to work with others to build more cohesive communities across Wales and involve people who reflect the diversity of our communities. Our next step will be to set up a Stakeholder Reference Group to inform and develop our work.

Promoting fairness has a vital place in our work to protect and improve health and well-being and reduce inequalities for everyone in Wales, particularly in improving access and experience for individuals and groups that have protection from discrimination under the Equality Act 2010. Our plan will help us to make sure that our decisions are fair and that we maximise our contribution to achieving a more equal Wales. As part of this work we will continue to make sure that we use every opportunity to embrace the Welsh Language and promote the rich cultural identity of Wales. We will also link our Strategic Equality Plan with our organisational plan and People Strategy, to ensure we are able to deliver on our strategic equality objectives, and build on existing work to create an inclusive organisation where everyone can reach their full potential.

Publishing our plan and our equality objectives is key to our ability to keep listening and responding to the expert knowledge held within the voluntary and community sectors. Our success will be measured by the contribution we make to improving the health and well-being of communities at a local and national level and supporting other public sector partners to meet the needs of the population.

We recognise that we can always do more and if you think you can help us we would like to hear from you.



Jan Williams, Chair



Tracey Cooper, Chief Executive



Our Strategic Equality Objectives for 2020-2024 are:

Objective 1: Understand and advocate for Diversity and Inclusion – We will ensure a safe, inclusive environment where staff understand diversity and inclusion enabling them to develop, thrive and reach their full potential, and where all staff will be able to advocate for diversity and inclusion in the course of their work.

Objective 2: Attract, recruit, retain and develop our staff – We will improve the recruitment, retention, progression and development of the staff employed by Public Health Wales so that the diversity mix of our workforce and Board reflects the diversity of Wales and the unique skills and experience they bring.

Objective 3: Fair Pay – We will be a fair employer, and will identify our pay gaps for each protected characteristic. We will endeavour to halve the pay gaps for Gender, Ethnicity and Disability within the next four years.

Objective 4: Access to services and our environment – We will ensure that our services, and the buildings we use, are accessible and capable of responding to the different and changing needs of the people who use our services /citizens

Objective 5: Listening, learning and responding – We will be an organisation who listens to people who use our services and citizens (including under-represented groups), and actively use their insights to inform and direct our work.

About Public Health Wales

Our Long Term Strategy – Working to achieve a healthier future for Wales sets out our seven priorities that we believe will add the most value and make the most contribution to improving health, well-being and sustainability in Wales. This also includes continuing to develop the skills and culture within the organisation to ensure we deliver our longer-term aspirations in an inclusive and open manner. Our strategic equality objectives are about culture and behaviours, and truly embedding these within all that we do. A number of our objectives have measures and targets identified; these are included with the intent to instil the right behaviours and attitudes within our staff. We will need to ensure that our Strategic Equality Plan (SEP) supports staff to continue to improve the culture of the organisation and ‘how we work’.

The first three objectives in the SEP are focused on our own staff and ensuring we provide an environment where everyone is encouraged to be themselves. However, by our interaction with other NHS colleagues and members of the public these three principles should also be evident in our wider interactions. The other two objectives are focused on our services and ensuring that we continue listen and respond to service users.

Over the next four years Public Health Wales will be focusing on seven priority areas. These are:

- Influencing the wider determinants of health
- Improving mental health, wellbeing and building resilience
- Promoting healthy behaviours
- Securing a healthy future for the next generation
- Protecting the population from infectious diseases and environmental threats to health
- Supporting the development of a sustainable health and care system focused on prevention and early intervention
- Building and mobilising knowledge and skills to improve health and wellbeing across Wales

You can read more about our organisational priorities [here](#):

Since we published our last Strategic Equality plan and objectives in 2016 the organisation has changed considerably and we are pleased to have the opportunity to review our plan. We have made considerable progress towards becoming a more inclusive organisation. We signed up as Stonewall Diversity Champions in 2017 and participated in the annual Workplace Equality Index. Our most recent submission took us into the Top 100 Employers in the UK list (a rise of 238 places over the past 2 years). We became Disability Confident Leaders in July 2019 and work is currently underway to assess our performance against a range of indicators to examine how inclusive we are for Black, Asian and Minority Ethnic (BAME) Staff; the results of this will be known in the Summer of 2020. In addition to this, we have set up Staff Network groups for LGBT+, Women, Carers, Disabled and BAME staff, which have enabled us to work in partnership with these groups to ensure we understand the issues and barriers they face so we can work together to overcome them.

Our refreshed equality plan and objectives have been informed by going out and talking to different groups of people and communities across Wales. We held engagement events in Cardiff, Swansea and Llandudno for service users, carers and individuals who self-identified with one or more of the protected characteristics. We also asked our partners in other parts of the health service, local government and the voluntary sector for their comments. We wanted to find out if people thought our objectives were meaningful and relevant to their needs and more importantly what 'good' looked like to them. We also listened to the views and comments made by staff on what it meant to be treated fairly inside the workplace.

We know that the burden of poor health is not spread equally across society. People with learning disabilities, older people and black and minority ethnic people are more likely to experience health inequalities as a result of not being able to access mainstream healthcare services.

We have looked at evidence gathered from local and national reports, in particular, *Is Wales Fairer?*¹. This provides a short summary of evidence for Wales, and based on this evidence, the key challenges that require

¹ Is Wales Fairer? The state of equality and human rights 2018. The Commission for Equality and Human Rights (2018)

action. We have also looked at how we can support the strategic equality objectives of the Welsh Government.

We feel that our equality objectives underpin our responsibilities within the Well Being of Future Generations (Wales) Act 2015 and our contribution to improving the social, economic, environmental and cultural well-being of Wales. In Appendix 1 we have cross referenced our draft equality objectives against the key challenges in *Is Wales Fairer?* The Welsh Government equality objectives and the Wellbeing Goals outlined in the Wellbeing of Future Generations (Wales) Act 2015. The purpose of setting this out is to demonstrate how the actions we take support and contribute to the wider challenges facing Wales.

Public Health Wales as an Employer

We employ over 1,800 in locations across Wales. Our staff work in a variety of different workplaces from offices to laboratories and out in the community. Collecting, analysing and publishing equality information about our workforce helps us to:

- understand the impact of policies and practices on our staff with protected characteristics and plan more effectively around their needs
- identify whether our workforce reflects the community it serves
- identify areas to develop positive action programmes and be more transparent about our practices and decision making.

We recognise that we have more work to do in encouraging our staff and applicants for jobs to provide information relating to their protected characteristics. We will continue to explain why we are collecting this information and give reassurance on issues of confidentiality.

In line with the requirements of the Public Sector Duty we will publish employment equality data in our Annual Report along with an analysis of what that means to the organisation in respect of its duty to promote equality and eliminate discrimination.

Our People Strategy

Our People Strategy was published in January 2020. This includes details of the work that we will be undertaking which will complement the Strategic Equality Objectives and actions detailed in this document, and the action plan that underpins them.

Socio-economic Duty

Section 45 of the Wales Act 2017 devolves the power to Welsh Ministers to commence the Socio-economic duty to the Welsh Government. This involves enacting Part 1, Section 1 of the Equality Act 2010.

Part 1, Section 1 of the Equality Act 2010 requires specified public bodies, (this includes Local Health boards and NHS Trusts), when making strategic decisions (for example deciding priorities and setting objectives) to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage. This can best be described as a poverty impact assessment.

The duty will come into force on the 1 April 2020, and we will include the actions we will be taking both as a Public Health Institute, and as an employer, to fulfil the requirements of the duty within our objectives and supporting Strategic Equality Action Plan.

Our Strategic Equality Objectives 2020 -2024

Strategic Equality Objective 1: Understand and advocate for diversity

We will ensure a safe, inclusive environment where staff understand diversity and inclusion enabling them to develop, thrive and reach their full potential, and where all staff will be able to advocate for diversity and inclusion in the course of their work.

To enable equality and human rights to be embedded into the work that we do staff need to have access to appropriate knowledge and skills gained by providing up to date training which reflects the legislative framework. The current “Treat Me Fairly” e-learning package is mandatory for all of our staff and takes about 60 minutes to complete, it is suitable for staff at all levels and accommodates many different learning styles. It is fully bilingual and transcripts of video and audio are embedded into the module. The overall aim of the module is to ensure that staff will be able to demonstrate an understanding of their individual responsibility to promote fair and equal treatment and to be able to explain what is meant by “protected characteristics”. The training has limitations, and does not cover peer to peer equality and diversity, which will enable a more inclusive workplace. Face to face training sessions will be developed and rolled out across the organisation. In addition, awareness raising events will be held in partnership with relevant stakeholders, to promote the message of equality and inclusion.

Staff feeling confident to advocate for colleagues and others is key to creating an organisation where people feel included and where diversity is celebrated. Our staff survey and level of staff complaints (relating to inclusion/ diversity) provide a measure of whether the organisation is viewed by staff as being inclusive.

Measures of Success

- A minimum of 95% of staff will have completed the on line ‘Treat me Fairly’ e-learning package (Year 1)
- A minimum of 90% of staff will have attended face-to-face Equality and Diversity training by 2024 (Year 4)
- A minimum of four awareness events in Year 1 raising to eight in Year 4 will be held per year to promote the message of equality and

inclusion (Year 1-4). A minimum of 100 staff per year will attend these

- Completion rates for the training will be published in our Annual Equality Report (Years 1 - 4)
- Staff engagement scores within the staff survey to move from the current score of 3.86 to 4 (out of 5) by year 4
- The number of staff concerns raised annually, relating to inclusion/ diversity will be below 5

What we will do to achieve this:

- ✓ Mandate face-to-face Diversity training for all staff which will include the Social Model of Disability and Transgender awareness
- ✓ Train staff volunteers as Fair treatment Officers who will act as an independent contact point to report bullying, harassment and abuse
- ✓ Produce an annual calendar, available to all staff via our Intranet, with regular awareness raising events such as an Annual Diversity and Inclusion week and “Understanding our Communities” sessions
- ✓ Ensure our training opportunities are clearly available to all staff, are embedded in our induction, recruitment, support and development programmes
- ✓ Develop partnerships with relevant stakeholders to ensure our training and support to staff is of high quality, current and relevant to our society
- ✓ Encourage staff to undertake the NHS staff survey
- ✓ Monitor staff concerns relating to inclusion/ diversity on a monthly basis

Strategic Equality Objective 2: Attract, recruit, retain, and develop our staff

We will improve the recruitment, retention, progression and development of the staff employed by Public Health Wales so that the diversity mix of our workforce and Board reflects the diversity of Wales¹ and the unique skills and experience they bring.

We wish to more accurately reflect the diversity of the population of Wales. When examining the percentage of our mixed/multiple ethnic groups (0.9% of the workforce), this is slightly higher than the percentage rate of the Welsh population. However, the percentage rate of our Black, Asian and Minority Ethnic staff (1.3%) is lower than the percentage rate for the Welsh population (2.3²%) . 3.4% of our staff self-declare themselves as disabled, while 20.9% of the Welsh population declare themselves as disabled. This highlights that there is work for us to do to more accurately reflect our Welsh demographic. Our Board should also reflect the communities we serve. 323 of our staff chose not to disclose their sexual orientation during 2018/19. We wish to be an organisation where all members of staff feel confident about being themselves at work.

