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Public Health
Wales

Name of Meeting

Board

Date of Meeting

30 May 2019

Agenda item:

10.4.300519

Annual Quality Statement 2018-19

Progress Update

| | |
|------------------------|--|
| Executive lead: | Rhiannon Beaumont-Wood, Executive Director, Quality, Nursing and Allied Health Professionals |
| Author: | Junaid Iqbal, Lead for Service User Experience |

| | |
|---------------------------------|--|
| Approval/Scrutiny route: | The draft stories along with an update tabled were received at the April meeting of the Quality, Safety and Improvement Committee. Draft designed AQS copy was tabled at the May 2019 Business Executive Team meeting |
|---------------------------------|--|

Purpose

The Board are asked to approve the draft 2018-2019 Annual Quality Statement.

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:

- **Approve** the 2018-2019 Annual Quality Statement.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to all strategic priorities.

| Summary impact analysis | |
|--|--|
| Equality and Health Impact Assessment | An Equality and Health Impact Assessment is not necessary as no decision is required. |
| Risk and Assurance | N/A |
| 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 Person Centred Care Theme 1 - Staying Healthy |
| Financial implications | N/A |
| People implications | N/A |

1. Purpose / situation

This paper provides an overview of the development of the 2018/19 Annual Quality Statement which the Board are asked to approve.

In line with the recent guidance issued by Welsh Government the Annual Quality Statement should be published electronically by the 31 May 2019. This has proved a challenge in delivering the good practice process established for the development for previous versions.

2. Background

All NHS organisations in Wales are required by Welsh Government to produce an Annual Quality Statement to meet the requirement set out in *Together for Health* and Action 10 of the *Quality Delivery Plan*.

The 2018/19 Annual Quality Statement is the seventh annual document that the organisation has produced for the public. It is an opportunity for the organisation to provide information about the services and functions delivered to the population it serves, in an open and honest way. Over the past five years Public Health Wales has developed its Annual Quality Statement to be more accessible both in terms of design, language choices and readability. This is evidenced by the feedback received from the Welsh Government in relation to the 2017/18 Annual Quality Statement which is detailed below:

'Public Health Wales statement was one of the best ones particularly the young person's version which no other organisation develops.'

3. Description/Assessment

The 2018/19 Annual Quality Statement process has sought to further develop the level of involvement in relation to how the content and design was identified and to ensure the final publication is accessible.

The Senior Leadership Team have supported the identification of key areas of work, which demonstrate quality improvement and achievements from across the spectrum of Public Health Wales. The chosen themes have then been refined by working with leads across the organisation. This process ensures that all data included within the statement is accurate and up to date for the reporting period. Work was also undertaken with all Local Public Health Directors to identify stories from each Team.

In addition to the above part of the process of developing the Annual Quality Statement has included engagement with a range of stakeholders from across different parts of Wales, these include Wrexham County Borough Council, Cwmbran 50 plus forum, West Wales Adult Carers and Oasis Cardiff.

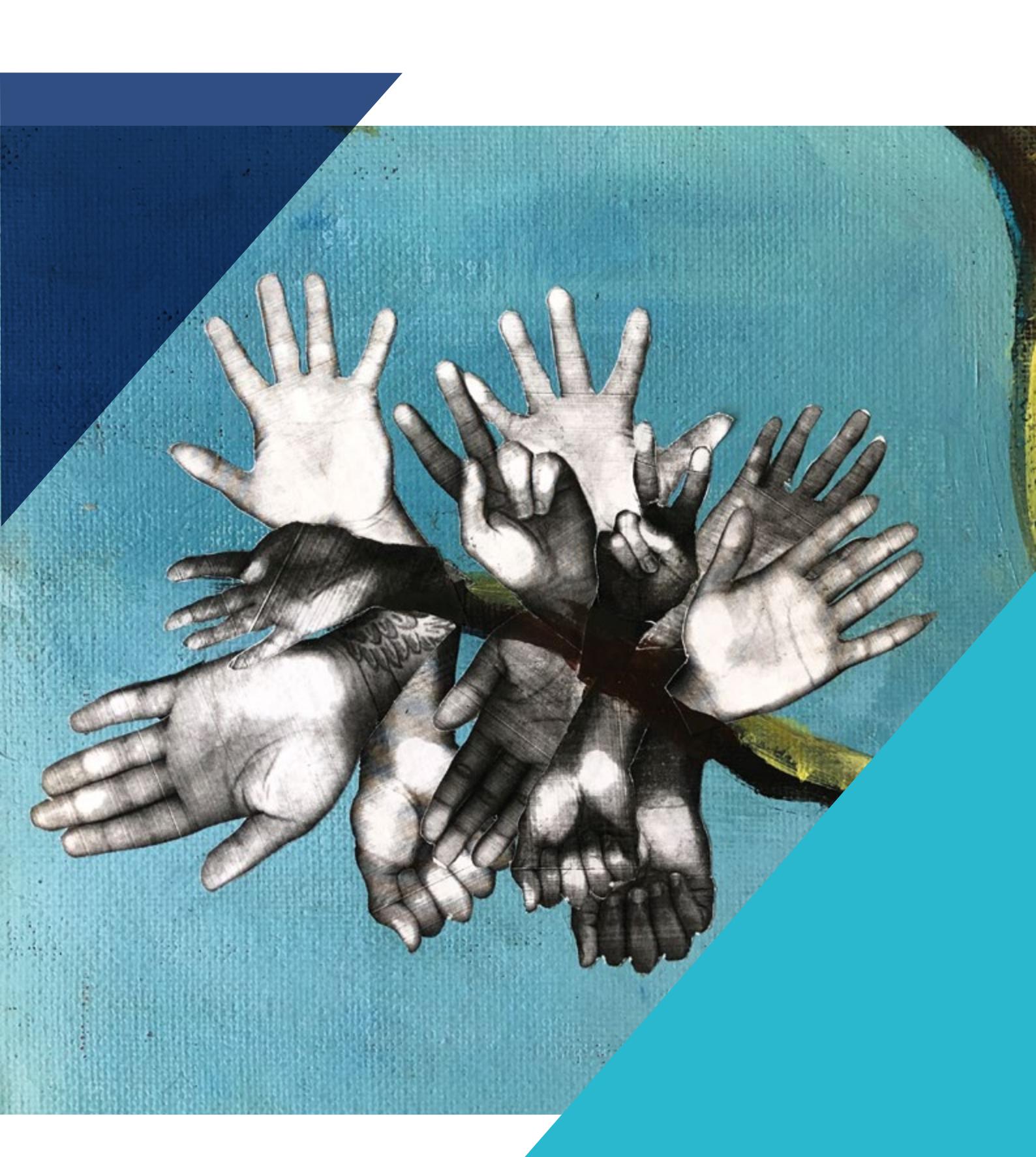
Other developments included aligning the looking forward section to the Public Health Wales long term strategy. This will ensure future versions of the document convey success and challenges faced whilst working towards delivering the organisational priorities.

The Welsh Government will continue to provide Public Health Wales with feedback on its Annual Quality Statement and content which will be used to develop it further.

4. Recommendation

The Board is asked to:

- **Approve** the 2018-2019 Annual Quality Statement.



Annual Quality Statement

2018 - 2019



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Foreword

Welcome to our 2018-2019 Annual Quality Statement, which demonstrates just some of the amazing work being carried out throughout our organisation, not just by our staff but also our partners, both here in Wales and across the world. We are constantly working to achieve a healthier future for the people of Wales. We do this through working with communities, public and private bodies, charities and voluntary and community groups across a wide range of sectors, including health, housing, local authorities, police, fire and education. We also work with the Welsh Government.

We are committed to involving people from communities and organisations across Wales to help transform the health and well-being of our population. This Annual Quality Statement shows some of the work that we have been doing during the first year of our long-term strategy 'Working to Achieve a Healthier Future for Wales', and also what we have been doing to deliver our responsibilities under the Well-being of Future Generations (Wales) Act 2015.

You will see that it has been a busy year for everything we do, and we could not have achieved this without the amazing support of our people and partners. On behalf of the Board, we would like to thank all of our wonderfully talented people in Public Health Wales who go the extra mile every day to make a difference, and all of our partners who are committed to working with us to transform our health in Wales.

Jan Williams, OBE FRSPH
Chair Public Health Wales

Tracey Cooper
Chief Executive
Public Health Wales



The baobab, tree of life

Our Artwork

Working with asylum seekers forces us to confront the realities of a changing world. Though a small nation, Wales is still affected by large-scale challenges such as conflict, environmental change and poverty that drive increased populations of displaced people.

Through learning about the experience of asylum seekers we can challenge ourselves, asking if we deal with inequality and discrimination across all groups and whether we make people feel powerless or unimportant.

Oasis Cardiff supports 100 to 150 visitors every day, including people from Iran, Iraq, Afghanistan, Sudan, Mali and the Congo, among many other countries. Some have just arrived in Cardiff whereas others have been here for a few years and visit Oasis to socialise with the many friends they have made here.

The artwork was supported by local community artists and involved children, women and men who attend the project. Everyone who was involved in the piece thought the baobab tree was one of the best symbols to express health and well-being.

The baobab is a remarkable tree. It features highly in African tradition and in folklore, and in traditional natural remedies. It has many properties and is seen as a symbol of life and positivity by many people from Africa.

The group at Oasis felt there were great similarities between this tree and their experiences and those of other asylum seekers and refugees and the wider Welsh communities, all of whom have to rely on their own endurance and strength in difficult or challenging situations. The group photocopied hands to represent the leaves of the tree, symbolising togetherness and helping each other.

Many hands and nationalities are represented in the artwork, symbolising health and well-being from the asylum seeker's perspective in a Welsh context. The trunk also represents a road or a journey – a journey every asylum seeker at Oasis has experienced, and a lot of those journeys are harrowing. The baobab tree represents coming to terms with the upheaval of displacement and also the nurturing of nature, here represented in a tree. A very special, wise old tree.

Healthy Wales

'Healthy Wales' means working with others to make a difference to the health and well-being of present and future generations living and working in Wales. Here are a few examples of our work to promote and protect health.



Our long-term strategy

In Summer 2018 we launched our long-term strategy 'Working to achieve a healthier future for Wales'. Significant work was undertaken during 2017-2018 to develop our new strategy, which covers the years 2018 to 2030 and will allow us to focus on how we can best work with our partners to have the greatest effect on improving health and well-being and reducing health inequalities in Wales.

We drew on various sources of information to develop the strategy, including more than 1,000 hours of staff and stakeholder feedback and a public survey 'Stay Well in Wales', which produced very useful information. Relevant law, regulations, research and reports also influenced our approach.



During 2018, we began work to deliver the seven priorities that emerged from the feedback and the survey. These priorities provide the basis for our Strategic Plan. Each priority is supported by a number of objectives that set out what we will do over the next three years. Each of these objectives is in turn supported by detailed plans, which we monitor through our Annual Plan. To support the development of these plans, we adopted a new approach to planning, involving staff from across the organisation by encouraging them to contribute to our plans. We held a planning session for each priority so that staff could get involved, and this also helped to further shape our objectives.

Following the launch of our long-term strategy:



We also put in place new arrangements for managing our priorities



These arrangements are currently being developed. They build on our previous planning and make sure the priorities are promoted from across the relevant parts of the organisation.



The new arrangements include responsibility for governing, and delegating our main priorities from our Executive Team to the strategic priority groups, to make sure we stay on track to deliver the long-strategy and plan for the future.

**Our Priorities
2018-2030**

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

Influencing the wider determinants of health

Improving mental well-being and resilience

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

Working to Achieve a Healthier Future for Wales

Promoting healthy behaviour

Protecting the public from infection and environmental threats to health

Securing a healthy future for the next generation

Our Values

Working together with trust and respect to make a difference.

For more information, go to:

<https://bit.ly/2DgvVJl>



The public sector in Cardiff agreed to put in place 14 commitments as part of a charter to support and encourage staff to walk or cycle to work or use low-carbon transport. The scheme has been co-ordinated by a consultant in the local public health team.



A joined-up approach: public health leadership in Public Services Boards

The Cardiff Healthy Travel Charter will be launched in April 2019 and is a public commitment by major public-sector employers in Cardiff, including us and Cardiff and Vale University Health Board. Eleven organisations who have signed up to the charter will be at the launch, representing over 33,000 public-sector staff in Cardiff. Once the charter has been launched we hope it can be offered to the private sector in Cardiff, and also public-sector organisations in the Vale of Glamorgan and possibly other parts of Wales.