Measures of success

- Formalised work placements and internships for people from under-represented groups, with a minimum of 2 placements (year 1) rising to a minimum of 4 placements by year 4
- Year on year improvement to our staff engagement scores in the staff survey to get from the current score of 3.86 to 4 (out of 5) by 2024 (Year 4)
- Year on year improvement to the numbers of BAME staff employed. By 2024 we will have increased our workforce percentage of Black, Asian and Minority Ethnic staff (who have declared) to 2.3% (reflecting the Welsh population percentage)
- Year on year improvement to the number of staff declaring their sexual orientation on ESR. By 2024 we will have reduced the number non reporting their sexual orientation on ESR by a minimum of 20%.

² Stats Wales: <https://statswales.gov.wales>

- Year on year improvement to the numbers of disabled staff employed. By 2024 we will have increase our workforce percentage of disabled staff (who have declared) to a minimum of 10% of our workforce (reflecting the Welsh population percentage)
- Staff engagement scores within the staff survey will move from the current score of 3.86 to 4 (out of 5) by year 4
- Coaching and mentoring scheme in place across the organisation (Year 2) with an increase in the number of people accessing this from the baseline in Year 2 to year 4
- 100% of all jobs advertised explicitly support diverse applications (year 1)

What we will do to achieve this:

- ✓ Continue to actively engage with, promote, support and grow the staff diversity networks
- ✓ Set up work placement schemes for Disabled people, people from BAME Communities and economically disadvantaged communities in order to address employment gaps
- ✓ Introduce a coaching and mentoring scheme to enable staff from under-represented groups to reach their full potential
- ✓ Review and update our recruitment policies and practices to ensure they support diverse applications
- ✓ Introduce bespoke management development programmes for BAME, LGBT and Disabled Staff
- ✓ Develop diversity and inclusion training and provide development opportunities for prospective Board Members
- ✓ Work in partnership with agencies to deliver work placements and support people in getting in to work
- ✓ Investigate the most impactful methods of advertising our vacancies so they reach the people we want to attract from all groups
- ✓ Learn from and implement best practice from other organisations
- ✓ Track progression and development of our staff by protected characteristic
- ✓ Provide opportunities for Internships and Apprentice roles
- ✓ All Board Members will have an annual equality objective

Strategic Equality Objective 3: Fair Pay

We will be a fair employer, and will identify our pay gaps for each protected characteristic. We will endeavour to halve the pay gaps for Gender, Ethnicity and Disability within the next four years.

In line with legal requirements and as a responsible employer we will undertake an internal gender pay audit, to increase our understanding of any pay disparities and to inform future action.

Measures of Success

- Yearly reduction on the published Gender pay gaps (Years 1-4)
- Pay gap data for ethnicity and disability published by March 2021 (Year 1)
- Yearly reduction on the pay gap data for ethnicity and disability from 2021 – 2024 Baseline to be established in Year 1. Gaps for all groups halved by 2024 (Year 4)

What we will do to achieve this:

- ✓ Ensure consistent and fair application of the flexible working policy
- ✓ Further investigate and act on glass ceiling issues for certain groups
- ✓ Introduce a programme of coaching and mentoring to enable individuals to reach their full potential
- ✓ Produce an Annual report of the Gender Pay Gap, progress made and plans to address it
- ✓ Undertake an audit of flexible working practices across the organisation, and work with managers to address the gaps
- ✓ Consult with our staff diversity networks to understand barriers to progression and address them
- ✓ Consult with our Stakeholder Reference Group to address identified gaps

Strategic Equality Objective 4: Access to services and our environment

We will ensure that our services, and the buildings we use, are accessible and capable of responding to the different and changing needs of the people who use our services /citizens

We want to ensure we promote participation and access to our services with communications that are accessible and meet the different needs which people have. We will continue to actively work to implement the All Wales Standards for Accessible Communications and Information for People with Sensory Loss and ensure that reasonable adjustments are made to deliver equality of access to our services and events for disabled people. This also includes making sure that people, including our staff, know where to go to get information and get their views heard.

We currently do not monitor the diversity of the people who use our services so this is a priority for us during this SEP.

We will work with individuals from the community to reduce physical, attitudinal and structural barriers from our places of work and practice, and undertake annual audits of all of our premises to ensure they are accessible.

Measures of Success

- 100% of written communication, to support access pathways to people who use our services is available in English, Welsh, easy read and BSL as a minimum (Year 4)
- 100% of verbal communication, to support access pathways to people who use our services, is available in the language or format (eg BSL) of choice
- All Public Health Wales places of work and practice will be fully accessible by 2024 (Year 4)
- Development of a system for monitoring the diversity of the people who use our services by March 2022 in order to identify population groups where uptake is low (Year 4)
- Establishment of a Stakeholder reference Group, who represent the protected characteristic groups (Year 1)

What we will do to achieve this:

- ✓ Review, in partnership with agencies, all written communication used to support access pathways within the organisation
- ✓ Review access to methods of verbal communication eg language line across the organisation
- ✓ Identify a consistent approach to Diversity Monitoring of service users
- ✓ Analyse data to inform and target interventions to improve and report on outcomes
- ✓ Work with stakeholders to ensure inclusive design principles for all new premises and services
- ✓ Adapt current facilities to remove barriers to access
- ✓ Undertake Diversity monitoring of our services and target interventions where take up is low
- ✓ Set up a Stakeholder reference Group, made up of a range of organisations of all sizes, who represent the protected characteristic groups to obtain feedback on our buildings and services

Strategic Equality Objective 5: Listening, learning and responding

We will be an organisation who listens to people who use our services and citizens (including under-represented groups), and actively use their insights to inform and direct our work.

We will continue to work with a broad range of equality organisations and support groups to challenge our thinking and understanding of inequalities and the way in which we design and deliver services. We want to work with our partners and communities to make sure we help people make the right choices about protecting their health.

We will review our Equality Impact Assessment process to ensure we are designing and delivering services that are accessible for all, and will work with other NHS organisations in Wales to identify and implement a “Once for Wales” approach for our services.

Public and stakeholder engagement is fundamental to our work of protecting and improving the health and wellbeing of the population and reducing inequalities. Engaging with people who have experienced discrimination and prejudice as a result of having a protected characteristic is essential if we are to understand the different needs of our communities in Wales.

Measures of Success

- Establishment of a Stakeholder Reference Group, who represent the protected characteristic groups, which meets a minimum of twice a year to monitor progress against our strategic equality objectives (Year 1)
- A revised Equality Impact Assessment process and form in line with other NHS Wales organisations (Year 2)
- A ‘Once for Wales’ work plan, developed with colleagues in other Welsh NHS Organisations that clearly defines the work to be undertaken jointly. This will be published summer 2020 (Year 1)
- A year on year increase in positive feedback received from people who use our service with a diverse back ground. A base line will be identified once the system for monitoring the diversity of the people who use our services is developed (see Objective 4) (Year 4)

- Actively engage with a minimum of 20 different agencies/ third sector organisations per year to inform them of our services and to gain feedback (year 1)
- Annual deaf awareness training provided to front line staff (year 1-4)
- A minimum of five front line staff (Year 1) trained in basic BSL

What we will do to achieve this:

- ✓ Review existing Health information for service users identified in the “Is Wales Fairer?” Report, who experience difficulties in accessing our services and take action on the findings
- ✓ Undertake regular, direct engagement and involvement with diverse communities across Wales to inform the development of our services and programs
- Work in partnership with other Health Boards and Trusts, and Welsh Government to review and strengthen the Equality Impact Assessment process, and provide training for staff on its use
- Work with agencies who represent minority groups, and undertake outreach with 3rd sector organisations, to ensure they are receiving information on our services
- Provide Deaf Awareness training for front line staff as a minimum, and BSL training for front line staff who wish to further their learning

Monitoring Progress

The Chief Executive, as the accountable officer, together with our Board and Executive Team are responsible for ensuring compliance with legislation. Progress on our Strategic Equality Plan will be reported regularly to the Executive Team and six monthly to the People and Organisational Development Committee (a Board Committee). We will also fulfil our statutory duty by publishing an Annual Equality Report.

Our group of Equality Champions was established to ensure that the organisation considers and promotes equality. It has an important role in monitoring our strategic equality plan and objectives. The group is made up of representatives from divisions and staff members who have self-identified as having a protected characteristic. We will review the terms of reference for the group to make sure they are aligned to the strategic equality plan and objectives.

Our success is contingent on a cross organisational commitment to equality and diversity underpinned by staff development and a compliance with organisational systems and processes.

Next steps

Our engagement events highlighted to us the importance of making sure that this plan did not just sit on a shelf. To help ensure that we take positive and timely action a robust action plan will be developed.

Over the next few months, we will develop and set out our actions, which will be presented to the Board and published by 01 July 2020. We will continue to involve our Stakeholder Reference Group in this work; particularly in measuring progress.

Appendix 1

We have cross-referenced our draft equality objectives against the key challenges identified in: *Is Wales Fairer?*, Welsh Government equality objectives and the Wellbeing Goals outlined in the Wellbeing of Future Generation (Wales) Act 2015. The purpose of setting this out is to demonstrate how the actions we take in Public Health Wales support and contribute to the wider challenges facing Wales.

Objective 1: Understand and advocate for diversity	WG Strategic Equality objectives	Is Wales Fairer?	PHW Priorities	Wellbeing of Future Generation Goals
We will ensure a safe, inclusive environment where staff understand diversity and inclusion enabling them to develop, thrive and reach their full potential, and where all staff will be able to advocate for diversity and inclusion in the course of their work.	5, 8	Work recommendations 1, 4, 5	1, 2, 3, 4, 7	<ul style="list-style-type: none"> • A Prosperous Wales • A More Equal Wales • A Wales of Vibrant Culture and Welsh Language

Objective 2: Attract, recruit, retain, and develop our staff	WG Strategic Equality objectives	Is Wales Fairer?	PHW Priorities	Wellbeing of Future Generation Goals
We will improve the recruitment, retention, progression and development of the staff employed by Public Health Wales so that the diversity mix of our workforce and Board reflects the diversity of Wales ¹ and the unique skills and experience they bring.	7, 8	Work recommendations 1, 2, 3, 4, 5, 6	2, 3, 4	<ul style="list-style-type: none"> • A Prosperous Wales • A More Equal Wales • A Wales of vibrant culture and Welsh Language

Objective 3: Fair Pay	WG Strategic Equality objectives	Is Wales Fairer?	PHW Priorities	Wellbeing of Future Generation Goals
We will be a fair employer, and will work to reduce the gender pay gap the BAME pay gap and the disability pay gap.	1, 2, 4	Work Recommendations 1, 3, 5, 6	2, 3, 4	<ul style="list-style-type: none"> • A Prosperous Wales • A More Equal Wales

Objective 4: Access to services and our environment	WG Strategic Equality objectives	Is Wales Fairer?	PHW Priorities	Wellbeing of Future Generation Goals
We will ensure that our services, and the buildings we use, are accessible and capable of responding to the different and changing needs of the people who use our services /citizens	3, 7	Health Recommendations 1, 2, 3	1, 2, 3, 4, 5, 6, 7	<ul style="list-style-type: none"> • A Resilient Wales • A More Equal Wales • A Healthier Wales • A Globally responsible Wales

Objective 5: Listening, learning and responding	WG Strategic Equality objectives	Is Wales Fairer?	PHW Priorities	Wellbeing of Future Generation Goals
We will be an organisation who listens to people who use our services and citizens (including under-represented groups), and actively use their insights to inform and direct our work.	2, 3, 6	Health recommendations 1, 2, 3	1, 2, 3, 4, 5, 6, 7	<ul style="list-style-type: none"> • A More Equal Wales • A Healthier Wales • A Wales of Cohesive Communities • A Wales of Vibrant Culture and Welsh Language • A Globally Responsible Wales



Public Health Wales

Annual Equality Report 2018–2019

Notes to Board:

- The People and Organisational Development Committee approved both the annual equality report and the Workforce Equality Monitoring Report at their meeting on 27 February 2020. Both reports are provided to the Board for information.
- The Workforce Equality Monitoring Report is attached to this document for ease – they will be published as two separate but linked documents.
- The Annual Equality Report document is in the process of being designed prior to publication.

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Executive Summary

Welcome to our Annual Equality Report, which covers the reporting period 1 April 2018 to 31 March 2019. This report focuses on the work that the organisation has done during this period to further advance equality, and work with diverse communities. We have made progress over the last year, and are now investing more time and resources in looking at how we can further improve our work on equality.

This report highlights some of the work we were involved in during 2018-19 that promotes equality and human rights more widely. It shows how our teams and services have worked with people from protected characteristics groups (those characteristics protected by law) to better understand their needs and improve the services we provide for them.

1. Introduction

This Equality Report covers the period 1 April 2018 to 31 March 2019. During this period, we spent a lot of time and effort considering how we can strengthen our commitment to equality. Developing a clear way forward is essential for success and we need to include our staff and the public we serve in this.

We are fully committed to achieving what is in our Strategic Equality Plan and are looking forward to continuing to work with people from across Wales as we fulfil the commitments and objectives set out in the plan.

2. Our Legal Duties

Under the public sector equality general duty, public authorities must:

- eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Equality Act 2010;
- treat people who share a protected characteristic and those who do not equally; and
- encourage good relations between people who share a protected characteristic and those who do not.

The act provides protection for people with protected characteristics. These are:

Disability

Age

Race

Sex

Pregnancy and maternity

Religion and belief

Sexuality

Marriage and civil partnership

Gender reassignment

As well as the general duty, we must meet the specific duties, which are set out in the Equality Act 2010 (Statutory Duties), and the (Wales)

Regulations 2011. These duties came into force in Wales on 6 April 2011 and include:

- developing Strategic Equality Plans which include our equality objectives;
- involving the public and our partners from protected groups when developing plans and policies and shaping services;
- completing appropriate equality impact assessments;
- collecting and publishing information about equality, employment and differences in pay;
- promoting equality-based staff training;
- considering equality when buying services and agreeing contracts;
- publishing our Annual Equality Report;
- reviewing our equality plans and objectives to make sure they are current;
- making sure people can access the information we provide.

3. Our Commitment

To encourage good practice relating to equality and human rights, we need to:

- make sure our leadership is effective and that people at all levels of the organisation take responsibility for equality;
- involve and listen to people with protected characteristics to better understand and meet their needs when providing our services;
- work together as equal partners with people who have protected characteristics to improve the services we provide;
- build on existing good practice and share learning across our organisation;
- invest in resources to promote equality effectively; and
- go above and beyond our legal duties by taking positive action on equality issues.

We are fully committed to promoting equality and have been making progress against the actions and objectives in our revised Strategic Equality Plan 2016–2020, which was approved by our Board in March 2016. It sets out a clear plan for the future with clearly defined objectives, as follows.

Equality objectives 2016–2020

Objective 1

Involve and work with communities and people of all ages, including those who represent groups with protected characteristics, and use their insights to support and direct our work.

Objective 2

Communicate our messages in ways that everyone can access, including people with protected characteristics.

Objective 3

Make sure all our policies and decisions treat all groups of people fairly and include everyone.

Objective 4

Build a closer working relationship with other public-sector partners to improve how we gather and analyse information.

Objective 5

Be recognised as a fair, inclusive and innovative employer.

We are fully committed to delivering against the actions in the plan. More information about our Strategic Equality Plan can be found [here](#).

4. Our Organisation

We are an all-Wales NHS trust. During the period covered by this report (April 2018 to March 2019), we employed just over 1800 people. Our staff work internationally, nationally and locally to provide a full range of public-health services.

Our vision is working to achieve a healthier future for Wales. We are committed to improving people's health and wellbeing and to reducing inequalities in health. We will continue to listen and learn from the people we serve, including people who have protected characteristics.

We have been working to fulfil the commitments of our Strategic Plan, which sets out how we will work for the people of Wales over the next three years. The plan focuses on continuing to improve our services so that they are high quality, safe, efficient and effective. We are committed to delivering the seven priorities shown below.



Our Strategic Plan

<https://phw.nhs.wales/about-us/our-priorities/long-term-strategy-documents/public-health-wales-strategic-plan-2018-21/>

Annual Report

<https://phw.nhs.wales/files/annual-reports/working-to-achieve-a-healthier-future-for-wales-annual-report-2018-19/>

Annual Quality Statement

<https://phw.nhs.wales/about-us/annual-report/annual-quality-statement-2018-2019/>

5. Monitoring Our Progress

The Chief Executive Officer, together with our board, is responsible for making sure we meet our legal duties.

Our network of Equality Champions, which was set up during 2017, continues to help embed equality and report on progress within the departments. Individuals who have taken on this role on behalf of their department have a keen interest in taking equality forward; they provide and disseminate information and promote equality on a local basis.

In addition, Equality, Diversity and Inclusion is a standard item on the agenda for our People and Organisational Development Committee. This Board Committee is chaired by one of our Non-Executive Directors who is also appointed as the Board Equality Champion, ensuring that there is focus and support at a senior level.

5.1 Workforce Report

Public bodies must keep to their legal duties under section 149 of the Equality Act 2010. There are specific duties that they must meet, including reporting information about employment, training and pay.

This can include information about protected characteristics of our staff and the people who use our services, or evidence used to develop policies and guide our decision-making.

Collecting, using and publishing this information helps us to:

- understand the effect our policies, practices and decisions have on the public and staff with different protected characteristics;
- make sure we are not discriminating against people with protected characteristics;
- take steps to promote equality and encourage good relations within our organisation and more widely;
- identify our main equality issues;
- check that our workforce reflects the diversity of the Welsh population;

- make sure our staff understand the communities they serve;
- create a more open organisation to help to explain how and why we make our decisions; and
- share with the public our successes in supporting equality.

A full workforce report for the annual reporting period has been published alongside this report, as a stand-alone document.

6. Working Together

During 2018–2019 we worked with different communities across Wales to improve their experiences of the services we provide. The following sections highlight some of the work we have been involved with. The work undertaken has been reported by protected characteristic to show what has been done for each group.

6.1 Working with different abilities

6.1.1 Sensory Loss

To highlight Sensory Loss Awareness month in November, the Quality Nursing and Allied Health Professionals (QNAHP) Directorate arranged a film screening of Oscar award winning film *The Silent Child* followed by a question and answer session with two members of the deaf community on their experiences of health and wellbeing.

QNAHP Directorate organised three successful British Sign Language (BSL) taster sessions in Port Talbot, Mold and Cardiff, the result of which was the launch of a pilot BSL course to give 20 staff the opportunity to learn BSL to use inside and outside of work. People with sensory loss were highlighted as a group who experience acute health inequalities in the Equality and Human Rights Commission's [‘Is Wales Fairer? 2018’](#) report.

All community and hospital based Help Me Quit staff were given the opportunity to attend a BSL taster session. This has led to two members of the community-based service signing up to BSL Level 1 online training.

Research into the links between deafness and wellbeing was commissioned by QNAHP to academics in Bangor University. Focus groups began in March 2019 with a publication date expected in autumn 2019.

6.1.2 Social Model of Disability

A ‘Dygsu@Lunch’ session on the social model of disability with guest speakers from Disability Wales, UCan Productions (theatrical company) and Learning Disability Wales, discussing how changes in health

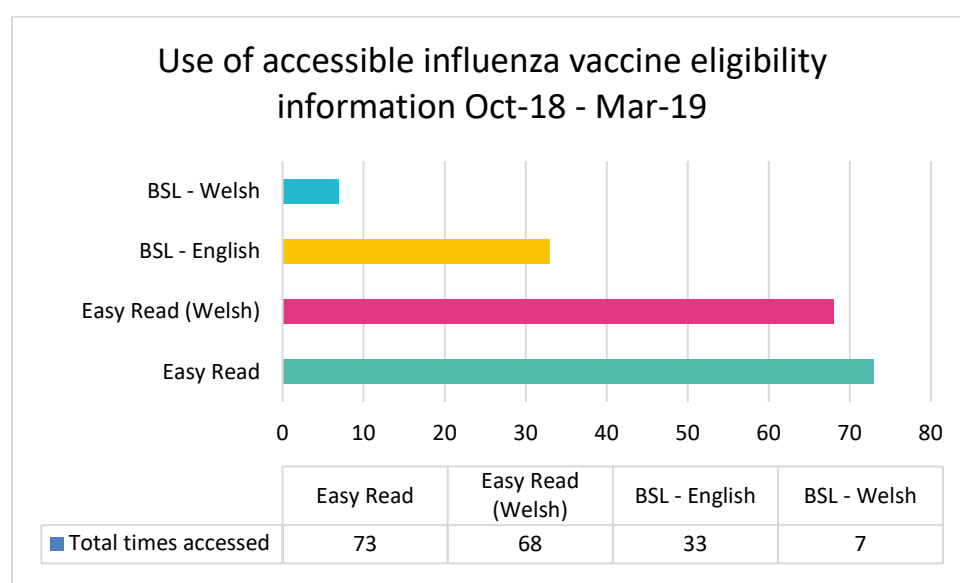
practitioners' attitudes can make a difference for disabled people, was held in January 2019.

In addition to the informal learning opportunity for staff, content for an NHS e-learning module on the social model of disability began development in collaboration with Disability Wales.

6.1.3 Influenza Campaign

As part of the 2018-2019 influenza campaign, the Vaccine Preventable Disease Programme (VPDP) created a flyer outlining eligibility for flu vaccination in a range of formats and languages. This was in an effort to make information accessible for all regardless of reading ability, or physical or sensory impairment.

The flyer was available in Welsh, English, large print (Welsh and English), easy read (Welsh and English), BSL (captioned in Welsh and English), braille and audio. The Public Health Wales (PHW) communications team was able to produce statistics on how many times these resources were accessed through the Curwch Flliw/Beat Flu website between October 2018 and March 2019. Unfortunately, data was not available for the English/Welsh standard flyer, the English/Welsh large print flyer, or the audio file. There were no requests for braille.



VPDP also made equality and accessibility a focal point in one of the sessions at the Annual Influenza Programme Meeting 2019, which took place on 19 March. Jane Dyson (Specialist Nurse, Immunisations) gave

a presentation on the importance of protecting people with a learning disability. Evaluation of the meeting showed that this presentation was positively received, and was praised for raising awareness of an under-discussed group. Sarah Morgan (Diversity and Inclusion Manager for PHW) also presented at the meeting on the importance of integrating the equality and diversity agenda into public health campaigns. Attendees welcomed the topic, and indicated they would have liked a longer session.

6.1.4 Accessible Information

In June 2018, VPDP took over leading on development of immunisation resources (such as posters and leaflets) as a responsibility from Welsh Government. One of the priorities identified within this work stream is to ensure that all new resources produced are accessible for all. As a result, the team is ensuring to take into account issues such as use of colour, contrast, font size and so on, and all resources are now reviewed against Plain English standards, to help achieve inclusivity. One new resource – an MMR poster – was printed on matt paper, as evidence shows this is better for individuals with a visual impairment.

During this reporting period, the Screening Division Core Public Information Group has undertaken a review of its public information strategy to ensure it reflects best practice guidance in relation to producing information, including accessible information. The revised strategy is expected to be approved during May 2019. A supporting toolkit for staff will also be developed to complement the new strategy. This is likely to be available shortly after.