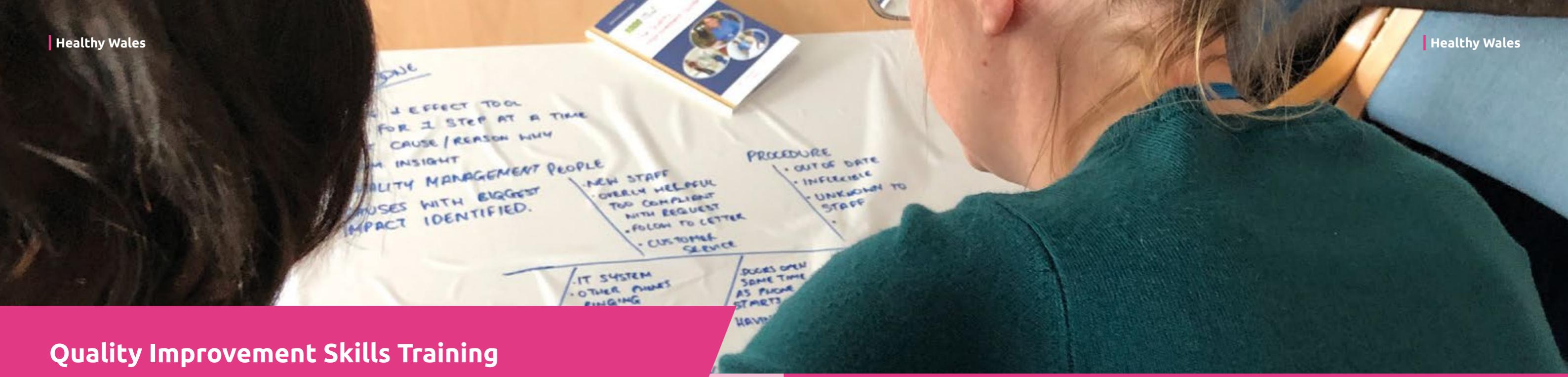
We have continued to work closely with Cardiff Council on:



The city's clean-air strategy, to try to reduce air pollution.



We are also planning trials of Nextbike-on-prescription, which allows GPs to offer free membership of the hugely popular Nextbike cycle-hire scheme in Cardiff.



Quality Improvement Skills Training

1000 Lives Improvement has been working with Health Education and Improvement Wales to develop a unique Quality Improvement Skills Training (QIST) programme.

The programme is aimed at trainee doctors and dentists (and their trainers). Its aim is to provide high-quality training in the principles of Quality Improvement (QI), and access to Quality Improvement training resources to support innovation and excellence in healthcare.

This innovative national programme aims to:



Include access to QI as part of postgraduate training in Wales, and support the development of QI networks across Wales;



Improve access to existing QI resources and the development of innovative high-quality QI projects developed by trainee doctors and dentists (and trainers) for the benefit of patients; and

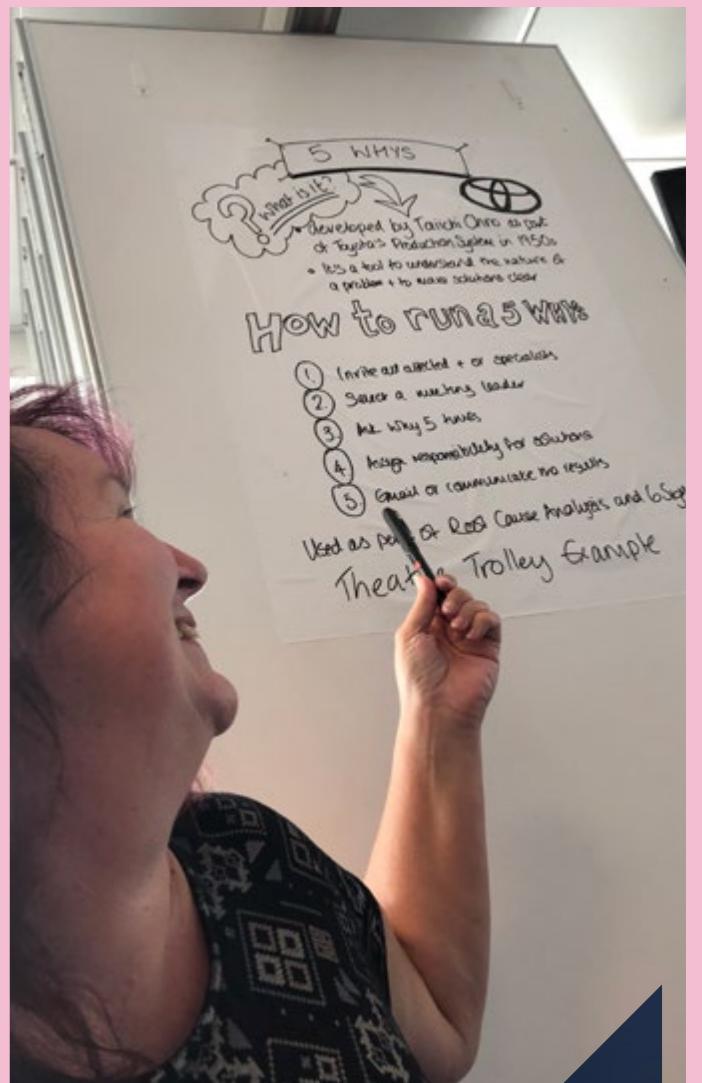


Incorporate QI training in existing educational settings and curriculums as part of postgraduate training across Wales.



"This distinctive project-focused Quality Improvement training programme is mapped against specific Royal College training curricula and also reflects the greater emphasis of Quality Improvement as part of General Medical Council Generic Professional Capabilities"

- Dr Gethin Pugh





Cervical Screening Wales has started using a new screening test

Wales is the first country in the UK to start using high-risk HPV (human papillomavirus) screening as the main form of cervical screening. This testing began across Wales on 17 September 2018.

The UK National Screening Committee had previously recommended testing for high-risk types of HPV as the main type of cervical screening. Evidence shows that this test is better than the previous screening test at picking up changes in the cells in the cervix that could become cancer. It is also more accurate at identifying women who do not have cell changes. The Welsh Government agreed with this recommendation, and then began planning for a full launch of HPV primary screening in Wales.

Women aged 25 to 49 are invited for cervical screening every three years and women aged 50 to 64 are invited every five years.

A trial of primary HPV screening started in April 2017, where 20% of women attending for screening had primary screening with HPV testing.



We carefully evaluated this trial, including looking at how the test performed and inviting feedback from women and staff.

914 women filled in questionnaires about HPV testing and were asked for comments about the information they were given about the screening.

We used their responses to improve this information for the full launch.



To increase awareness and improve uptake of cervical screening, we have been running a comprehensive social-media campaign. The **#LoveYourCervix** campaign, launched in March 2019, aims to encourage more women to go for cervical screening, especially those aged 25 to 30 (who have the lowest uptake), and to increase people's understanding of HPV.



Did you know?

- Cervical screening can prevent cervical cancer.
- Cervical cancer is caused by high-risk types of human papillomavirus (HPV).
- HPV can be passed on through any type of sexual contact with a man or woman.



Bach a lach (Small and Healthy)

Bach a lach (Small and Healthy) is an initiative developed in Powys to promote our 10 Steps to a Healthy Weight programme. It focuses on the food and fitness elements of the Healthy Pre-schools Scheme. Building on the success first reported in last year's Powys Teaching Health Board Annual Quality Statement, almost 90% of full and sessional day care settings in Powys now take part in the Powys Healthy Pre-schools Scheme. More than half of these have been recruited through the Powys Bach a lach initiative launched in 2016.



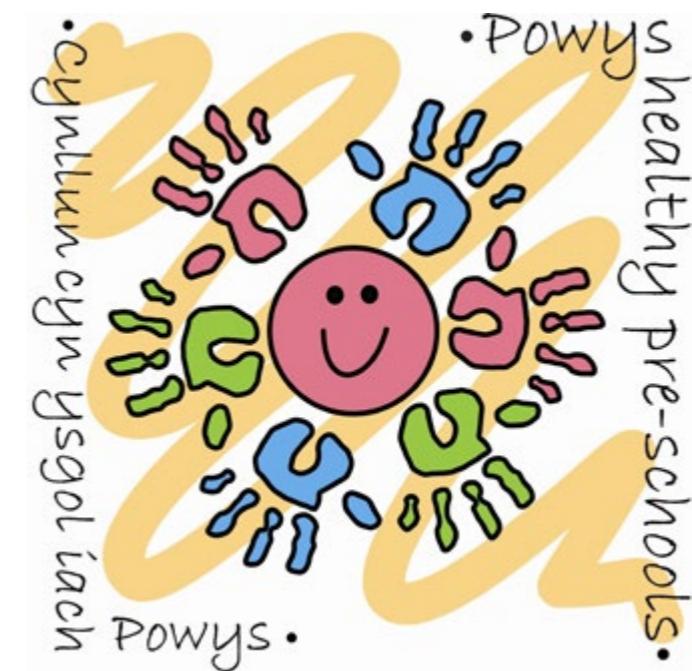
There have been 17 gold, three silver and four bronze Bach a lach awards achieved.



All have achieved the nutrition and oral health, physical activity and active play elements of the scheme,



and have gone on to work on other parts of the wider scheme, such as safety, hygiene and environment.



Small & Healthy

The annual Bach a lach 'Celebration and Sharing' event was held on 1 October 2018 in the Metropole Hotel in Llandrindod Wells, and was supported by groups such as the Family Information Service, Workplace Health, Radnorshire Wildlife Trust, Education, Sports and Leisure, health visitors, dietetics and the Powys Teaching Health Board (PTHB) local public-health team.

There were training, resources and demonstration sessions for more than 45 staff and professionals – all coming together to celebrate and innovate. It is hoped that the scheme will grow from strength to strength and support all pre-schools in Powys.



21st century leaders

This year a further 15 current and aspiring GP cluster leads completed the Confident Primary Care Leaders programme, giving them the knowledge, skills and confidence to become great leaders within their own clusters and help drive change in NHS Wales.

Established in 2016, the programme has supported 59 people over three groups, representing all health boards across NHS Wales. The programme is commissioned by the primary care hub in our Primary Care Division, and provided by qualified coaches and experts.

For more information:

<https://bit.ly/2vRvIpD>

You can find more information through Primary Care One at:

<https://bit.ly/30blQVp>

Did you know?

A cluster is a group of GPs working with other health and care professionals to plan and provide services locally. There are 64 cluster networks across Wales, serving between 30,000 and 50,000 patients.

"It has been invaluable. Each session has given me something different to take away. One of the key factors for me was having the headroom to think. As a cluster lead you don't often have much thinking time – the programme gave me the chance to reflect on my learning after each module."

**- Dr Kirstie Truman,
Cluster Lead and GP Partner**

"It's been truly thought-provoking. As cluster leaders we're working with people who have a clear vision about what they want to achieve within the primary care environment – and this course has been about learning how to support them in achieving this. It's been brilliant to have the opportunity to take part in such an innovative course to help drive the clusters forward."

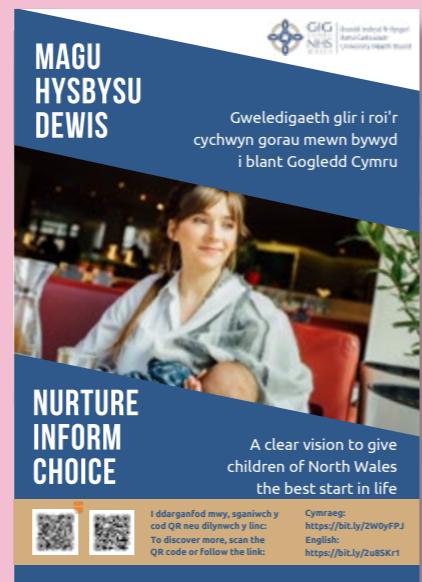
**- Antonia Higgins,
Practice Manager**



Nurture – Inform - Choice

Most women want to breastfeed because breast milk is perfectly designed for their baby. It protects the baby from infections and diseases, and provides health benefits for the mother. However, feedback from North Wales Maternity Consultation events held by Betsi Cadwaladr University Health Board (BCUHB), the local public-health team, showed that some women stopped breastfeeding earlier than planned due to the difficulties they face and the lack of support during the first few weeks following childbirth. Wider cultural attitudes and practices also continue to influence how women choose to feed their baby.

The BCUHB Strategic Infant Feeding group was formed to look at the challenges faced by women and families. The group's aim is to create a long-term supportive culture of breastfeeding in North Wales and give parents information that helps them choose the most nutritious method of feeding their baby, and which helps develop close, loving relationships (whether they choose to breastfeed or not).