Screening Division commissioned Learning Disability Wales and Sight Loss Cymru to undertake a review of screening invitation letters. Screening programmes have been reviewing their invitation letters to make them more accessible to service users. This work is ongoing, as programmes are at different stages of development, but all programmes are working to the recommendations of the report to inform the revised letters.

6.1.5 New Resources

A range of accessible information has been developed by Screening Division. Accessible information includes:

- HPV Easy Read – Having a smear test and testing for a virus called HPV
- CSW About your cervical screening (smear test) leaflet
<http://www.cervicalscreeningwales.wales.nhs.uk/sitesplus/documents/1032/cervical%20screening%20booklet%20low.pdf>
 Accessible versions
<http://www.cervicalscreeningwales.wales.nhs.uk/accessible-information>
- BSW invitation leaflet and accessible versions
- Accessible GP monitor slides (for use in GP practices)

6.1.6 Learning Disability Project

The PHW Screening Engagement Team has undertaken a piece of work to obtain insights from:

- people with a learning disability;
- health professionals who support people with a learning disability; and
- Screening Division staff.

The purpose of this work was to identify any barriers to screening throughout the participant pathway. Final reports with recommendations are being considered by Screening Division. This work will be ongoing.

6.1.7 Annual Health Checks for People with a Learning Disability

To support the uptake and quality of annual health checks (AHCs) for people with learning disabilities, the learning disability improvement team commissioned Learning Disability Wales to develop easy read AHC invitation letters and an easy read information resource pack for use by primary health care colleagues to support the delivery of AHCs.

In partnership with health boards a training pack has been developed to improve the knowledge and understanding of primary care colleagues about the health inequalities and health issues affecting people with learning disabilities. The training modules include:

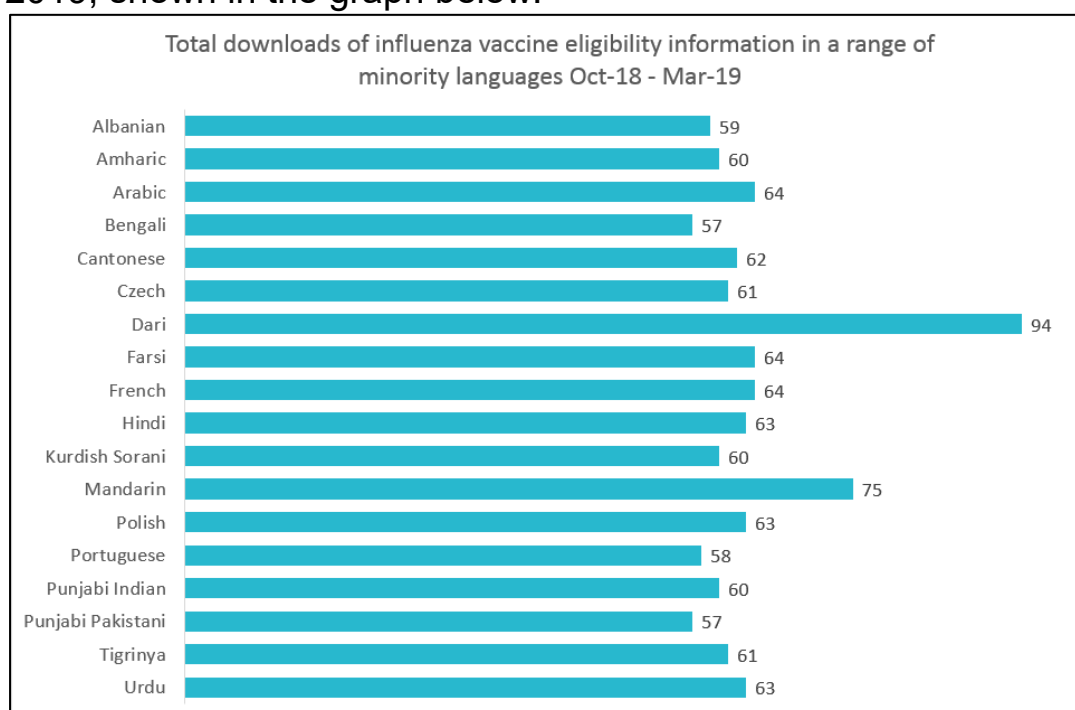
- Addressing health inequalities
- The legal and ethical framework
- Communication
- Understanding the unique needs of people with a learning disability

6.1.8 Breast Test Wales Leaflet for Carers and Family Members

Breast Test Wales has developed a leaflet for family members and carers of people who do not have the capacity to consent. The leaflet provides practical information on how to establish consent in these cases. It also provides information on what is required in order to undertake an examination.

6.2 Connecting with Minority Ethnic Communities

As part of the 2018-2019 influenza campaign, the VPDP created a flyer outlining eligibility for flu vaccination in a range of formats and languages. As well as in English and Welsh, the flyers were available on www.curwchffliw.org and www.beatflu.org in the following languages: Albanian, Amharic, Arabic, Bengali, Cantonese, Czech, Dari, Farsi, French, Hindi, Kurdish Sorani, Mandarin, Polish, Portuguese, Punjabi Indian, Punjabi Pakistani, Tigrinya and Urdu. The PHW communications team was able to produce statistics on how many times these resources were accessed through the website between October 2018 and March 2019, shown in the graph below:



6.2.1

6.2.1 Barriers to Employment

A member of staff from Women Connect First was seconded to the QNAHP Directorate to develop webpages for the PHW website. This included work on the specific barriers to employment Black, Asian and Minority Ethnic (BAME) women in Wales face and suggested initiatives to create opportunities for BAME women to gain experience in the workplace.

6.2.2 Women Connect First: Community Education

The PHW Screening Engagement Team continues to work with Women Connect First in south-east Wales to increase knowledge and education

of screening within its BAME community. A number of community education sessions have been run with women from the local community, with further work planned.

6.2.3 ESOL: E-Learning Package

In September 2018, Cardiff and Vale College, working in partnership with Velindre Cancer Centre and the PHW Screening Engagement Team, launched the UK's first Health and Cancer Awareness Resource for BAME communities. The launch was positively endorsed by the Minister for Health and Social Services, Vaughan Gething. The ESOL+ Health and Cancer Awareness Resource is a series of educational tools for BAME communities, which are incorporated into ESOL classes.

The resource aims to address health inequalities among BAME communities in Wales by raising awareness of health matters including healthy eating, cancer prevention and the range of health services available.

6.2.4 Cancer Prevention Research Study: Roma, Gypsy, Traveller Community

The Public Health Wales Screening Engagement Team is working in collaboration with Swansea University to undertake a research project which focuses on cancer prevention within the Roma, Gypsy and Traveller community. This qualitative research study is under way and is expected to be completed during 2019. It is anticipated that the findings of this work can be used within the division to establish better engagement with the Roma, Gypsy and Traveller community and to look at evidence-based interventions which could be adopted to improve uptake of screening.

6.2.5 Transcultural Medical Students Project

Following on from the success of a 2018 project, where transcultural medical students produced a video aimed at raising awareness of screening within BAME communities, the PHW Screening Engagement Team has once again been working with the students in south-east Wales. This year the students have undertaken an evidence-based initiative to improve uptake in non-attenders for screening. The students have been working with GP practices within local BAME communities.

6.2.6 Peer Education Programme

As part of the peer education programme, Screening Champion Training has been held with the Chinese community in south-west Wales. The purpose of this training is to increase knowledge among prospective service users, and to educate and inform them about available screening.

6.2.7 Barriers to Screening in the Polish Community

Insights work is also currently being planned with the Polish community in north Wales. Project plans have been developed with focus groups expected to be delivered in May 2019 with members of the Polish community. It is anticipated that insights from this work will help in shaping a suitable communication and engagement plan to support screening within this community.

6.2.8 MegaFOCUS (Minority Ethnic Groups Association for Ophthalmic Care Uptake and Service Improvement)

Diabetic Eye Screening Wales (DESW) continues to participate in the MegaFOCUS Advisory Group, which aims to improve access to eye health services by **members** of Wales' minority ethnic communities. DESW will be supporting the Ethnic Minority Health Fair in 2019, engaging with attendees to discuss the screening process and support increased uptake.

6.3 Improving Health during Pregnancy and Maternity

During 2018–2019, working in partnership, Betsi Cadwaladr University Health Board (BCUHB) and the Local Public Health Team developed a North Wales Infant Feeding Strategic Plan. This is a high-level strategic plan designed to set out the vision to create a supportive culture in north Wales that enables all parents to make the choice about infant feeding in an informed way that optimises nutrition and helps develop close, loving relationships with their baby.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid down in early childhood. There is substantial and robust evidence demonstrating short- and long-term health benefits of breastfeeding to mothers and infants and of the benefits of complementary feeding from 6 months old.

The United Kingdom has the lowest breastfeeding rate at 12 months in the world, and only 1% of babies are breastfed exclusively at 6 months. Wales has the lowest initiation and continuation rates in the United Kingdom, and this is reflected within BCUHB.

The Infant Feeding Strategic Plan is intended as a driver for action for all staff groups within the Health Board whose work impacts on the first year of a child's life. The strategic plan has been developed in accordance with various key policy drivers, evidence base and best practice at world, national and local level, in particular for preconception, antenatal care, at birth and postnatal. The plan also embraces the Welsh Government's recommendation for future service provision whilst taking on a prudent approach to support the increase in breastfeeding rates in Wales, thus promoting initiation and continuation of breastfeeding, and removing barriers to breastfeeding.

The benefits of breastfeeding for the short- and longer-term health and wellbeing of babies and mothers are well known and linked to prevention of major inequalities. In order for the group to assess the impact of the strategic plan on service users, carers, staff and the local communities and to assess how things will get better for all mothers and babies in

north Wales – considering access to information and services, and how the information and support is received – the strategy was informed by an Equality Impact Assessment (EqIA) and a separate Health Impact Assessment. As part of the strategy’s development, the group also considered the views of mothers from the Infant Feeding Survey 2010 and the North Wales Maternity Services consultation.

In March 2019, over 120 people attended the launch of the Health Board’s Infant Feeding Strategic Plan, the first of its kind in Wales. A wide variety of public sector and third sector staff as well as parents attended the event. It was a great opportunity to share learning to ensure families in north Wales are given the best advice and support on nurturing and feeding their babies. Feedback about the event has been very positive from both the delegates and those who presented on the day. Resources can be found here:

<http://www.wales.nhs.uk/sitesplus/861/page/85325> (English)

<http://www.wales.nhs.uk/sitesplus/861/tudalen/85740> (Cymraeg)

6.3.1 Maternity Services and the Influenza Campaign

The VPDP developed flyers and stickers that the maternity services use at antenatal booking clinics and antenatal clinics to promote awareness of the benefits to pregnant women of flu and pertussis vaccines. These flyers were available bilingually in Welsh and English. The VPDP also ran a point of delivery survey over a five-day period in January 2019, in order to monitor how many pregnant women recalled being offered influenza and pertussis vaccinations during pregnancy, and also how many pregnant women took up that offer.

6.3.2 Down’s Syndrome, Edwards’ Syndrome and Patau’s Syndrome Public Information Review

Plans are under way with Antenatal Screening Wales, who are planning to undertake a review of their public information on Down’s syndrome, Edwards’ syndrome and Patau’s syndrome. This information is available to pregnant women in Wales and aims to assist them in making decisions about which antenatal screening tests to have. Participants are being recruited to attend focus groups and be interviewed as part of the review. Once this work is complete feedback and any recommendations will be considered by Antenatal Screening Wales.

6.4 Removing Barriers for LGBT+ People

The VPDP provides guidance on the human papillomavirus (HPV) vaccination programme for men who have sex with men (MSM). MSM are a group at high risk of HPV infection and associated disease, who receive very little indirect health benefit from the current HPV vaccination programme for adolescent girls. From 1 April 2017, a targeted HPV immunisation programme was offered in sexual health clinics to MSM up to and including 45 years of age, and also to those at similar risk of HPV infection based on clinical judgement.

6.4.1 Stonewall

PHW once again participated in the Stonewall Workplace Equality Index. We were placed 173rd out of 445 organisations taking part nationally, a jump of 165 places, which clearly indicates the progress that has been made.

Taking part in this benchmarking exercise has helped to identify where we can improve, and we continue to work through the action plan that has been developed to enable this. We look forward to seeing improvements in the following years.

The organisation also attended Pride events in Swansea and Cardiff, giving out information on Screening Services, Help Me Quit and vaccination programmes. This provided an important opportunity to engage with the LGBT+ Community.

6.4.2 LGBT+ Youth Homelessness

During 2018–2019 PHW was represented by a member of the policy team on End Youth Homelessness Cymru's LGBTQ+ Youth Homelessness Task Group, which oversaw and steered research into LGBTQ+ Youth Homelessness. The draft report has just been finalised with publication due in the coming months.

6.5 Making sure vital information reaches Transgender people

The Screening Engagement Team is continuing to distribute transgender information resources. These resources are available from the Screening for Life website or on request from the Screening Engagement Team.

Transgender Resources

<http://www.screeningforlife.wales.nhs.uk/sitesplus/documents/1129/Trans%20screening%20v2%20English%20250516.pdf>

6.5.1 Transgender Public Information Review

Plans are currently under way to review the transgender information resources. It is expected that this work will be completed during 2019.

The QNAHP Directorate continued to develop an NHS Wales e-learning module on trans health, in collaboration with several advocacy groups.

6.6 Supporting health in all age groups of our populace

As part of the 2018–2019 Influenza campaign, the VPDP focused for 2 weeks on communications with those aged 65 and over. In a different fortnight, the Influenza campaign focused on communicating with the parents of children aged 2–10 years. Utilising different language, terminology and messaging aimed at different groups helps to increase messaging resonance with target groups. These communication methods included social media, traditional advertising and engagement with third sector organisations. Surveillance team epidemiologists and information analysts monitored influenza vaccination uptake for these different age groups and reported the figures on a weekly basis. In addition to monitoring influenza vaccine in specific age groups, the surveillance team also monitored vaccine uptake for the shingles vaccine in eligible patients over age 70, and eligible pneumococcal (PPV) patients over age 65. The team also monitored childhood immunisation throughout the year, and published the uptake data in quarterly and annual COVER reports.

In 2018–2019, the VPDP targeted a hard to reach age group to encourage uptake of MenACWY vaccine in 16–24-year-olds. A dedicated webpage is in place for this age group at <https://www.menacwy.co.uk/>, and the team produced two new posters specifically aimed at this group. They also developed a physical ‘frame’ that mimics an Instagram post, to promote engagement amongst 16–24-year-olds. The surveillance team monitored uptake of the vaccine.

6.6.1 Working with Schools

The Gwynedd Healthy Schools Scheme commissioned Welsh Language Children’s Laureates Anni Llŷn and Casia Wiliam to write about sensitive health and wellbeing issues that matter to young people.

The resulting volume of poetry, *Dim Ffiltar (No Filter)*, is a compilation of Welsh language poems dealing with a range of topics including female genital mutilation (FGM), pornography, islamophobia and sexual exploitation. Diversity is a key topic in this progressive work; the *Dim Ffiltar* resource is accompanied by lesson activity suggestions for Key Stage 3 pupils and was launched in Gwynedd in September 2018 to support schools to facilitate learning on various sensitive issues.

6.6.2 Over 70s: Breast Screening

Routine breast screening is offered to women between the ages of 50 and 70 every 3 years. Women beyond the age of 70 may continue to attend breast screening in Wales by requesting their own appointment(s). At the request of Welsh Government, Breast Test Wales has undertaken a piece of work to evaluate the current breast screening service available to women aged over 70 years. Breast Test Wales will await the outcome of the AgeX trial in England, which is looking at the risks and benefits of breast screening over the age of 70.

6.6.3 Age Extension: Bowel Screening

Following the phased implementation of the Faecal Immunochemical Test (FIT) in Wales, Welsh Government asked PHW to model the options to our optimise bowel screening programme, as recommended by the UK National Screening Committee. The modelling included both elements of optimisation as well as the possible implications of lowering the age for bowel screening from 60 to 50 years old, and lowering the sensitivity threshold of FIT. Work to implement the age extension for bowel screening will commence once the Welsh Government gives the formal approval for the recommended option. This option sets out plans to start age extension in April 2020 and to fully implement it by March 2022.

6.6.4 Screening for Life Campaign

Screening Division held its annual Screening for Life social media campaign during July. This particular campaign targeted people accessing screening for the first time. Evidence suggests that individuals who are invited and attend for screening are more likely to keep attending when re-invited. Facebook optimisation was used to target specific age groups in geographical areas which have low uptake of screening. The campaign had an overall reach of over one million users. Programmes received over a hundred comments during the course of the campaign month.

6.6.5 Believe in Every Child

The Positive Approaches to Behaviors that Challenge conference was held in March 2018 in partnership with Learning Disability Wales and All Wales Challenging Behaviour Community of Practice. The main theme of this conference was to help key stakeholders mainly involved in

education in Wales to identify and reduce restrictive practices by understanding alternative positive approaches to promote children's and young people's wellbeing, learning and development. Feedback from this event has been used to inform all-Wales policy development.

6.6.6 Cervical Screening Wales: HPV Implementation and Love Your Cervix Campaign

In September 2018, Wales became the first UK nation to fully adopt high-risk HPV testing as the first test carried out on every cervical screening sample. If high-risk HPV is found, the sample will be checked for cell changes. This is a more sensitive and effective screening test.

Young women have been targeted in a social media awareness campaign called #loveyourcervix. The campaign has aimed to encourage women in the 25–29 year age group to attend their cervical screening appointments. The social media content has focused on addressing embarrassment, fear and lack of awareness, which are often the reasons why women do not attend their appointments. Initial analysis has shown a high level of engagement, with over 350,000 Facebook impressions.

Bangor University was commissioned for a series of reports making the economic argument for investing in prevention at different stages of the life course. [Living well for longer: The economic argument for investing in the health and wellbeing of older people in Wales](#) was published in August 2018.

6.7 Providing appropriate health interventions

The VPDP has been closely involved in the planning for the rollout of a 'universal' gender-neutral HPV vaccine campaign. The vaccine has previously only been available for girls but going forward will be available for all pupils in school years 8 and 9. Next year, the team anticipates being able to report on uptake of this vaccine.

6.7.1 Cervical Screening Younger Women's Project

The PHW Screening Engagement Team undertook insights work on behalf of Cervical Screening Wales to better understand the barriers to screening for younger women. A blended engagement approach was undertaken, with over 300 women taking part in the review. Participants came from a range of disciplines and backgrounds including working women, women from BAME communities, women from socially deprived areas and women with communication needs. Findings from this work are being considered by Cervical Screening Wales.

6.8 Improving our understanding of the needs of different Faith groups

In March 2019, the QNAHP Directorate arranged a tour for staff at PHW to visit four places of worship around Cardiff. The visits to a Hindu temple, a mosque, a Buddhist centre and a Sikh gurdwara, and conversations with followers of the faith, helped the group to understand potential ways to overcome the barriers to accessing health services that some faith groups face.

6.8.1 Vaccines

The VPDP integrates information on vaccines and porcine gelatine into all immunisation leaflets produced. This is pertinent to some religions and beliefs, and support has included ensuring that up-to-date balanced information is available for clinicians and those delivering the service, and is integrated into public-facing resources such as leaflets.

7. Other Work to Further Equality

In addition to addressing the protected characteristics, further work was undertaken to further equality. This is captured below.

During 2018–2019, the Local Public Health Team supported Betsi Cadwaladr University Health Board (BCUHB) to develop a Strategic Immunisations Plan, the first of its kind for the health board and, as far as we are aware, the first in Wales.

Vaccination represents one of the most cost-effective public health interventions available, and the Strategic Immunisations Plan for BCUHB outlines how the health board and primary care providers will protect and improve the health of the population through maximising the uptake of vaccines for eligible groups across the life course.

The population of north Wales has varied and diverse needs, with some of our communities and population groups requiring additional consideration and support to address their needs. Recognising that inequalities in health can result by not considering the specific needs of these groups, we undertook a Health and Equality Impact Screening session on the draft strategic plan. Participants included members of the health board, the Local Public Health Team and third-sector organisations working with equality groups. The group used PHW's integrated Health and Equality Impact Assessment to undertake the screening session, and the following recommendations were put forward:

- Develop a comprehensive engagement and communication plan to promote and raise awareness of immunisation programmes across north Wales.
- Strengthen current collaborative work with key partners across the health board and extend joint collaborative working to promote vaccination to third-sector organisations, education and social care, and private sector.
- Engage with different community groups and groups with different needs identified as priority groups in the impact assessment to identify barriers towards immunisation uptake and opportunities to improve uptake.
- Ensure public-facing information is available in accessible format to meet the individual needs of service users with sensory loss, learning disability and low literacy level.

- Ensure the inclusion and involvement of service users as appropriate, e.g. in area immunisation groups or as part of the strategic immunisations group.
- Scope possible expansion of funding to schools and nurseries to improve uptake through promotion, training, awareness and availability of vaccination by school nurses.

The plan now is to undertake targeted engagement work with priority groups in response to the above findings of the Health and Equality Impact Assessment.

7.1 Prisons

The Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) and Diabetic Eye Screening Wales (DESW) have both delivered screening clinics on site in HM Prisons Parc, Usk, Prescoed and Berwyn during 2018–2019.

Bowel Screening Wales (BSW) has also undertaken bowel screening within Parc, Usk and Prescoed prisons during 2018–2019.

Research/data analysis was undertaken, to investigate the prevalence of latent TB in men in prison. Findings informed a report to Welsh Government and the recommendations made by the All Wales TB Group. A journal article based on this work was also published in the *Journal of Public Health*.

7.2 Safeguarding

The National Safeguarding Team developed principles for good working practices to be used by chaperones during intimate examinations or procedures within NHS Wales.

The work was developed using the five ways of working embedded in the principles of the Well-being of Future Generations (Wales) Act 2015. An Equality Impact Assessment (EIA) ran in parallel with the work to ensure that the views of our protected communities were taken into consideration, and evidence was collected in support of this. A dip sample approach to engaging with the wider population was used to gain their views with regards to chaperone for intimate procedures, to ensure that the voice of the patient was always heard.

7.3 Bowel Screening Wales (BSW) Faecal Immunochemical Testing (FIT) Implementation

BSW was asked by Welsh Government to implement a new bowel test kit in Wales. Prior to the new kit being introduced a series of engagement exercises was undertaken with equality-based organisations and diverse communities to shape and inform implementation plans. Insights from this work assisted in informing the supporting Equality Impact Assessment and public information developments. The new test is being phased in with full implementation expected in summer 2019.