The Infant Feeding Strategic Plan supports our 10 Steps to a Healthy Weight programme – breastfeeding and introducing solid foods at the appropriate time are two main factors that can increase the likelihood of a child being a healthy weight when they start school.



The BCUHB group was set up to look at infant feeding in its broadest sense, and it supports a number of groups to work together to encourage positive discussion about breastfeeding. It also supports professionals to help families, and considers the views of women, families and volunteers.



The group's action plan focuses on all staff groups within the health board whose work affects families during the early years of a child's life.



The plan was formally launched on 25 March 2019, giving professionals, volunteers and mothers the opportunity to contribute.

The group is committed to continuing its work and making sure that relationships between all groups are strengthened to meet people's needs as much as possible, and deliver quality services to help give every child the best start in life.

Outbreak impacts

- Increased morbidity/ mortality
- Prolonged admissions
- Increased cost
 - Patient care
 - Outbreak control measures
- Disruption of services

Pathogen genomics: one year on

On 14 February 2019 a one-day event was held at the Life Sciences Hub in Cardiff. The day celebrated the significant achievements made during the previous 12 months within the Pathogen Genomics Unit (PenGU) and its partners. The day was well attended, with representatives from across Public Health Wales, education and the Welsh Government.



Representatives were updated on the following specialist issues:



HIV resistance typing is now delivered in Wales.



Genomic identification, resistance determination and mycobacterium tuberculosis typing is now live in Wales, delivering rapid sensitivity results and comprehensive characterisation to help manage patients and incidents.



Genomic typing of clostridium difficile is now challenging how we define outbreaks and providing invaluable information for Infection Control and Prevention colleagues across Wales.



Genomic typing of flu viruses across Wales has fed into the vaccine-selection process.

Did you know?

Tuberculosis (TB) is caused by a type of bacterium called mycobacterium tuberculosis.

It is spread when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the droplets, which contain TB bacteria. Although TB is spread in a similar way to a cold or the flu, it isn't as contagious.

For more information about TB, go to:
<https://bit.ly/305Q78l>

Early Action Together

We have developed Early Action Together (EAT) to help us and the police and criminal justice system across Wales work together using a public-health approach. EAT is an opportunity to fundamentally change the way we identify, understand and support vulnerable people in Wales.

The BCUHB Strategic Infant Feeding group was formed to look at the challenges faced by women and families. The group's aim is to create a long-term supportive culture of breastfeeding in North Wales and give parents information that helps them choose the most nutritious method of feeding their baby, and which helps develop close, loving relationships (whether they choose to breastfeed or not).

So far, almost 3,000 police officers and partners have received ACEs training as part of EAT. 'Early help' trauma-informed systems and processes (see Did you know? below) are being tested with local authorities, and a public-health approach is being tried out in all four police forces in the areas of serious violence, workforce well-being, social prescribing (see Did you know?) and policing in schools. The whole programme is being evaluated, and its findings will inform the work of the police and the prison and probation services. A learning network has been developed to share professional knowledge, findings from research, best practice and information about partner organisations to help sustain the work of the programme and a trauma-informed workforce.

For more information contact:
contact earlyactiontogether@wales.nhs.uk
and follow [on Twitter](#)

Benefits of EAT include:



support for a trauma-informed approach from senior and strategic leads from all partner organisations;



influence on government policy, for example there is a reference to the programme in the UK Government Serious Violence Strategy;



improved well-being of the workforce; and



better sharing of information and knowledge on how to put in place offers of early help. A joint approach to early help is already resulting in less demand on police and their partners, with fewer repeat calls from the same people and families (because they now have the right support in place from the right organisations).

Early help is when public-health organisations, the police, the criminal justice system and the third sector (charity and voluntary organisations) work with other agencies to step in early to try to prevent antisocial behaviour that results from ACEs and trauma, and help people who are at risk of poor outcomes in relation to crime.

Social prescribing, sometimes referred to as community referral, enables GPs, nurses and other primary-care professionals to refer people to a range of local, non-clinical services.

Did you know?

A trauma-informed approach begins with understanding the physical, social, and emotional impact of trauma on a person, as well as on the professionals who help them. It includes the following three elements.

- Realising how widespread trauma is.
- Recognising how trauma affects everyone involved with the programme, organisation or system, including the workforce.
- Responding by putting this knowledge into practice.

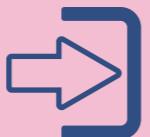


Help me quit

Working with local and national partners, we have continued to promote NHS stop-smoking services through the 'Help Me Quit' programme.



We have based our work on feedback from groups where smoking is at its highest, and used a combination of TV advertising, social media and website promotion to get our message across.



In the last quarter of 2018, the number of smokers getting in touch with Help Me Quit and signing up for support to stop increased by 20% compared with 2017.



Plans are in place to build on this success and reach more smokers.



Smoke-free

No Smoking Day 2018 saw the launch of the Abertawe Bro Morgannwg University Health Board (ABMUHB) smoke-free campaign in comprehensive schools across the health board area.

Healthy Schools, a programme based within the ABUHB local public-health team, had earlier held a competition for all comprehensive schools to design artwork for the campaign. There were over 300 very high-quality entries and the judges had difficulty choosing just one winner from the 30 that were shortlisted. As a result, they choose parts of three different entries to be combined into a single design. All three winners attended Dwr Y Felin Comprehensive School in Neath Port Talbot, where the campaign was launched. At the launch, pupils gave a presentation on the dangers of smoking and put on a production, 'The Ghost of Smoking Past', inspired by Dickens.

This campaign follows the launch of 'smoke-free school gates' in primary schools in 2017. The aim of smoke-free gates is to reduce children and young people's exposure to second-hand smoke, and also to make smoking seem unusual, in an attempt to stop children taking up the habit. Each comprehensive school, pupil referral unit and special school has been given signs with the school's name and uniform on to put up in their grounds. The signs say that the school and its grounds are smoke-free. Smoking on school grounds is set to become illegal in Wales in summer 2019.

Staying Safe

This means working to prevent ill health and inequalities. It includes protecting children and adults, making sure they are safe in different environments, and reducing the risk of infections (such as hospital-acquired infections). Here are a few examples of the work we have done to improve safety and promote well-being.



Self-management health and well-being

The Education Programmes for Patients (EPP) offer self-management health and well-being workshops for people living with, or affected by, a long-term health condition. The workshops are led by tutors who have experience of making lifestyle changes as a result of a long-term health condition.

Over the past year, the programme has trained 63 people who can now deliver EPP sessions to communities across Wales.

The EPP team have worked with a number of different organisations. They have:



Published a paper with the Bevan Commission to highlight the importance of patients being responsible for their own health and well-being;



produced a cancer leaflet with Tenovus Cancer Support, Macmillan Cancer Support and Breast Cancer Care to help organisations refer patients to other programmes; and



worked with Department for Work and Pensions (DWP) and the South West Wales Community Partnership to offer DWP clients self-management sessions to support them with their long-term health conditions.

The team are currently testing out a management programme with the Integrated Autism Service for **young adults aged 16 to 24**. Feedback and an evaluation of the trial was reported to the Neurodevelopmental National Steering Group at the end of March 2019.

For more information, go to:
<https://bit.ly/2DYLmnC>



Over 600 students recruited for MenB study

The health-protection division has recruited 658 high-school students for a national study on the meningitis B (MenB) vaccine. Students aged 16 to 18 from Coleg y Cymoedd, Cardiff High School and Stanwell School took part in phase one of the study, which started in April 2018. Over the coming two years the study aims to recruit 2,000 students.



Teenagers Against Meningitis (TEAM) is a study led by Oxford University. It involves **24,000 students** across the UK. The study aims to investigate whether vaccinating teenagers against **meningitis B** reduces the number of teenagers who carry the **meningococcus bacteria**. This should in turn protect the wider community against the disease.

Meningitis is caused by an infection around the surface of the brain. It is rare but can be life-threatening, and mostly affects babies, young children, adolescents and young adults.

Did you know?

Meningitis is an infection of the meninges, the membranes that cover the brain and spinal cord. It can be caused by a variety of different organisms, including bacteria, viruses and fungi.

In the UK, the most common cause of bacterial meningitis is infection with the meningococcal bacteria. There are five main groups – A, B, C, W and Y, of which B, W and Y are the most common in the UK.

"We are very grateful for the participation of the schools and students in this study, which will help guide vaccination strategies to reduce the risk of this severe infection in teenagers. Carriage studies such as this are important in understanding the spread of disease and the use of vaccinations."

- Dr Chris Williams,
Consultant Epidemiologist and
Lead Research Investigator
at Public Health Wales

For more information, go to:
<https://bit.ly/2JdVVXY>

Global Public Health

We are committed to becoming a responsible, world-leading and inspiring public-health institute. Here are a few examples of what we have done to develop and support Wales to be better prepared to respond to global threats, and to improve global health.



World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being

A World Health Organization Collaborating Centre (WHOCC) on Investment for Health and Well-being was designated as part of Public Health Wales and launched in June 2018. This is the first and only Collaborating Centre in this field (investment for health and well-being) in the world, and joins a network of over 800 Collaborating Centres in more than 80 countries. The launch event was opened by our chair, Jan Williams, and our chief executive officer, Tracey Cooper. It was attended by the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, who congratulated us on an achievement he said was "a source of pride for Wales". Chris Brown, Head of WHO Office for Investment for Health and Development in Venice, addressed the audience and praised our long-standing partnership with WHO, as well as our shared vision and priorities for health.

The Collaborating Centre is developing, gathering and sharing knowledge, information and practical tools on how to best invest in health and well-being, reduce inequities (unfair differences in health outcomes between groups of people), and build stronger communities and systems within and beyond Welsh borders. Our work with the centre shows our global and national responsibility and commitment to achieving better health, well-being and prosperity for everybody in Wales, Europe and throughout the world, encouraging a sustainable and fair economy and society and a healthier and happier people and planet.

For more information, go to:
<https://bit.ly/309hput>



Joint Action on Health Equity Europe (JAHEE) programme 2018-2021

Wales has committed to taking part in the Joint Action on Health Equity Europe (JAHEE) Programme over the next three years, as part of our ongoing commitment to the international health inequalities. Wales is the only UK country taking part. The Welsh Government will lead on Wales' input to JAHEE and co-ordinate information centrally to meet the requirements of financial monitoring and reporting to the joint action co-ordinator. We will help them achieve this as they contribute to two work packages on governance and health and migration.

A total of 25 countries are taking part in JAHEE, which represents an important opportunity for countries to work together to deal with inequalities in health and the underlying 'determinants' that influence health. The aim of the project is to improve the health and well-being of EU citizens and achieve fairer health outcomes for all groups in society. Including health and well-being in all policies is one of the areas that JAHEE will encourage further action on. The project will also focus on lifestyle-related health inequalities. Another priority for JAHEE is migrants, as poor health and lack of access to health services can prevent migrants from integrating and can create further inequality.

For more information, go to:

<https://jahee.iss.it/>

Did you know?

'Health inequality' refers to differences in health outcomes between groups, for example, a higher rate of lung cancer in more deprived areas compared with less deprived areas. The term 'health inequities' relates to perceived unfair differences in health outcomes between groups that could be avoided.



The wider 'determinants' of health are social, economic and environmental factors that influence health, well-being and inequalities.



Key determinants of health and well-being are our family, our friends and communities, the quality and security of our housing, our level of education and skills, availability of good work, money and resources, and also our surroundings.

For more information, go to:

<https://bit.ly/2Q0bnb0>

<https://bit.ly/2Hkly6i>



Wales for Africa Health

The annual Wales for Africa Health 'Global citizenship and health' conference took place in Cardiff in October 2018. It was held at the Temple of Peace and Health and was jointly sponsored by the Wales for Africa Health Links Network, Hub Cymru Africa and the Public Health Wales International Health Coordination Centre.

Those who attended the conference heard from Welsh and international speakers on how a commitment to international health could contribute to a more globally responsible Wales. Dr Frank Atherton, Chief Medical Officer for Wales, opened the conference by sharing some of his own experiences of working internationally and the opportunities presented by the Well-being of Future Generations Act 2015.

Throughout the day, people discussed relevant topics, including what it means to be a global citizen in the health sector and how to give nurses and midwives the skills and opportunities to take their place at the heart of tackling 21st century health challenges. Dr Gill Richardson, our Assistant Director of Policy, Research and International Development, gave a keynote speech outlining how the IHCC (International Health Coordination Centre) and the Charter for International Health Partnerships in Wales were helping to establish international health work across the NHS – providing clear benefits for both staff and the service.

The IHCC also organised a very popular session where people had the opportunity to discuss and contribute to the development of the first global citizenship training aimed specifically at health professionals.



For more information, go to:
<https://bit.ly/2E1Qx63>

Our Impact

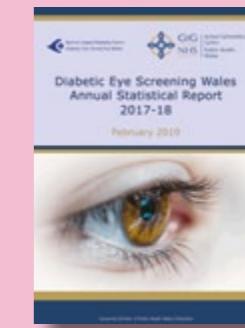
We carry out work based on evidence so that we can measure the effects of what we do, including the effect on the public's health and well-being. Here are a few examples of the work we have done to improve the health of our population.

Diabetic eye Screening Wales

The Diabetic Retinopathy Screening Service for Wales was set up by the Welsh Government in 2002, and became fully operational in 2003. In April 2016 the service was renamed Diabetic Eye Screening Wales (DESW) and joined the other screening programmes run by us.

The aim of the service is to save the sight of people living with diabetes in Wales through detecting sight-threatening diabetic retinopathy early, before any symptoms show. DESW is the only lifelong UK screening programme. All people aged 12 and over with a diagnosis of diabetes who are registered with a GP in Wales are eligible for regular retinal screening.

DESW has published its first annual statistical report, which you can read by going to
<https://bit.ly/2J8swP5>



Did you know?

- More than 170,000 people in Wales are offered annual screening through the DESW programme.
- Regular eye screening reduces the risk of sight loss caused by diabetic retinopathy.
- Diabetic retinopathy is a common complication of diabetes that affects the retina (the 'seeing' part of the eye).
- Retinopathy is caused when small blood vessels in the retina grow or leak. Over time, this can affect vision temporarily or permanently.
- Until it gets to a late stage, people with retinopathy do not experience any symptoms or loss of vision and do not know they are affected.
- Regular screening is the best way to identify retinopathy and supports early treatment to help save sight.

For more information, go to:
<https://bit.ly/2jGAbFc>



Preparing for Brexit

To prepare for leaving the European Union, NHS organisations were asked to consider the possible effect of a no-deal Brexit. We had to put appropriate continuity arrangements in place and consider the effect on supply chains and critical machinery and equipment. We set up a formal programme to oversee our preparations and response.



Business continuity – making sure we can continue to deliver our services as far as possible if there is an incident such as a terrorist attack, political upheaval, running out of supplies and so on;



Wider public-health impacts – understanding the effect there might be on wider public health if we were to leave the EU;



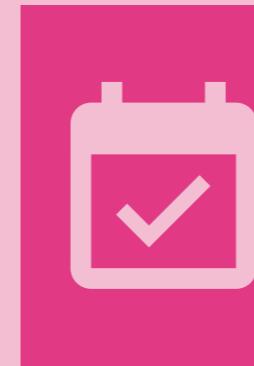
Health security – looking at areas such as vaccination and emergency planning, surveillance, supplies, training and the wider health system; and



People and resources – understanding the implications for our staff, particularly those resulting from a no-deal scenario, and providing support for those affected.

With our partners and other agencies across the UK, we have carried out significant work across all four of these areas.

Our work on the wider public-health implications of leaving the EU has focused on understanding the effect on the health of our population. It has included carrying out a health impact assessment (HIA) to identify the short-, medium- and long-term risks and opportunities of Brexit. The report, The Public Health Implications of Brexit in Wales: A Health Impact Assessment Approach, was published in January 2019, and we will continue to act on and monitor the findings. We may have to make changes to our organisational plan during the year, depending on the outcome of the Brexit negotiations.



We have also been improving our business-continuity arrangements. Since January 2019, **257 people** have taken part in **27 training events and exercises**. We delivered this training to make sure a wide range of staff could carry out key roles as part of a rota that would respond to any incident relating to a no-deal Brexit.

We have also designed and delivered a multi-agency health securities exercise, Exercise Allanfa that aimed to explore Wales' response to a major public-health security issue after Brexit. Thirteen organisations attended the exercise, including representatives from health boards and the Welsh Government. We have worked with partners and other agencies across Wales and the UK to reduce the risks to health security. We have asked for assurances from Public Health England on vaccine supplies, training and other areas. We have also provided support to the wider system in Wales, particularly Local Resilience Forums, the NHS, and the Welsh Government.

During this period of uncertainty, we have also worked to identify staff who have EU nationality so we can give them appropriate support, including drop-in sessions where they can get information.





How Brexit may affect the health and well-being of people across Wales

A new national report examines how Brexit might affect the health and well-being of people across Wales.

As part of preparing for Brexit, we commissioned the Wales Health Impact Assessment Support Unit (WHIASU) to carry out a health impact assessment (HIA) of Brexit in Wales to help us support other public bodies planning for Brexit. The assessment, which was published on 21 January 2019, looked at the possible wider implications of Brexit on people's health and well-being in the short to long term, especially any groups of people who may be particularly affected.

The assessment was carried out over a six-month period in 2018/2019. It included a comprehensive review of academic, health and government literature, a workshop for stakeholders, interviews with stakeholders and those who lead on policy.



A multi-agency strategic advisory group helped advise on and manage the assessment, which looked at:



the full extent of the effects of Brexit;



the wide range of factors that influence health and that would be significantly affected (including health and social-care staffing and supplies, food safety and supplies, and so on);



the range of groups that would be affected (for example, young people and families of non-UK EU citizens);



the importance of trade and trade agreements as a factor that affects health; and



how uncertainty affects mental well-being.

For more information, go to:

<https://bit.ly/2JuPX4i>



Healthy Weight: Healthy Wales

The Public Health (Wales) Act 2017 placed a duty on the Welsh Government to develop a plan focused on preventing (and reducing levels of) obesity. We have been part of the Welsh Government multi-agency National Obesity Strategy Development Board and worked closely with the Government to help them to develop the 'Healthy Weight: Healthy Wales' strategy, which was launched for consultation in January 2019.

The Public Health Wales Observatory has also been working to collect data (information) and evidence for the Healthy Weight: Healthy Wales strategy. In January 2019 we published some supporting information which including a detailed overview of the data available on obesity in Wales, and three evidence reviews looking at possible interventions. We have also commissioned work to look at how we can learn from international best practice, and more specific work to explore emerging issues, for example the role of ultra-processed foods (ready meals, sweets, fizzy drinks and so on).

Despite tackling a very complex issue, the supporting information aims to provide a thorough but accessible view of obesity in Wales. The data highlights the need for urgent action, with almost a quarter of adults (about 600,000 people) considering themselves obese. The data also showed that having a high body mass index (BMI) was the main factor that contributed to the number of years people live with a disability (known as YLD). And the evidence shows that interventions to reduce these health risks are crucial to encourage action.



For example, the supporting information includes information on **obesity-related health behaviour**, as well as how much families spend on food and drink. Since 2008, there has been a reduction in the number of adults eating more than five portions of fruit or vegetables a day, and people are buying fewer fruit and vegetables.

The reviews revealed some related findings from research studies that are trying to influence what people eat. If there are price reductions on fruit, vegetables and healthy foods, more people buy them. However, few research studies have been carried out in 'the real world' to find ways of encouraging people not to buy as much unhealthy food.

For more information, go to:
<https://bit.ly/2YrFATp>



Quality and competence of our medical laboratories

In November 2017, the diagnostic, specialist and reference units of our microbiology network gained UKAS accreditation for ISO 15189:2012 'Medical Laboratories – particular requirements for quality and competence'. In surveillance visits in June and July 2018, the laboratories were assessed to see if they still met the accreditation. Some of the laboratories also applied for an extension to their accreditation due to recent service developments which were also assessed during the visits (or shortly after).

The assessment report from UKAS said the laboratories' strengths included:

-  competent, friendly and knowledgeable staff;
-  a developing Quality Management Team;
-  good communication systems across the network and between the network and local health boards; and
-  investment in service development with new technologies and platforms.

We have maintained accreditation to ISO 15189:2012 and are expecting our next surveillance visit in June 2019.



Introduction of rapid tests to benefit patients and public for winter 2018-2019

Following a request by the Welsh Government in February 2018, our microbiology network carried out an evaluation and procurement exercise that resulted in a service award for rapid respiratory testing in all of our laboratories by 10 December 2019.

The Biofire system tests for over 20 targets, including influenza type A and B, and provides a valid and authorised result within four hours (often a lot quicker) of receiving samples for testing. These quick and reliable results help doctors decide which patients need to go into hospital as part of their care but who might need grouping into specific areas to prevent the spread of infection or cross-infection.

Between December 2018 and February 2019, the service carried out nearly 2,000 tests across Wales. We will evaluate the service once the flu season is over, to help us decide how we use it in the future and whether we should expand it.



Genomics - laboratory characterisation of flu viruses

Previous methods of influenza genetic characterisation used in Wales did not meet the requirements laid out by the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization influenza surveillance network. With financial support from the Welsh Government, our influenza surveillance team, working with the Pathogens Genomics Unit (PenGU), developed next-generation sequencing (NGS) of flu viruses in Wales. NGS influenza surveillance uses cutting-edge technology to get more detailed information on the genetics of the flu viruses circulating. During 2017/2018, sequencing using this technique was carried out on 140 flu viruses from across Wales.

Virus characterisation feeds into development of the flu vaccine for the following year, and allows us to assess the match between the vaccine and circulating viruses, and so predict how efficient a vaccine is. The Welsh data from the 2017/2018 season showed that the vast majority of influenza A (H3N2) viruses were matched to the recommended A/Singapore/INFIMH-16-0019/2016 component of the 2018/2019 vaccines.



Did you know?

There are three types of flu virus – A, B and C. Types A and B are responsible for causing large outbreaks of illness each winter. Within the A and B groups, there are further 'subtypes'. These are categorised by allocating a number to each of the unique proteins (hemagglutinin and neuraminidase (H&N)) on the surface of each virus. For example, influenza A (H1N1) and influenza A (H3N2) have been the main circulating subtypes causing illness over the last few years.

Each year, extensive surveillance by the World Health Organization identifies the circulating strains of influenza A and B viruses for each flu season in the northern hemisphere.

It is important to identify, as accurately as possible, the specific subtypes of virus that circulate for each flu season. This is to make sure the flu vaccine closely matches those subtypes, offering the best protection possible. A further challenge when dealing with creating an effective flu vaccine is that the influenza A virus can alter the H&N outer proteins very slightly during a flu season (usually October to March). This is called 'antigenic drift'. These small changes can result in the vaccine becoming less effective during the flu season.

For more information, go to:
<https://bit.ly/2Tf6yv0>

Equality

This means working to prevent ill health and inequalities. It includes protecting children and adults, making sure they are safe in different environments, and reducing the risk of infections (such as hospital-acquired infections). Here are a few examples of the work we have done to improve safety and promote well-being.)



Dementia care

Our 1000 Lives mental-health and learning-disability team, people living with dementia and their carers, and providers of dementia-care services are producing a shared vision and a set of standards and principles for a dementia-care service for the whole of Wales.

The shared vision, standards and principles will help deliver the outcomes set out in the National Dementia Action Plan 2018. Current themes (set out below) are emerging that will support a model of care for cognitive health (the health of the brain and its functions).

We plan to use different methods of establishing shared values and beliefs to discover people's experiences of services. These will be connected to the themes of the NICE Pathway for Dementia 2018 – keeping well, initial assessment and ongoing care and support.





Health experiences of asylum seekers and refugees in Wales

We joined with Swansea University and third-sector organisations, including Displaced People in Action and the British Red Cross, to deliver 'Health Experiences of Asylum Seekers and Refugees in Wales (HEAR)'. This is the first study in Wales to collect the views of people 'seeking sanctuary' (refugees and asylum seekers), as well as those of health practitioners with experience of their needs.

We gathered information for the study with specially trained researchers from the refugee and asylum seeker community. The study is published in line with the Welsh Government's 'Nation of Sanctuary' refugee and asylum seeker plan. It looks at gaps in existing research about the experiences of people seeking sanctuary in relation to health and well-being services. This is with a view to realising Wales' ambition to become a nation of sanctuary and supporting fair health opportunities for all in line with the Well-being of Future Generations Act.



The study produced **10 recommendations** covering a range of ways health and related sectors can help refugees and asylum seekers to become more integrated into society and support their health and well-being.

For more information, go to:

<https://bit.ly/2UyWv4e>



Our youth summits 2018

A total of 160 young people aged between 11 and 23 from across Wales attended two public-health youth summits in Llanrwst and Cardiff in November and December 2018.