7.4 Supporting National and Organisational Work Streams

The Screening Division attends and contributes to a number of national and organisational work streams including:

- **Senior Implementing Officers Working Group** – this focuses on sensory loss, in particular the implementation of the sensory loss standards. This year the group has been working to implement a system to capture the communication needs of people with sensory loss with a focus being on primary care.
- **National Steering Group for Better Outcomes for People with a Learning Disability** – this group focuses on working to improve health and services available within primary, secondary and tertiary care.
- **PHW Consent Working Group** – this group has been involved with the development of the new trust consent policy. Programmes have been implementing the new policy within the Division. Some staff have had training on the Mental Capacity Act, but further training is to be offered so that all frontline staff have received training relating to mental capacity.

7.5 Adverse Childhood Experiences (ACEs)

Research was undertaken that aimed to explore the relationship between adversity in childhood and later risk of homelessness, as well as to explore perceptions of the opportunities for early intervention. The report on this work, [*Voices of those with lived experiences of homelessness and adversity in Wales: Informing prevention and*](#)

[response](#) (published in 2019), also considers additional factors such as sexual orientation and ethnicity in the relationship between services and children.

7.6 People Seeking Sanctuary

We worked with Swansea University to complete the [Health Experiences of Asylum Seekers and Refugees in Wales](#) (HEAR) study, which includes ten recommendations to improve the health equity of people seeking sanctuary. The Executive Summary was translated into Arabic to make the findings more accessible to more sanctuary-seeking communities.

7.7 Publications

The following reports were also published:

- [Public health outcomes framework \(2018\)](#)
- [Health and its determinants in Wales \(2018\)](#)
- [Cancer incidence in Wales, 2001-2016](#) (published January 2019)
- [Living well for longer: The economic argument for investing in the health and wellbeing of older people in Wales](#) (published August 2018)
- [Cancer mortality in Wales, 2001-2017](#) (published November 2018)
- [CARIS Review 2018](#) (published November 2018)

8. Conclusion and forward look

Our revised Strategic Equality Plan has now been in place for three years, and we continue to work towards meeting our objectives for the fourth and final year for this Strategic Equality Plan. We will also be going out to consultation to develop and agree our next strategic equality plan, a set of new objectives and an action plan to underpin them which will cover April 2020 to March 2024.

Our teams will continue to work in the community with the people who use the services we provide, and we will continue to develop an inclusive culture within the organisation, through the development of our staff diversity networks, and reviewing our practices to ensure we are creating a great place to work.

The revised Strategic Equality Plan (2020 – 2024) will contain details of how we plan to achieve our revised objectives over the four year period, and will continue to further embed equality within our plans so that we properly consider and monitor the effects and outcomes of our work on people with protected characteristics. We will support innovation, encourage good practice and challenge poor practice. All of this will be done in partnership with people from protected groups.

Any future legislative requirements will also be incorporated into the new plan as they are enacted.

In doing all of these things we will strengthen how we work, and truly demonstrate our commitment to the people we serve.



Public Health Wales
Workforce Equality Monitoring Report
Reporting period 1 April 2018 to 31 March 2019

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Executive Summary

The purpose of this report is to show how we are working towards meeting our general and specific duties as defined in the public sector equality duty (2011). The report summarises the equality, employment and training data (information) we hold about staff, and covers the period 1 April 2018 to 31 March 2019.

It is clear from looking at the data in this report, we need to look at:

- creating job opportunities for people who may have one or more of the protected characteristics;
- ensuring the way we recruit staff is fully accessible, flexible and inclusive and that we advertise posts in a way that attracts a range of talent;
- considering giving more people access to our organisation through offering, for example, apprenticeships, work experience, placements and volunteering opportunities to people with protected characteristics;
- continuing to encourage staff to attend and complete appropriate equality training;
- working with staff to explain the importance of recording equality information and how we use this in our work;
- strengthening our approach to and understanding of impact assessments, and making service providers and policymakers aware of the benefits of these assessments;
- making sure equality is an essential part of our procurement process (how we buy services);
- better understanding any pay differences between men and women and taking action to reduce these differences; and
- working towards being an inclusive workplace.

1. Introduction

The purpose of this report is to show that we meet the public sector equality duty (2011) relating to our general and specific employment duties. It summarises the monitoring information we hold relating to equality and employment for the period 1 April 2018 to 31 March 2019.

The Equality Act 2010 public-sector equality duty (section 149) states that public authorities must acknowledge the need to:

- eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act;
- treat people who share a protected characteristic and those who do not equally; and
- encourage good relations between people who share a protected characteristic and those who do not.

This report shows how we are working towards meeting the specific requirements set out in the public sector equality duty

2. Challenges in collecting information

We have taken the information contained within this report from a number of sources. These include the Electronic Staff Record (ESR), NHS Jobs recruitment systems, and our training and human resources information. It is fair to say that there are challenges in how this information is collected, not just for us but also across the health sector.

The information we have on equality relies on staff voluntarily reporting it themselves through ESR. We are currently training managers in the importance of collecting this information and ESR developments that are currently being introduced will make it easier for employees to record their own information.

3. Being an Inclusive Employer

As an organisation, we are working hard to make sure that we are inclusive in the services and programmes we provide and, as an employer, in relation to how we recruit, retain and develop our staff. However, the information we have about our employees tells us we still have some way to go to be fully inclusive.

Public Health Wales participated in the Stonewall Workplace Equality Index (WEI) benchmarking exercise again this year. The WEI is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bisexual and transgender inclusion in the workplace.

We were delighted to learn that we were placed 173rd out of 445 organisations that took part – a jump of 165 places from last year, and a clear indication of how the organisation is improving and becoming more inclusive.

During 2018-2019, a lot more work has been undertaken within the People and Organisational Development Directorate towards becoming more inclusive. More information on this follows.

3.1 Employee Health and Wellbeing

Our aim for our people is that they are healthy, well engaged and treated fairly, which will support our strategic aim of a healthier, happier and fairer Wales and translate this to our workplaces. With this approach in mind, all of the actions we have taken, and are planning for in the future, are designed to ensure that we support equality for all employees.

The work we have been undertaking towards enhancing employee wellbeing allowed us to achieve success at our assessment for the silver level of the Corporate Health Award in June 2018. We have used the report from the assessors to map out the actions required to work through the remaining award levels, many of which were already in place.

Following the successful feedback and evaluation of our first full programme of mindfulness training in Conwy, we ran another cohort in

Cardiff, and will be running another in Swansea, and intend to make this a regular part of our wellbeing programme.

We continued with our programme of mental health training sessions aimed at all staff, and those specifically commissioned to support managers, which were facilitated by Mind Cymru, with dates set across Wales.

The courses offered were:

- Managing mental health at work
- Mental health awareness
- Emotional intelligence and resilience
- Mindfulness.

The vast majority (98%) of attendees of the Mind courses were either very satisfied or satisfied with the training and there was also positive feedback from those who attended the mindfulness course.

We will evaluate the impact of our the training and recommend next steps, as part of our process of securing more training for mental health training for 2019–2020, and will continue to offer courses which provide targeted support across the organisation.

We continue to provide an enabling range of policies and procedures to support our people, including our revised flexible working policy, supporting flexible working toolkit, childcare voucher scheme and childcare holiday subsidy scheme.

3.2 Staff Diversity Networks

Work continues to strengthen and develop our staff diversity networks. In 2018 networks for women, single parents and carers were set up. These are in addition to the existing network for LGBT+ staff. Networks for disabled staff, and Black, Asian and minority ethnic staff are due to relaunch in 2019, following some staff changes.

Information on our Staff Diversity networks is available on our recruitment pages and is given out to new starters in the Welcome, Engage, Develop, Network (WEND) induction events.

3.3 People and Organisational Learning

The Organisational Development and Learning Team supports learning and development across the organisation and wider public-health system. They are responsible for creating learning and development opportunities for our staff and work with staff to promote equality and diversity training. They continue to monitor staff to make sure they have completed the mandated core skills 'Treat me Fairly' e-learning module.

3.4 Recruitment

We are continuing to make sure our recruitment and selection processes are inclusive, and have reviewed and updated the information available to candidates. We have also gained Level 2: Disability Confident Employer status on the Disability Confident Scheme. Being Disability Confident training was arranged for our HR professionals in order to help them further understand the requirements of disabled candidates in the recruitment system. We will be reviewing how we continue to meet the requirements of the scheme, with the aim to advance to Level 3: Disability Confident Leader in 2019.

3.5 Electronic Staff Record

The Electronic Staff Record (ESR) is the NHS human resources and payroll system used throughout Wales and England. The team responsible for this has continued to provide ESR training to our staff, including reinforcing the importance of recording information about equality ('equality data').

3.6 Our Values

Since launching our organisational values in 2017, the People and Organisational Development team has embedded them into the My Contribution appraisal process and into recruitment guidance. Being My Best, a workshop designed to encourage the practice and use of three

key habits, was developed in partnership with occupational psychologists and linked to the aspiration element of values-based working. This has been delivered to over 150 staff in the first year. Values continued to be central to our Diolch! staff awards programme, with working together and making a difference stand-alone categories, and broader 'living our values' at the heart of the Chair and Chief Executive Award. The team is finalising the development of a draft values-driven behavioural competency framework, which translates the wider scope of organisational values into defined behavioural competences for all PHW colleagues; it has been designed to grow with and support the growth of the individual as their role and responsibilities progress.

3.7 Pride

We attended our first Pride events in Swansea and Cardiff during 2018. This provided an excellent opportunity for us to engage with the LGBT+ community and provide information on our Help Me Quit smoking cessation service, as well as information on screening and vaccinations.



3.8 Welsh Language

Public Health Wales has been implementing its statutory Welsh Language Scheme since 2010, and for the past six years we have been implementing the Welsh Government's strategic framework for Welsh language services in health, social services and social care: More Than Just Words. Much good work has been done during 2018–2019, building on similar work across previous years, to improve the availability, accessibility, quality and equality of our Welsh medium services.

Public Health Wales encourages staff to take up training available under the National Centre for Learning Welsh (NCLW) Work Welsh scheme. Staff have been offered opportunities to complete three 10-hour online courses (entry level) and to attend 5-day residential courses (intermediate level and above) in work time or in their own time, and on any digital device. To date, 181 members of staff have registered to follow the 'Croeso' course for complete beginners, which was the first course introduced by the NCLW. Staff also have the opportunity to complete a new online 'beginners' course aimed health sector workers.

Three members of staff attended residential courses offered as part of the Work Welsh scheme, and staff in our screening programmes have attended Welsh language taster courses.

As of 31 March 2019, data on our ESR system shows that, of our 1812 employees, 897 (49.5%) have recorded their Welsh language skills. This is a good improvement on figures presented in October 2018 (767 / 43%) and April 2018 (669 / 39%). We believe that the increase is largely due to the inclusion of the Welsh language skills matrix on the new My Contribution form. We need to improve the capture of information about the current Welsh language skills of our staff by promoting the importance of self-assessing and recording their skills via ESR.

Our monitoring activities have led us to the conclusion that there is still much to do to ensure that service users can access a full range of Welsh medium services without delay wherever they live in Wales. Welsh Language Standards Regulations for NHS Wales Boards and Trusts will replace our Welsh Language Scheme within the next 12 months. It is estimated that PHW will be required to be compliant with some of the standards by mid-2019, so over the next two years there will be sustained focus and momentum with regard to improving our Welsh medium services. For example, we will:

- develop a robust process for considering and including appropriate Welsh language requirements in contract specifications;
- support managers in relation to identifying the requirement for Welsh language skills in new and vacant posts with a view to increasing the number of 'Welsh essential' posts we advertise in the future;
- improve the capture of information about the current Welsh language skills of our staff by promoting the importance of self-assessing and recording their skills via ESR; and
- review our arrangements for implementing, monitoring and reporting on Welsh language commitments and requirements in order to drive service improvement.