The events were developed and held in partnership with Children in Wales, with support from us and the young people's planning group. The young people used an interactive session to consider how our work has affected their own and their peers' lives. There were also workshops covering resilience, how to make the most of skills, qualifications and so on, college and university applications, and supporting the priorities of Cymru Well Wales.

Did you know?

Cymru Well Wales is a group of motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow.

For more information, go to:

<https://bit.ly/2OmyJVT>



Feedback from the youth summits



97% of those who attended felt that the youth summits met or exceeded their expectations.



People especially enjoyed the workshops and the engaging members of staff.



86% of people gave the events a score of between 7 and 10 (where 0 is very bad and 10 is excellent).



Areas that could be improved include hosting more youth events and getting more people involved. People also said they would like more information ahead of events, more details about our work, and more in-depth discussions.

"I had a great time attending the North Wales Youth Summit. It was good to see my fellow Board members Chrissie, Dyfed and Sian there to hear from young people about what they think is important to their health."

- Jan Williams,
Chair of Public Health Wales

To support the youth summits, we also held a number of residencies. These gave young people an opportunity to spend a few days learning about our work, meet our Heads of Service and Executive Team, and lead on work such as the Young Persons' Annual Quality Statement. Young people from Neath and Port Talbot Youth Council wrote the following blog about their experiences.

"After lunch, a walking tour of Cardiff city centre taking photographs for health issues and our graphic design workshop – we really enjoyed this.

We learnt a lot in the communications workshop with Dan the man Owens. We spent the afternoon putting this to good use reading news articles then developing our own stories, trying our best to make them interesting and captivating. We also questioned Tracey Cooper, CEO of Public Health Wales – thanks Tracey for getting in our selfies – legend!

So we've been doing a lot since this residential, like setting up our own health sub group on the youth council. We also told the Leader and councillors in NPTCBC all about the AQS. They made sure the document went out to all the schools. We've been asked to train as mental-health mentors in schools so we can help our peers get help or signposted to services if they need it.

We also helped plan, then attended, the youth health summit #U Got Summit to Say so young people can shape health services. Two of our youth council members sit on local health boards. We also presented our work at the Public Health AGM. Please read the Young Persons' Annual Quality Statement, we learnt a lot."



Health Equalities Framework – HEF

People with learning disabilities have a range of health differences compared with the general population. These include the fact that they die earlier and suffer a much lower quality of life than people without disabilities.

Overwhelming evidence clearly shows that worse outcomes such as these are often avoidable, and result, in many instances, from unfair treatment and a failure to make reasonable adjustments as required under the Equality Act 2010.

HEF helps health practitioners to identify and support people to improve their health and make sense of the inequalities they face. It allows them to collect data (mainly for statistics and public reports) from many sources and supports improvements to services.

Following a successful trial of the project in Aneurin Bevan University Health Board in 2014, HEF was rolled out across Wales by the 1000 Lives team in January 2018. In June 2018, the Welsh Government launched Learning Disability– Improving Lives. HEF is part of the recommendations for outcomes within this programme.

The overall aim for the 1000 Lives team is that every community learning-disability team in Wales will use HEF for assessments and reviews. They will achieve this through working with all stakeholders and service users to find solutions to issues and by supporting improvement projects to establish HEF within clinical practice.

Timely Action

People can access our services, programmes and functions when appropriate and get the information they need to make an informed choice. Here are a few examples of what we have done to improve access and information.

TB bus for prisoners and homeless people in Cardiff

In December 2017, the health-protection team received funding from the Welsh Government to trial tuberculosis (TB) screening of homeless people in Cardiff and prisoners in Cardiff prison.

People who are homeless, prisoners, people who inject drugs and those who are alcohol-dependent are at a higher risk of tuberculosis. Early screening and diagnosis makes sure we can offer them the right treatment to help achieve a full cure.

We tested 600 men in Cardiff prison between January and March 2018, and commissioned the 'Find & Treat' mobile diagnostic bus to follow up on positive results. The screening was supported by the TB team from Cardiff and Vale Health Board and was an excellent example of organisations working together.

Between 17 and 18 April 2018, the Find & Treat bus screened a further 216 people in the prison and Cardiff city centre. We found several cases that needed further investigation.

We will analyse the findings of the trial and this will help shape how we deliver TB services in Wales.

For more information, go to:
<https://bit.ly/2LyR2uQ>



Making Every Contact Count (MECC) pilot programme

Supported by the Carmarthenshire Public Services Board, the Hywel Dda University Health Board (HDUHB) local public-health team worked to introduce MECC across a public-sector partnership made up of Dyfed Powys Police, Mid Wales Fire and Rescue Service, Welsh Ambulance Service Trust, Carmarthenshire County Council, Hywel Dda University Health Board and us.

The group set out to use the principles of MECC in a way that is the first of its kind across Wales – public-sector staff delivering each other's messages.

The aim was to encourage staff to look beyond their role at other issues that could benefit the public. For example, a police officer returning stolen goods to a pensioner might notice that their smoke alarm wasn't working and so take time to call the fire services to ask them to call round.



In turn, the fire officer might notice issues with damp in the house and advise the pensioner to contact the appropriate service, or perhaps refer a smoker to Help Me Quit. The aim is for staff to do just that little bit more than might have been expected.



The pilot programme has been partly successful, but has only scratched the surface of the potential that exists across Carmarthenshire for us and our partners to better serve the public.

At the **Carmarthenshire Public Services Board meeting in January 2019**, all organisations involved in the programme agreed to its full launch, which will take place throughout 2019.



For more information, go to:
<https://bit.ly/2YpL8O9>



Working together to improve immunisation uptake in school children

The Child Health System (CHS) holds immunisation information about children in the Aneurin Bevan University Health Board (ABUHB). The measles outbreak in Gwent in 2017 highlighted a number of inaccuracies within the CHS. To make sure the information held is more accurate, the Aneurin Bevan local public-health team, with help from a team of experts, updated immunisation records. Those working on this project included the five local authority directors of education, education departments, Healthy School co-ordinators, ABUHB school nursing, child-health department, immunisation co-ordinators, data processors and GP practices.

The team made a number of changes to children's records on the CHS. For example, updating addresses and schools attended, amending MMR (measles, mumps and rubella) status, adding children who had moved into Gwent and removing the records of children who are no longer in the area. This work has resulted in more children being immunised within the health board area, and has made sure all children in Gwent are targeted.

The work has also led to improvements in school-based immunisation programmes. School nurses are now offering MMR catch-up sessions at the same time as they give the HPV (human papillomavirus) vaccination. All consent forms and letters have been translated into 14 languages to meet the needs of the local population, and the Child Health Team receive monthly reports of movements in and out of the health board area from the Welsh Demographic Service.

Our Staff

Our staff are vital to the organisation and the work we do. We need to provide them with a safe environment to work in and support them to continue to develop.



NHS Wales staff survey – ‘Building our tomorrow together’

The NHS Wales staff survey gives staff the opportunity to provide open and honest feedback about how they feel things are in their area of work. We responded to previous feedback by providing new ways to take part in the 2018 survey, including through social media and personal devices. All managers were asked to make time available for staff to complete the survey, and we actively promoted it and encouraged staff to take part throughout the eight weeks the survey ran, including recording a message from our Chief Executive. Our response rate of 56% was joint highest within NHS Wales, and significantly above the overall rate of 29%.

Our results, published in October 2018, show many positive improvements since 2016, with us scoring above the overall NHS Wales average in many areas. Our overall engagement index (which measures employees' involvement with their day-to-day work) has increased to 3.86 (from 3.73 in 2016 and 3.70 in 2013), and 96% of our people are happy to go the extra mile at work when needed. There have been increases in all scores about line managers and 83% of our staff confirm we have a clear set of values that they understand.

The results have also highlighted some opportunities for improvement, and we have identified four priorities to focus on:

-  employees' well-being (stress, harassment, bullying and abuse, and working while unwell);
-  teamworking;
-  change within our organisation; and
-  job satisfaction.

However, our survey results are only the start, and we have asked staff to become actively involved in planning what we do next. We organised 18 staff focus-group sessions across Wales, to hear how staff think we should be concentrating our efforts to make a real difference. Through an online discussion, staff were also able to make confidential suggestions about what they think we can improve. Around 270 staff have attended a focus group or joined the online discussion, and we are currently working through the feedback from these to develop a staff survey organisational action plan. This was due to be launched in April 2019 and regularly update staff on its progress. We have given directorates' access to their own results, as well as providing help to identify local areas that can be improved and help to plan, communicate and monitor follow-up actions. Future surveys will help us measure opinions about the areas we have introduced changes in and provide a way of judging whether our follow-up action has been successful.



Our employees' well-being

The work we are doing to make Wales a healthier, happier and fairer place to live also links to the work we're doing to support our own employees. The Corporate Health Standard is the quality mark for promoting workplace health in Wales, and we've been continuing to use it to establish and use the practices we have introduced to promote health and well-being.

We have an active Employee Well-being Group, made up of representatives from across the organisation who all support our actions. We were delighted to be awarded the Corporate Health Standard silver level in July 2018 and are now building on our achievements so we can progress to further levels of the award scheme. (The Corporate Health Standard ('the Standard') is part of the Healthy Working Wales programme and is the national mark of quality for health and well-being in the workplace.)

We launched the Time to Move/Amser I Symud physical activity initiative pilot in June, with the aim to improve the health and well-being of our employees. Anyone signing up to Time to Move gets one hour (or an amount of time proportionate to how many hours they work) a week of paid time to use for any physical activity during the working day. More than 800 people have signed up to take part. The initiative is being tried out from June 2018 to June 2019, and its aim is to help us understand whether physical activity makes a difference to people's physical and mental health and well-being.

Stonewall Diversity Champions

We signed up as Stonewall Diversity Champions in June 2017, and entered the annual Stonewall Workplace Equality Index benchmarking exercise for the first time. We were placed 338th out of 434 organisations taking part, which was a disappointing result but gave us a clear starting point and action plan for improvement.



Over 2018 we focused on putting in place a programme of improvement, which involved:



Setting up an LGBT+ staff network;



reviewing and updating our policies;



attending Pride events in Swansea and Cardiff;



educating staff through improved training, holding speaking events and publishing intranet articles to mark events;



developing and publishing guidance on transitioning in the workplace; and



setting up an Allies Network and producing fact sheets.

Once again we put forward an entry in the Workplace Equality Index, and were placed 173rd out of 445 organisations taking part, which is a definite measure of success. We still have more to do, and we have developed a further action plan based on the feedback from Stonewall on our latest submission.

For more information, go to:
<https://bit.ly/2WBaQP8>



Diversity and inclusion week

We held our very first Diversity and Inclusion Week between 7 and 11 January 2019. The week was designed to raise awareness and celebrate our diverse workforce and the communities we serve.



Our speakers included the following:



Jacqui Gavin, leading transgender role model and activist:
Being me in an authentic world.



Women in senior roles: questions and answers on the issues faced by senior women in our organisation. On the panel were Jan Williams (chair), Tracey Cooper (CEO), Judi Rhys (non-executive director), Kate Eden (non-executive director) and Sian Bolton (acting executive director).



Bryony Tofton: I can't hear you – that's all! Being deaf in a hearing world.



Dr Justin Varney, Public Health England: Making LGBT inclusion a reality.



Displaced People in Action: Organisation of sanctuary for asylum seekers and refugees.

We also held stalls and information stands to raise awareness of our staff diversity networks, held cake sales across Wales, which raised over £230 for the small Welsh charity LGBT Cymru Helpline, and gave out rainbow lanyards and laces to staff in all of our locations across Wales.

The week achieved its aim of getting people talking and raising awareness. Many members of staff have commented on how much they learned and enjoyed the events, and how they are seeing our values in action.

As a next step, we are planning regular 'Understanding our Communities' events throughout the year. These will offer all staff an opportunity to learn about the challenges experienced by our diverse Welsh communities. Apart from health, the topics will cover culture, communities working together, employment, and well-being – all areas which we must tackle if we are to support a more equal and prosperous Wales.



Did you know?

The first 'Understanding our communities' event was held in May 2019 and will cover 'Mental health discrimination' and 'What is Islam and Islamophobia'.

For more information, go to:
<https://bit.ly/2Ve6uMl>



Team building

Over the last two years, the Cwm Taf University Health Board (CTUHB) local public-health team has expanded. This, along with an upcoming boundary change to include Bridgend, means there will be even more members of staff across the two sites. In response to this, the team planned a number of staff development days, aimed at developing staff's knowledge and expertise, but also at supporting staff to be at their best and improve their well-being.

Sessions were held on applied positive psychology, mindfulness and stress control. While planning for our last session, the team were challenged and asked 'What can we do as a whole team that can make a difference?' The result of this was a session delivered by a Dementia Champion on becoming a dementia-friendly team. The session was very well received and will have significant and positive effects on how we interact with people with dementia in both our professional and personal lives.

Did you know?

The Cwm Taf local public-health team are all now Dementia Friends. Organised through the Alzheimer's Society, a local volunteer attended the team-development day to deliver an interactive information session. The session focused on five main messages to make sure we consider those living with dementia both in our work and at home.

For more information, go to:

<https://bit.ly/1iWbekA>

Learning From Feedback

Most people who use our services, programmes and functions have a positive experience and we regularly receive compliments. These are very welcome and we pass them on to the staff involved.

However, occasionally we make mistakes, and when this happens it is essential that we fully investigate to make sure we learn from our mistakes to prevent them happening again. The examples below illustrate a range of concerns and compliments we received during 2018-2019.



Concern example 1

We received a complaint from a member of the public about one of our screening programmes not being able to offer flexible appointments.

The member of the public was concerned that we weren't able to offer an appointment around their work. They asked for a late appointment, but were told this would not be possible as the clinic doesn't offer appointments after 3pm.



What we did

We offered an alternative appointment, along with an apology, and explained that the appointments the service offers can cause real challenges for people who work. This is because the clinics are run from a range of hospitals, health centres and GP practices, and screeners need to travel to and from these clinics during their shift. The service is reviewing how it plans its clinics over the next year, and involving the public more closely to make sure that appointments provide a wider range of options to improve attendance at screening.

Concern example 2

We received a complaint from a member of the public that their normal screening venue is only a short walk from their home but they were given an appointment which meant they had to take two buses and a walk to reach the venue.

Our screening programmes try to arrange for patients to be seen at the clinics that are most convenient for them.

What we did

Sometimes, due to high demand in some areas, our screening programmes offer appointments in alternative clinics to make sure people don't have to wait too long. In this case, we have made a note on the person's record to make sure that they are invited to their nearest clinic in the future. We also reminded them that they can contact the booking centre to ask for a more convenient location or time.

Concern example 3

We were told that one of our text-messaging services was only delivering messages to people in English, which is unacceptable.

We need to strengthen Welsh language provision within our services.

What we did

The programme affected by this reviewed all patient information, including their text-messaging contract and whether they were keeping to the Welsh Language Act, to make sure any future text messages were in both Welsh and English.

Compliments

"On Friday I attended an AAA Screening in North Wales for the first time. As I had not heard of this type of screening before I got the letter, I wanted to say that the practitioner who carried out the scan was very informative, helpful and reassuring. A scan well worth carrying out."

- Screening participant

"Wanted to email regarding two members of staff today in clinic who were lovely with the ladies and always checking any forms in the tray. There was a lady with a language barrier who needed language line and I was not able to check all her details. The two staff members were great and checked all the information for me. Excellent team, it makes it much easier."

- NHS staff

"Just a quick thank you for letting me come and experience the newborn hearing screening. Angie was amazing, so friendly and informative! I learnt a lot about babies' hearing and I now know how it is tested and when. So thank you very much."

- Student nurse

"Excellent service, much better than English screening!"

- Screening participant

Looking Forward 2019-2020

During 2017-2018 and into 2018-2019 we carried out significant work with our people and partners to develop our new long-term strategy. You can read more about what we did in 'Our long-term strategy' in the 'Healthy Wales' section.

Our immediate and long-term focus will be on achieving the strategy's priorities, which are set out below. We are also looking at how we report on delivering our priorities and we want you to hold us to account on this.

Influencing people's health

We will join with others to understand and improve the factors that affect everyone's health. These factors include family, friends and communities, housing, education and skills, availability of good work, money and resources, and our surroundings.

Improving mental well-being and building resilience

We will help everybody realise their full potential and be better able to cope with the challenges that life can bring. Supporting people to improve their mental well-being helps them to realise their full potential, cope with the challenges that life throws at them, work productively and contribute to their family life and communities.

Promoting healthy behaviour

We will understand the reasons for unhealthy behaviour and make it easier for people to make healthy choices. By continuing to rapidly reduce rates of smoking, increase physical activity, promote healthy weight, and prevent harmful behaviour from things such as substance abuse, we will reduce the burden of disease and help reduce health inequalities arising from long-term conditions such as obesity, cancer, heart conditions, stroke, respiratory disease and dementia.

Securing a healthy future for the next generation by focusing on the early years

We will work with parents and services to make sure all children in Wales get the best start in life. A child's early years (defined as the years from pregnancy to the age of seven) are a key time to make sure of good outcomes later in life, including better learning, access to good work, and a fulfilling life.

Protecting the public from infection and environmental threats to health

We will use our expertise to protect the public from infection and threats from the environment, working with others to reduce these risks to health. This will involve early detection, good planning, and using our resources effectively.

Supporting a sustainable health and care system focused on acting early to prevent ill health

We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include focusing on national screening, reducing differences and inequalities in care, reducing the risk of harm associated with how healthcare is delivered and supporting care moving closer to the home.

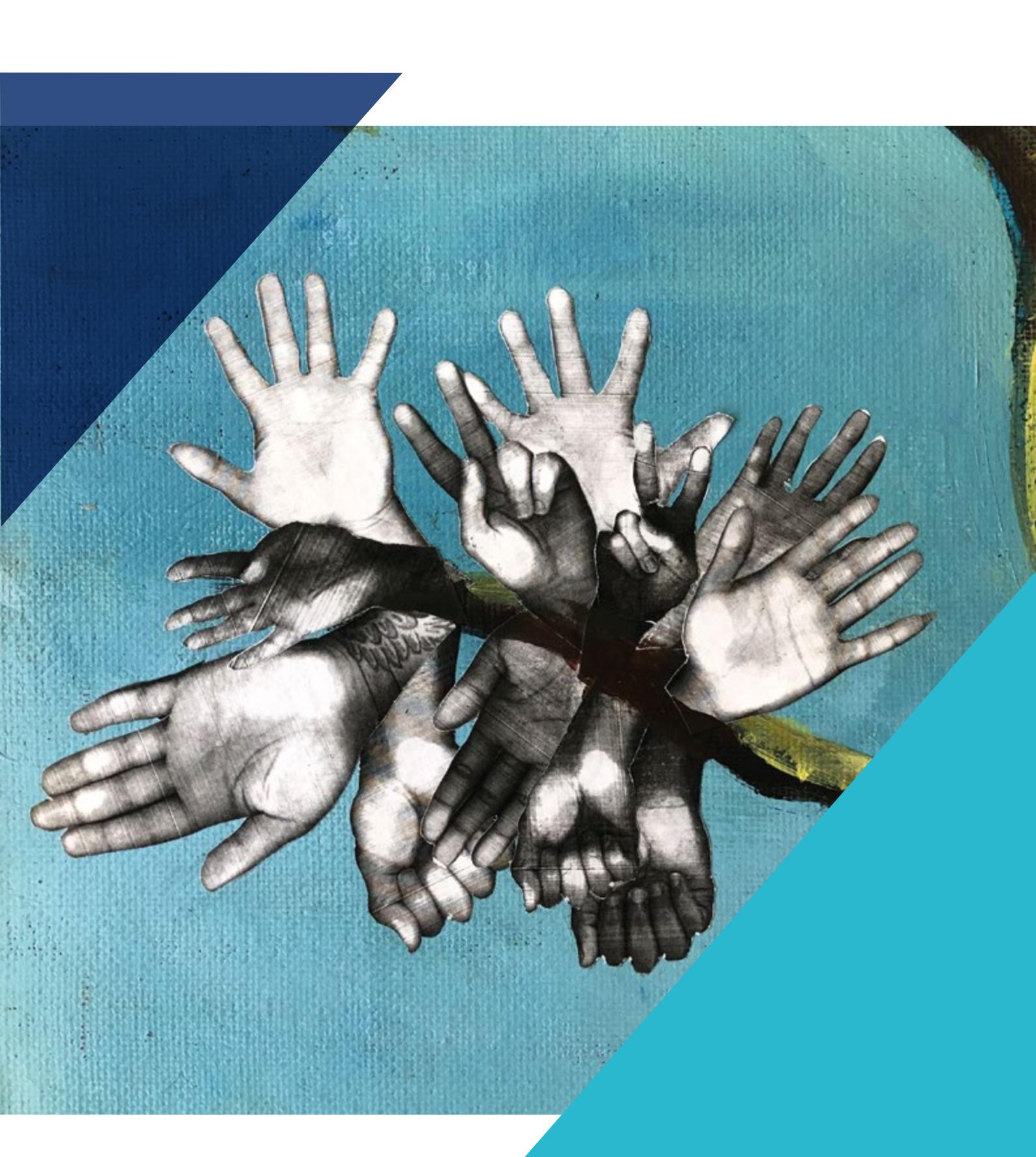
Building and using knowledge and skills to improve health and well-being across Wales

We will develop the skills, policy and knowledge to help us and our partners improve health and well-being. Through our work, we will add to, review and communicate local, national and international knowledge to improve, protect and sustain the health of current and future generations. We will support our policy and practice through expert, impartial, trusted knowledge and skills, leading a comprehensive approach across all sectors.



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Datganiad Ansawdd Blynnyddol

2018 - 2019



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Rhagair

Croeso i'n Datganiad Ansawdd Blynnyddol ar gyfer 2018-2019, sy'n rhoi enghreifftiau o'r gwaith anhygoel sy'n cael ei gyflawni ar draws ein sefydliad, nid yn unig gan ein staff ond gan ein partneriaid hefyd, sy'n gweithio yma yng Nghymru a ledled y byd. Rydym yn gweithio'n barhaus i gyflawni dyfodol iachach i bobl Cymru. Rydym yn gwneud hyn drwy weithio gyda chymunedau, cyrff cyhoeddus a phreifat, elusennau a grwpiau gwirfoddol a chymunedol ar draws ystod eang o sectorau, gan gynnwys iechyd, tai, awdurdodau lleol, yr heddlu, y gwasanaeth Tân a'r byd addysg. Rydym hefyd yn gweithio gyda Llywodraeth Cymru.

Rydym yn ymrwymedig i gynnwys pobl o gymunedau a sefydliadau ledled Cymru i helpu i drawsnewid iechyd a llesiant ein poblogaeth. Mae'r Datganiad Ansawdd Blynnyddol hwn yn rhoi enghreifftiau o'r gwaith rydym wedi bod yn ei wneud yn ystod blwyddyn gyntaf ein strategaeth hirdymor 'Gweithio i Wireddu Dyfodol Iachach i Gymru', a hefyd yr hyn rydym wedi bod yn ei wneud i gyflawni eich cyfrifoldebau o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015.

Fe welwch ei bod wedi bod yn flwyddyn brysur o ran popeth a wnaeon, ac ni fyddai wedi bod yn bosibl cyflawni hyn heb gefnogaeth anhygoel ein pobl a'n partneriaid. Ar ran y Bwrdd, hoffem ddiolch i'r holl bobl hynod dalentog sy'n gweithio i ni yn lechyd Cyhoeddus Cymru, sy'n mynd y tu hwnt i'r disgwyliadau er mwyn gwahaniaeth, a'n partneriaid sy'n ymrwymedig i weithio gyda ni i drawsnewid ein hiechyd yng Nghymru.

Jan Williams, OBE FRSPH
Chair Public Health Wales

Tracey Cooper
Chief Executive
Public Health Wales



Coeden baobab, coeden bywyd

Ein Gwaith Celf

Mae gweithio gyda cheiswyr lloches yn ein gorfodi i wynebu realiti byd sy'n newid. Er ein bod yn wlad fach, mae Cymru yn cael ei heffeithio gan heriau mawr megis gwrthdaro, newid amgylcheddol a thlodi sy'n arwain at ddadleoli mwy o boblogaethau.

ofyn a ydym yn ymdrin ag anghydraddoldeb a gwahaniaethu ar draws yr holl grwpiau ac a ydym yn gwneud i bobl deimlo'n ddi-rym neu'n ddibwys.

A ydym yn sicrhau bod cynhwysiant yn flaenoriaeth, gan helpu pob rhan o'n cymdeithas i elwa ar fentrau sydd â'r nod o wella iechyd y boblogaeth?