3.9 Diversity and Inclusion Week

In January, we held our first Diversity and Inclusion Week. This involved a range of speakers, a panel discussion and awareness raising articles on our Intranet. As part of the week we held a Rainbow Day, where staff were invited to wear bright colours as a way of celebrating and raising awareness of LGBT+ issues. Each member of staff was given a rainbow lanyard or pair of rainbow laces and we held a cake sale to raise money for LGBT Cymru Helpline; a small charity based in Swansea.



4. Our workforce

At 31 March 2019, we employed 1819 staff.

- 1409 were women and 410 men.
- 100 were aged 30 or under.
- 1004 were aged between 31 and 50.
- 566 were aged over 50.
- 73 people were from BAME backgrounds and 1388 from other white backgrounds. 358 did not state their ethnic background.
- 61 people considered themselves to be disabled and 1113 said they were not disabled. 168 did not declare their disability status and 477 did not respond.
- 34 people identified as lesbian, gay or bisexual, while 1249 identified as heterosexual. 201 did not declare their sexuality and 323 did not respond.
- 708 people identified as Christian, 298 identified as atheist and 150 people identified as 'Other'. Other faiths represented in the workforce were Buddhism, Hinduism, Islam and Sikhism. A total of 301 people did not tell us their religious belief and 328 did not respond.

5. Gender

Women make up most of our workforce, with 78% female and 22% male employees, as at 31 March 2019. The information in the following table covers the reporting period 2018–2019.

a) Pay

Table 1: Staff pay band by sex

Pay Scale	Female	Male
Band 1	*	*
Band 2	62	29
Band 3	222	17
Band 4	220	42
Band 5	185	57
Band 6	227	63
Band 7	215	52
Band 8A	101	39
Band 8B	38	24
Band 8C	38	22

Band 8D	22	*
Band 9	30	*
Medical & Dental	51	46
Other	*	*

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

b) Staff group

Table 2: Staff group by sex

Staff Group	Female	Male
Additional Prof Scientific and Technic	*	*
Additional Clinical Services	235	58
Administrative and Clerical	795	260
Allied Health Professionals	69	10
Estates & Facilities	*	*
Healthcare Scientists	184	52
Medical and Dental	84	15
Nursing and Midwifery Registered	49	18

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

c) Contract type and working patterns

Table 3: Staff contract type by sex

Contract Type	Female	Male
Fixed Term	123	42
Permanent	1286	378

Table 4: Working pattern by sex (as % of total workforce)

Working Pattern	Female	Male
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Part Time (PHW)	40%	11%
Full Time (PHW)	60%	89%
Part Time (population of Wales)	43%	14%
Full Time (population of Wales)	57%	86%

6. Ethnicity

Staff ethnicity is recorded on the ESR, which relies on staff providing the information themselves. As it is not compulsory for staff to supply these details, we only have a partial picture of our ethnic profile. A large number (358) of our workforce chose not to state their ethnicity. We are doing further work with staff, through ESR training and staff meetings, to explain the importance of providing this information and to encourage staff to do so.

Table 5: The ethnic origin of our workforce

Ethnic Group	Headcount	% of workforce
A White – British	1,088	59.81
B White – Irish	15	0.82
C White – Any other White background	35	1.92
C2 White Northern Irish	*	
C3 White Unspecified	31	1.70
CA White English	13	0.71
CB White Scottish	*	
CC White Welsh	191	10.50
CD White Cornish	*	
CF White Greek	*	
CP White Polish	*	
CQ White ex-USSR	*	
CX White Mixed	*	
CY White Other European	*	
D Mixed – White & Black Caribbean	*	
E Mixed – White & Black African	*	
F Mixed – White & Asian	*	

G Mixed – Any other mixed background	*	
H Asian or Asian British – Indian	14	0.77
J Asian or Asian British – Pakistani	*	
K Asian or Asian British – Bangladeshi	*	
L Asian or Asian British – Any other Asian background	*	
LH Asian British	*	
M Black or Black British – Caribbean	*	
N Black or Black British – African	*	
PB Black Mixed	*	
PD Black British	*	
R Chinese	*	
S Any other ethnic group	*	
SB Japanese	*	
Unspecified	80	
Z Not stated	278	
Grand Total	1819	

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

Comparison with Welsh Population

Ethnic Group	Headcount	% of workforce	% of Welsh Population
White	1,373	75.5	95.4
Mixed / Multiple ethnic groups	17	0.9	0.6
Asian	24	1.3	2.3
Black / African / Caribbean / Black British	*	*	0.6

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* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

As 1088 of our employees gave their ethnicity as being white, consideration should be given as to how, when recruiting, we can make our workforce more diverse, representative of our local communities, and attract the wealth of skills and expertise this brings.

7. Disability

We collect information about people with disabilities using a number of methods, including staff providing the information themselves through ESR, risk assessments, and any reasonable adjustments we make to meet staff requirements. In most cases, providing information is voluntary.

Table 6: Proportion of the workforce who have given us disability information

Disability	Headcount	% of workforce	% of Welsh Population
No	1113	61.2	78.3
Not declared	168	9.2	0.8
Unspecified	477	26.2	
Yes	61	3.4	20.9

The true number of staff with a disability is not known, as a large proportion of staff (645 people) who gave us disability information fell into the 'Not declared' and 'Unspecified' categories. However, as only 61 people say they have a disability, it does suggest that we should look at whether there could be any barriers to our employment practices which, if overcome, could provide employment opportunities for people with a disability. We have started working in partnership with specific employment agencies to offer opportunities to people with disabilities.

8. Age

The age profile of our workforce at 31 March 2018 showed that the largest proportion of staff were aged between 36 and 55.

Table 7: Percentage of workforce by age band

Age Band	Headcount	%
<=20 Years	*	*
21–25	77	4.23
26–30	169	9.29
31–35	221	12.15
36–40	272	14.95
41–45	248	13.63
46–50	263	14.46
51–55	279	15.34
56–60	204	11.21
61–65	74	4.07
66–70	*	*
>=71 Years	*	*

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

The lowest proportion of staff were in the under 25 and over 61 age groups. To create employment opportunities for younger and older people we plan to offer apprenticeships and work placements in the summer of 2019.

9. Religion and Belief

82% of our workforce voluntarily told us their religion or belief through the ESR system.

Religious Belief	Headcount	%	% of Welsh Population
Atheism	298	16.38	42.7
Buddhism	*	*	
Christianity	708	38.92	52.8
Hinduism	*	*	
Islam	17	0.93	1.6
Judaism	*	*	
Not disclosed	301	16.55	0.3
Other	150	8.25	
Sikhism	*	*	
Unspecified	328	18.03	0.3

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

Individual data for the Welsh Population was not available on the Stats Wales Website for all religions listed on our Electronic Staff records.

10. Sexual Orientation

Providing information about sexual orientation is voluntary. During 2018–2019, 524 members of staff chose not to share or specify this information. Disclosure rates have improved in the past year, which gives an indication that staff are feeling more confident about being themselves at work.

Table 8: Workforce by Sexual Orientation

Sexual Orientation	Headcount	%	% of Welsh Population
Bisexual	11	0.6	0.6
Gay or Lesbian	34	1.9	1.2
Heterosexual or Straight	1249	68.7	94.9
Not disclosed	201	11.1	2.7
Undecided	*	*	
Unspecified	323	17.7	

* Denotes numbers below 10. These have not been included to avoid potential identification of individuals

The majority of staff (1249 people) reported as being heterosexual. Raising awareness of LGBT issues is critical to helping us to provide high-quality services for a diverse population.

11. Gender Reassignment

We understand that monitoring the number of transgender employees is highly sensitive – if this information is reported and broken down further, it could put at risk an individual's privacy.

We are committed to making sure our frontline staff (staff who have direct contact with the public) are transgender-aware, and some frontline services have taken positive action to deliver transgender-awareness training to staff.

12. Marriage and Civil Partnership

At 31 March 2019, 1% of our workforce were in civil partnerships and 54% were married.

13. Pregnancy and Maternity

Between 1st April 2018 and 31st March 2019 39 staff went on Maternity Leave, which equates to 2.1% of the workforce.

14. Recruitment and selection

We are committed to making sure we have a reliable recruitment and selection process, which deals with applications fairly and consistently in line with statutory and good-practice guidance. We encourage staff to attend recruitment and selection training, running four sessions a year to help them to recruit fairly.

We also make sure staff are aware of and keep to our recruitment and selection policy. We regularly review our recruitment processes to make sure they are accessible to everybody. We recognise that we could do more to be fully inclusive and although we achieved Level 2 of the Disability Confident scheme, we are committed to working towards achieving Level 3 during 2019.

A table showing the breakdown of candidates by protected characteristic is shown at Appendix A.

15. Disciplinary and grievance

We keep to comprehensive disciplinary and grievance policies. These policies outline the procedures for dealing with disciplinary or grievance matters so that staff are treated in a fair, consistent and timely way.

We offer training to our managers as part of a leadership programme so that they are able to deal with these matters effectively, and our Human Resources department give staff and managers help and advice.

As part of our preparations for complying with the Welsh Language Standards Regulations, we identified and published actions for ensuring that staff are able to use the Welsh language in disciplinary and grievance matters, including reviewing and amending policies and procedures relating to disciplinary and grievance.

During the reporting period, we carried out seven formal disciplinary investigations that resulted in three disciplinary cases and heard seven formal grievances relating to our staff. Due to the low numbers, information regarding protected characteristics cannot be disclosed for confidentiality reasons.

16. Leaving us

Between 1 April 2017 and 31 March 2018, 203 staff left the organisation. Of these, 13 left to relocate, 38 chose to retire, and 152 left for other reasons, including:

- death in service
- dismissal
- employee transfer
- end of fixed-term contract
- Voluntary Early Release Scheme
- compulsory redundancy
- health reasons
- lack of opportunities

- voluntary resignation
- promotion
- further education or training
- work–life balance.

17. Training

The Organisational Development and Learning team supports registration for a number of learning programmes:

- statutory and mandatory training
- Management and Leadership Development
- High Cost Learning
- apprenticeship schemes
- Public Health Practitioner Registration Scheme
- work placements
- colleague development programme
- Planning for a Positive Retirement
- Mental Health Awareness and Mental Health for Managers

Some training and development is arranged locally and not reported centrally; however, most registration for training and development is now done via the Oracle Learning Management system – OLM (part of ESR). We do not collect anonymous equality data outside of what is voluntarily entered in ESR.

As at 31 March 2019, 93% of our employees had completed compulsory equality, diversity and human rights training, 1681 staff – an increase of 9% on the previous year.

18. Procurement

Procurement (buying goods and services) is a specific duty for Wales. We have contracts with organisations in the public, private and voluntary sectors to provide us with work, goods and services. Some of these contracts will have more relevance to equality than others.

During the coming year, we will be working more closely with our main suppliers to make sure they have considered all aspects of equality.

19. Conclusion

While we have been able to report on the specific requirements set by public sector equality duties, we still have much to do to improve our employment information and business practices in terms of equality, diversity and inclusion.

As an organisation, we must look at increasing the diversity of our workforce so that we can draw on different expertise and experiences. We must make sure our staff continue to develop and, in doing so, have a broad understanding of equality, diversity and human rights which may affect them personally and improve their competency on a professional level. We will also work towards strengthening our staff diversity networks, including setting up a network for BAME staff.