Os gallwn ymdrin ag anghenion pobl sy'n wynebu heriau penodol, gan wneud yn siŵr ein bod yn adlewyrchu amrywiaeth o brofiadau yn ein gwaith, yn sicr bydd ein canlyniadau yn well i bawb. Darparwyd y gwaith celf ar gyfer ein clawr gan Oasis Cardiff, elusen ddielw sydd â'r nod o helpu ffoaduriaid a cheiswyr lloches yng Nghaerdydd.

Mae Oasis Cardiff yn cefnogi 100 i 150 o ymwelwyr bob dydd, gan gynnwys pobl o Iran, Irac, Affganistan, Y Swdan, Mali a'r Congo, ymhliith llawer o wledydd eraill. Mae rhai newydd gyrraedd Caerdydd ac eraill wedi bod yma ers ychydig o flynyddoedd ac yn ymweld ag Oasis i gymdeithasu gyda'r ffrindiau niferus y maent wedi'u gwneud yno.

Cefnogwyd y gwaith celf gan artistiaid cymunedol lleol a chafwyd cyfraniadau gan blant, menywod a dynion sy'n mynychu'r prosiect. Roedd pawb a oedd ynghlwm wrth y gwaith celf yn meddwl mai'r goeden baobab oedd un o'r symbolau gorau i gynrychioli iechyd a llesiant.

Mae'r goeden baobab yn anhygoel. Mae'n ymddangos yn aml mewn traddodiadau a chwedlau Africanaidd, ac mewn meddyginaethau naturiol traddodiadol. Mae ganddi lawer o nodweddion a chaiff ei hystyried yn symbol o fywyd a phositifrwydd gan lawer o bobl o Affrica.

Roedd y grŵp yn Oasis yn teimlo bod tebygrwydd mawr rhwng y goeden hon a'u profiadau hwy, a phrofiadau ceiswyr lloches a ffoaduriaid eraill a chymunedau ehangach Cymru, sydd oll yn dibynnu ar eu dyfalbarhad a'u cryfder eu hunain mewn sefyllfaoedd anodd neu heriol. Llunyddodd y grŵp ddwyo i gynrychioli dail y goeden, fel symbol o gyfeillgarwch a helpu ei gilydd. Caiff llawer o ddwyo a sawl cenedl eu cynrychioli yn y gwaith celf, fel symbol o iechyd a llesiant o safbwyt y ceiswyr lloches yng nghyd-destun Cymru. Mae'r bonyff hefyd yn cynrychioli ffordd neu daith – taith y mae pob ceisiwr lloches yn Oasis wedi'i bod arni, ac mae llawer o'r teithiau hynny yn frawychus. Mae'r goeden baobab yn cynrychioli dod i delerau â'r anawsterau sydd ynghlwm wrth ddadleoli a hefyd yr elfennau o feithrin sydd ynghlwm wrth natur, a gynrychiolir gan goeden yn yr achos hwn. Coeden arbennig a doeth iawn.

Cymru Lach

Mae 'Cymru lach' yn golygu ein bod yn gweithio gydag eraill i wneud gwahaniaeth i iechyd a llesiant y cenedlaethau sy'n byw ac yn gweithio yng Nghymru heddiw ac yn y dyfodol. Dyma rai enghreifftiau o'n gwaith i hybu a diogelu iechyd.



Ein strategaeth hirdymor

Yn Haf 2018, fe wnaethom lansio ein strategaeth hirdymor newydd, 'Gweithio i wireddu dyfodol iachach i Gymru'. Gwnaed cryn dipyn o waith yn ystod 2017-18 i ddatblygu ein strategaeth newydd sy'n cwmpasu'r blynnyddoedd 2018 i 2030. Bydd yn ein galluogi i ganolbwytio ar y ffordd orau o weithio gyda'n partneriaid i gael yr effaith fwyaf ar wella iechyd a llesiant a lleihau anghydraddoldebau iechyd yng Nghymru.

Fe wnaethom ddefnyddio ffynonellau gwybodaeth amrywiol er mwyn datblygu ein strategaeth, gan gynnwys mwy na 1,000 o oriau o adborth gan staff a rhanddeiliaid ac arolwg cyhoeddus 'Cadw'n lach yng Nghymru', a gynhyrchodd wybodaeth ddefnyddiol iawn. Dylanwadodd y gyfraith, rheoliadau, ymchwil ac adroddiadau perthnasol ar ein dull gweithredu hefyd.



Yn ystod 2018, dechreuwyd ar waith i gyflawni'r saith blaenoriaeth o ddeilliodd o'r adborth a'r arolwg. Y blaenoriaethau hyn yw sail ein Cynllun Strategol. Cefnogir pob blaenoriaeth gan nifer o amcanion sy'n nodi'r hyn y byddwn yn ei wneud dros y tair blynedd nesaf. Caiff pob un o'r amcanion hyn, yn ei dro, ei ategu gan gynlluniau manwl a fydd yn cael eu monitro drwy ein Cynllun Blynnyddol. Er mwyn cefnogi'r gwaith o ddatblygu'r cynlluniau hyn, mabwysiadwyd dull cynllunio newydd, gan gynnwys staff o bob rhan o'r sefydliad a'u hannog i gyfrannu at ein cynlluniau. Cynhaliwyd sesiwn gynllunio ar gyfer pob blaenoriaeth er mwyn i staff gael cyfle i gyfrannu at y broses, a bu hyn o gymorth i lywio ein hamcanion ymhellach.

Yn dilyn lansio ein strategaeth hirdymor:



Rhoddwyd trefniadau newydd ar waith gennym hefyd ar gyfer rheoli ein blaenoriaethau.



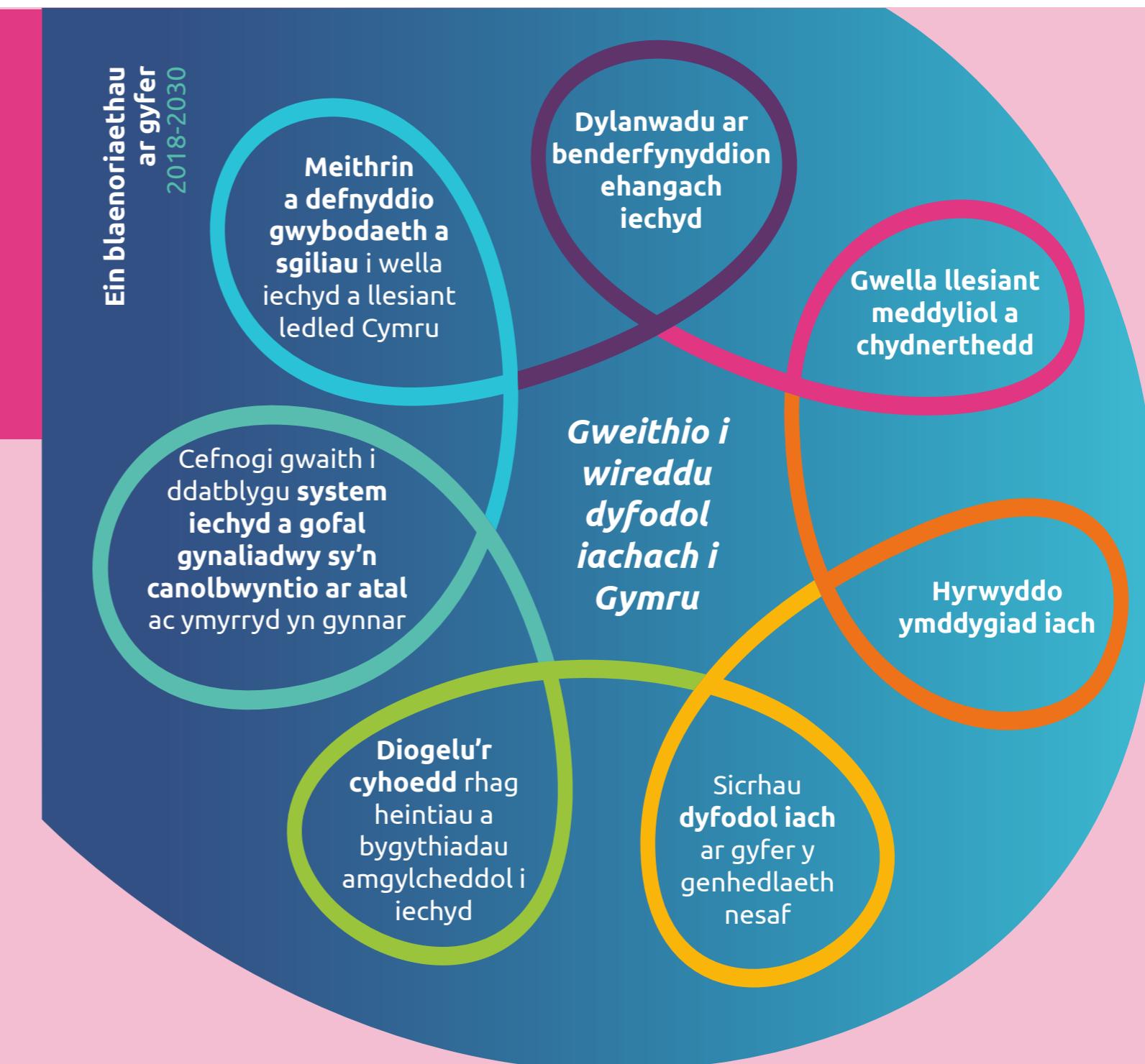
Mae'r trefniadau hyn wrthi'n cael eu datblygu. Maent yn adeiladu ar y gwaith cynllunio blaenorol ac yn sicrhau bod y blaenoriaethau yn cael eu hybu ar draws rhannau perthnasol o'r sefydliad.



Mae'r trefniadau newydd yn cynnwys cyfrifoldeb dros lywodraethu, a dirprwyo ein prif flaenoriaethau o'n Tîm Gweithredol i'r grwpiau blaenoriaeth strategol, i sicrhau ein bod ar y trywydd cywir i gyflawni'r strategaeth hirdymor a chynllunio ar gyfer y dyfodol.

I gael rhagor o wybodaeth,
ewch i

<https://bit.ly/2JGVoqU>



Ein gwerthoedd

Cydweithio gydag ymddiriedaeth a pharch i wneud gwahaniaeth



cytunodd y sector cyhoeddus yng Nghaerdydd ar 14 o ymrwymiadau fel rhan o siarter i gefnogi ac annog staff i gerdded neu feicio i'r gwaith neu ddefnyddio trafnidiaeth carbon isel. Cydlynwyd y cynllun gan ymgynghorydd yn y tîm iechyd cyhoeddus lleol.



Dull cydgysylltiedig: arweinyddiaeth ym maes iechyd cyhoeddus o fewn Byrddau Gwasanaethau Cyhoeddus

Caiff Siarter Teithio lach Caerdydd ei lansio ym mis Ebrill 2019 ac mae'n ymrwymiad cyhoeddus gan gyflogwyr mawr yn y sector cyhoeddus yng Nghaerdydd, gan gynnwys ni a Bwrdd Iechyd Prifysgol Caerdydd a'r Fro. Bydd un ar ddeg o sefydliadau sydd wedi ymrwymo i'r siarter yn y digwyddiad lansio, gan gynrychioli dros 33,000 o staff y sector cyhoeddus yng Nghaerdydd. Ar ôl i'r siarter gael ei lansio, rydym yn gobeithio bydd modd ei chynnig i'r sector preifat yng Nghaerdydd, a hefyd i sefydliadau yn y sector cyhoeddus ym Mro Morgannwg ac o bosibl mewn rhannau eraill o Gymru.