Finally, we must continue to further embed equality as part of our everyday business, so that we consider it in everything we do.

Appendix A:

Table to show the percentage of candidates with one or more protected characteristics

Please note that figures less than 10 are shown with an asterisk to avoid individuals being identified. Figures have also been rounded/supressed to one decimal point.

Candidates for Non-Medical Posts

	Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Gender	Not stated	*	*	*	*	*	*	*	*
	Male	1702	355	217	51	31.6	20.9	61.1	23.5
	Female	3660	893	600	203	68.0	24.4	67.2	33.8
	I do not wish to disclose	22	10	*	*	*	45.5	80	12.5
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Age	Under 20	50	*	*	*	*	14.0	57.1	25.0
	20–24	811	124	86	26	15.1	15.3	69.4	30.2
	25–29	1125	179	104	42	20.9	15.9	58.1	40.4
	30–34	934	186	123	42	17.4	19.9	66.1	34.2
	35–39	674	186	121	48	12.5	27.6	65.1	39.7
	40–44	531	154	104	24	*	29.0	67.5	23.1

	45–49	503	167	113	33	*	33.2	67.7	29.2
	50–54	443	153	107	25	*	34.5	69.9	23.4
	55–59	236	84	52	*	*	35.6	*	17.3
	60–64	70	18	11	*	*	25.7	61.1	45.5
	65+	*	*	*	*	*	*	*	*
	Not stated	*	*	*	*	*	*	*	*
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Ethnic Origin	Not stated	*	*	*	*	*	100	100	*
	WHITE – British	3750	1050	691	216	69.7	28.0	65.8	31.3
	WHITE – Irish	30	10	*	*	*	33.3	70.0	57.1
	WHITE – Any other white background	259	47	39	13	*	18.2	83.0	33.3
	MIXED – White & Black Caribbean	21	*	*	*	*	28.6	50.0	33.3
	MIXED – White & Black African	38	*	*	*	*	*	50.0	*

	MIXED – White & Asian	27	10	*	*	*	37.0	70.0	28.6
	MIXED – any other mixed background	29	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Indian	262	26	13	*	*	*	50.0	38.5
	ASIAN or ASIAN BRITISH – Pakistani	103	*	*	*	*	*	55.6	40.0
	ASIAN or ASIAN BRITISH – Bangladeshi	33	*	*	*	*	18.2	50.0	*

	ASIAN or ASIAN BRITISH – Any other Asian background	107	12	*	*	*	11.2	75.0	44.4
	BLACK or BLACK BRITISH – Caribbean	25	*	*	*	*	16.0	100.0	50.0
	BLACK or BLACK BRITISH – African	434	30	13	*	*	*	43.3	23.1
	BLACK or BLACK BRITISH – Any other black background	75	15	11	*	*	20.0	73.3	9.1
	OTHER ETHNIC GROUP – Chinese	17	*	*	*	*	*	100.0	*

	OTHER ETHNIC GROUP – Any other ethnic group	91	*	*	*	*	*	88.9	25.0
	I do not wish to disclose my ethnic origin	82	18	*	*	*	22.0	50.0	*
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Disability	Not stated	*	*	*	*	*	100.0	100.0	*
	I do not wish to disclose whether or not I have a disability	104	25	15	*	*	24.0	60.0	13.3
	No	4928	1131	744	244	91.5	23.0	65.8	32.8
	Yes	351	101	65	*	*	28.8	64.4	13.9
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Guaranteed interview scheme	Not stated	4769	1105	723	234	88.6	23.2	65.4	32.4

	No	374	90	62	18	*	24.1	68.9	29.0
	Yes	241	63	40	*	*	26.1	63.4	*
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Disability Description	Not stated	271	56	40	12	*	20.7	71.4	30.0
	None / Not Applicable	4747	1100	719	234	88.2	23.2	65.4	32.6
	Physical impairment	37	14	*	*	*	37.8	64.3	*
	Sensory impairment	29	10	*	*	*	34.5	60.0	16.7
	Mental health condition	59	22	15	*	*	37.3	68.2	20.0
	Learning disability/difficulty	81	20	13	*	*	24.7	65.0	23.1
	Long-standing illness	96	21	14	*	*	21.9	66.7	*
	Other	64	15	*	*	*	23.4	60.0	11.1
Total		5384	1258	825	255	100.0	23.4	65.6	30.9

Sexual Orientation	Not stated	*	*	*	*	*	100.0	100.0	*
	Heterosexual or Straight	4806	1115	729	225	89.3	23.2	65.4	30.9
	Gay	26	*	*	*	*	19.2	60.0	66.7
	Lesbian	28	13	10	*	*	46.4	76.9	50.0
	Bisexual	97	18	11	*	*	18.6	61.1	*
	I do not wish to describe my sexual orientation.	290	76	51	14	*	26.2	67.1	27.5
	Gay or Lesbian	100	26	16	*	*	26.0	61.5	43.8
	Other sexual orientation not listed	27	*	*	*	*	14.8	100.0	25.0
	Undecided	*	*	*	*	*	*	*	*
Total		5384	1258	825	255	100.0	23.4	65.6	30.9
Transgender	Not stated	4028	883	553	158	74.8	21.9	62.6	28.6
	No	1317	358	259	91	24.5	27.2	72.4	35.1
	Yes	*	*	*	*	*	16.7	*	*

	Buddhism	40	*	*	*	*	20.0	62.5	20.0
	Christianity	2529	566	367	104	47.0	22.4	64.8	28.3
	Hinduism	141	14	*	*	*	*	50.0	42.9
	Islam	236	27	18	*	*	11.4	66.7	16.7
	Jainism	*	*	*	*	*	*	*	*
	Judaism	13	*	*	*	*	15.4	50.0	100.0
	Sikhism	20	*	*	*	*	35.0	57.1	50.0
	Other	666	154	95	36	12.4	23.1	61.7	37.9
	I do not wish to disclose my religion/belief	646	183	123	36	12.0	28.3	67.2	29.3
Total		5384	1258	825	255	100.0	23.4	65.6	30.9

Candidates for Medical and Dental Posts

	Answer	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Gender	Not stated	*	*	*	*	*	*	*	*
	Male	18	*	*	*	46.2	38.9	28.6	100.0
	Female	21	12	12	*	53.9	57.1	100.0	25.0
	I do not wish to disclose	*	*	*	*	*	*	*	*
Total		39	19	14	*	100	48.7	73.7	35.7
Age	Under 20	*	*	*	*	*	*	*	*
	20–24	*	*	*	*	*	*	*	*
	25–29	*	*	*	*	12.8	*	*	*
	30–34	*	*	*	*	*	*	*	*
	35–39	*	*	*	*	10.3	75.0	100.0	66.7
	40–44	*	*	*	*	*	66.7	100.0	*
	45–49	*	*	*	*	18.0	57.1	75.0	100.0
	50–54	10	*	*	*	25.6	50.0	40.0	*
	55–59	*	*	*	*	12.8	80.0	100.0	*
	60–64	*	*	*	*	*	100.0	*	*
	65+	*	*	*	*	*	*	*	*

	Not stated	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Ethnic Origin	Not stated	*	*	*	*	*	*	*	*
	WHITE – British	21	15	11	*	53.9	71.4	73.3	27.3
	WHITE – Irish	*	*	*	*	*	*	*	*
	WHITE – Any other white background	*	*	*	*	8.0	33.3	100.0	100.0
	MIXED – White & Black Caribbean	*	*	*	*	*	*	*	*
	MIXED – White & Black African	*	*	*	*	*	*	*	*
	MIXED – White & Asian	*	*	*	*	*	*	*	*

	MIXED – any other mixed background	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Indian	*	*	*	*	10.3	25.0	100.0	100.0
	ASIAN or ASIAN BRITISH – Pakistani	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Bangladeshi	*	*	*	*	*	*	*	*
	ASIAN or ASIAN BRITISH – Any other Asian background	*	*	*	*	*	*	*	*

	BLACK or BLACK BRITISH – Caribbean	*	*	*	*	*	100.0	100.0	*
	BLACK or BLACK BRITISH – African	*	*	*	*	10.3	25.0	*	*
	BLACK or BLACK BRITISH – Any other black background	*	*	*	*	*	*	*	*
	OTHER ETHNIC GROUP – Chinese	*	*	*	*	*	*	*	*
	OTHER ETHNIC GROUP – Any other ethnic group	*	*	*	*	*	*	*	*

	I do not wish to disclose my ethnic origin	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Disability	Not stated	*	*	*	*	*	*	*	*
	I do not wish to disclose whether or not I have a disability	*	*	*	*	*	*	*	*
	No	37	19	14	*	94.9	51.4	73.7	35.7
	Yes	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Guaranteed interview scheme	Not stated	35	18	13	5	89.7	51.4	72.2	38.5
	No	*	*	*	*	*	33.3	100.0	*
	Yes	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Disability Description	Not stated	*	*	*	*	*	50.0	100.0	*

	None / Not Applicable	36	18	13	*	92.3	50.0	72.2	38.5
	Physical impairment	*	*	*	*	*	*	*	*
	Sensory impairment	*	*	*	*	*	*	*	*
	Mental health condition	*	*	*	*	*	*	*	*
	Learning disability/difficulty	*	*	*	*	*	*	*	*
	Long-standing illness	*	*	*	*	*	*	*	*
	Other	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Sexual Orientation	Not stated	*	*	*	*	*	*	*	*
	Heterosexual or Straight	33	17	13	*	84.6	51.5	76.5	30.8

	Gay	*	*	*	*	*	*	*	*
	Lesbian	*	*	*	*	*	*	*	*
	Bisexual	*	*	*	*	*	*	*	*
	I do not wish to describe my sexual orientation.	*	*	*	*	*	33.3	100.0	100.0
	Gay or Lesbian	*	*	*	*	*	100.0	*	*
	Other sexual orientation not listed	*	*	*	*	*	*	*	*
	Undecided	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Transgender	Not stated	35	17	12	*	89.7	48.6	70.6	33.3
	No	*	*	*	*	*	66.7	100.0	50.0
	Yes	*	*	*	*	*	*	*	*

	I do not wish to answer this question	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Marital Status	Not stated	*	*	*	*	*	*	*	*
	Single	13	*	*	*	33.3	30.8	75.0	*
	Married	22	13	*	*	56.4	59	69.2	44.4
	Civil partnership	*	*	*	*	*	*	*	*
	Legally separated	*	*	*	*	*	*	*	*
	Divorced	*	*	*	*	*	33.3	100.0	*
	Widowed	*	*	*	*	*	*	*	*
	Other	*	*	*	*	*	100.0	100.0	100.0
	I do not wish to disclose this	*	*	*	*	*	*	*	*
Total		39	19	14	*	100.0	48.7	73.7	35.7
Religion	Not stated	*	*	*	*	*	*	*	*

	Atheism	*	*	*	*	12.8	60	33.3	*
	Buddhism	*	*	*	*	*	*	*	*
	Christianity	20	11	*	*	51.3	55	81.8	22.2
	Hinduism	*	*	*	*	*	50	100	100
	Islam	*	*	*	*	12.8	40	50	100
	Jainism	*	*	*	*	*	*	*	*
	Judaism	*	*	*	*	*	*	*	*
	Sikhism	*	*	*	*	*	*	*	*
	Other	*	*	*	*	*	33.3	100	100
	I do not wish to disclose my religion/belief	*	*	*	*	10.3	25	100	*
Total		39	19	14	*	100	48.7	73.7	35.7