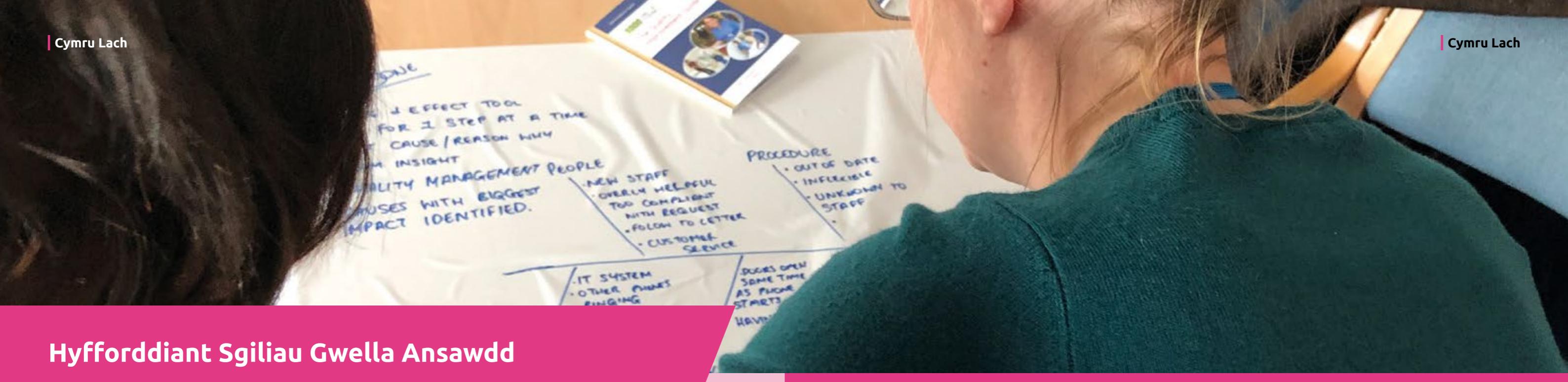
Rydym wedi parhau i gydweithio'n agos â Chyngor Caerdydd ar:



Strategaeth aer glân y ddinas, i geisio lleihau llygredd aer



Rydym hefyd yn cynllunio treialon Nextbike-ar-bresgripsiwn, sy'n galluogi meddygon teulu i gynnig aelodaeth am ddim i Nextbike, y cynllun llogi beiciau hynod boblogaidd yng Nghaerdydd.



Hyfforddiant Sgiliau Gwella Ansawdd

Mae 1000 o Fwydau – Gwasanaeth Gwella wedi bod yn gweithio gydag Addysg a Gwella Iechyd Cymru i ddatblygu rhaglen Hyfforddiant Sgiliau Gwella Ansawdd unigryw.

Mae'r rhaglen wedi'i hanelu at feddygon a deintyddion dan hyfforddiant (a'u hyfforddwyr). Ei nod yw darparu hyfforddiant o ansawdd uchel mewn perthynas ag egwyddorion Gwella Ansawdd, a chael mynediad i adnoddau hyfforddiant Gwella Ansawdd i gefnogi arloesedd a rhagoriaeth ym maes gofal iechyd.

Nod y rhaglen genedlaethol arloesol hon yw:



Cynnwys mynediad at Wella Ansawdd fel rhan o hyfforddiant ôl-raddedig yng Nghymru, a chefnogir gwaith o ddatblygu rhwydweithiau Gwella Ansawdd ledled Cymru;



Gwella mynediad at adnoddau Gwella Ansawdd presennol a datblygu prosiectau Gwella Ansawdd arloesol o ansawdd uchel gan feddygon a deintyddion dan hyfforddiant (a'u hyfforddwyr) er budd cleifion; ac

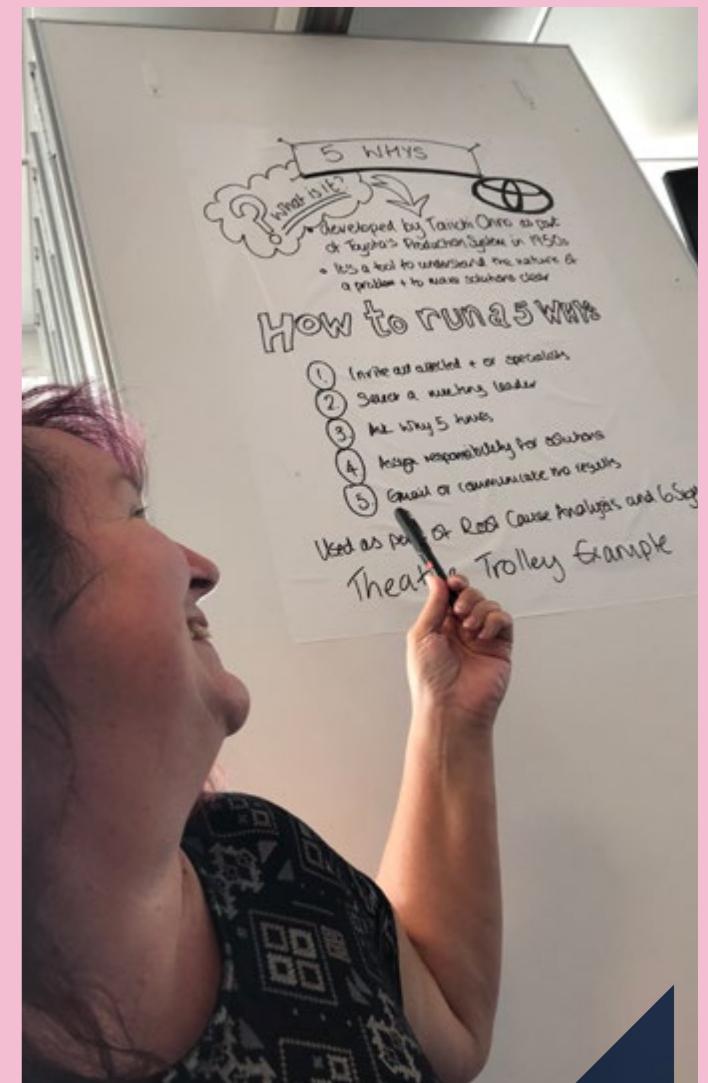


chwricwla addysgol cyfredol fel rhan o hyfforddiant ôl-raddedig ledled Cymru.



"Caiff y rhaglen hyfforddi Gwella Ansawdd nodedig hon, sy'n canolbwntio ar brosiectau, ei mapio yn erbyn cwricwla hyfforddi penodol y Coleg Brenhinol ac mae hefyd yn adlewyrchu'r pwyslais cynyddol ar Wella Ansawdd fel rhan o Alluoedd Proffesiynol Generig y Cyngor Meddygol Cyffredinol."

- Dr Gethin Pugh





Mae Sgrinio Serfigol Cymru wedi dechrau defnyddio prawf sgrinio newydd

Cymru yw'r wlad gyntaf yn y DU i ddechrau defnyddio sgrinio HPV (feirws papiloma dynol) risg uchel fel y prif ddull o sgrinio serfigol.

Dechreuodd y profion hyn ledled Cymru ar 17 Medi 2018.

Yn flaenorol, roedd Pwyllgor Sgrinio Cenedlaethol y DU wedi argymhell profi ar gyfer mathau o HPV risg uchel fel y prif fath o brawf sgrinio serfigol. Dengys dystiolaeth fod y prawf hwn yn well na'r prawf sgrinio blaenorol o ran canfod newidiadau yng nghelloedd ceg y groth a allai droi'n ganser. Mae hefyd yn fwy cywir o ran adnabod menywod lle nad oes newid yn eu celloedd. Cytunodd Llywodraeth Cymru â'r argymhelliaid hwn, ac yna dechreuwyd cynllunio ar gyfer sgrinio HPV sylfaenol yng Nghymru.

tair blynedd a gwahoddir menywod rhwng 50 a 64 oed bob pum mlynedd.

Dechreuwyd treialu sgrinio HPV sylfaenol ym mis Ebrill 2017, lle y cafodd 20% o'r menywod a fynychodd brawf sgrinio sylfaenol ar ffurf prawf HPV.



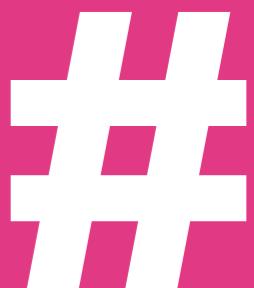
Gwerthuswyd y treial hwn yn ofalus, gan gynnwys ystyried perfformiad y prawf a gwahodd adborth gan fenywod a staff.

Cwblhaodd 914 o fenywod holiaduron am brawf HPV a gofynnwyd iddynt am sylwadau am y wybodaeth a roddwyd iddynt ynghylch y broses sgrinio.

Defnyddiwyd eu hymatebion i wella'r wybodaeth hon ar gyfer y lansiad llawn.



Er mwyn cynyddu ymwybyddiaeth a gwella nifer y menywod sy'n cael profion sgrinio serfigol, rydym wedi cynnal ymgyrch gynhwysfawr ar y cyfryngau cymdeithasol. Nod yr ymgyrch **#CaraGegDyGroth**, a lansiwyd ym mis Mawrth 2019, yw annog mwy o fenywod i gael prawf sgrinio serfigol, yn enwedig y rhai rhwng 25 a 30 oed (sef y nifer lleiaf sy'n manteisio ar brofion), a chynyddu dealltwriaeth pobl am HPV.



Oeddech chi'n gwybod?

- Gall sgrinio serfigol atal cancer ceg y groth.
- Caiff cancer ceg y groth ei achosi gan fathau risg uchel o feirws papiloma dynol (HPV).
- Gellid trosglwyddo HPV drwy unrhyw fath o gysylltiad rhywiol gyda dyn neu fenyw.



Bach a lach

Menter a ddatblygwyd ym Mhowys i hyrwyddo ein rhaglen 10 Cam i Bwysau lach yw Bach a lach. Mae'n canolbwytio ar elfennau bwyd a ffitrwydd y Cynllun Cyn-ysgol lach. Gan adeiladu ar y llwyddiant yr adroddwyd arno gyntaf yn Natganiad Ansawdd Blynnyddol Bwrdd Iechyd addysgu Powys, mae bron 90% o leoliadau gofal dydd llawn a sesiynol ym Mhowys bellach yn cymryd rhan yng Nghynllun Cyn-ysgol lach Powys. Recriwtiwyd mwy na hanner y rhain drwy fenter Bach a lach Powys a lansiwyd yn 2016.



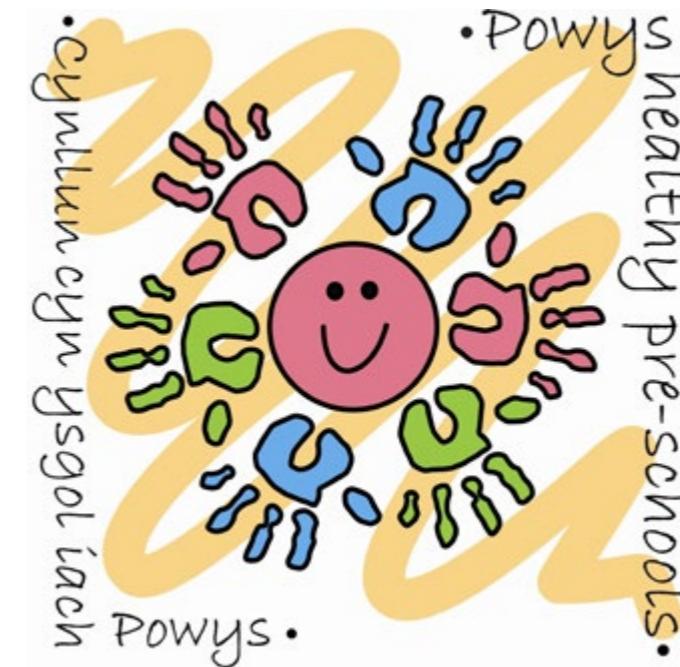
Mae nifer o wobrau Bach a lach wedi cael eu dyfarnu, gan gynnwys 17 o wobrau aur, tair gwobr arian a phedair gwobr efydd.



Maent oll wedi cyflawni elfennau maeth ac iechyd y geg, gweithgaredd corfforol a chwarae actif y cynllun,



ac maent wedi mynd ati i weithio ar rannau eraill o'r cynllun ehangach, megis diogelwch, hylendid a'r amgylchedd.



Small & Healthy



Arweinwyr yr 21ain ganrif

Eleni, cwblhaodd 15 o ddarpar arweinwyr o fewn clystyrau meddygon teulu, a rhai cyfredol, y rhaglen Arweinwyr Gofal Sylfaenol Hyderus, gan roi'r wybodaeth, y sgiliau a'r hyder iddynt allu dod yn arweinwyr o'r radd flaenaf o fewn eu clystyrau eu hunain a helpu i lywio newid o fewn GIG Cymru.

Sefydlwyd y rhaglen yn 2016, ac mae wedi cefnogi 59 o bobl dros dri grŵp, gan gynrychioli'r holl fyrrdau iechyd ar draws GIG Cymru. Caiff y rhaglen ei chomisiynu gan y ganolfan gofal sylfaenol yn ein His-adran Gofal Sylfaenol, a'i darparu gan hyfforddwyr ac arbenigwyr cymwys.

Am ragor o wybodaeth, ewch i:

<https://bit.ly/2VEdE1E>

Gallwch ddod o hyd i ragor o wybodaeth ar wefan Gofal Sylfaenol Un:

<https://bit.ly/2W2T76q>

Oeddech chi'n gwytod?

Grŵp o feddygon teulu sy'n gweithio gyda gweithwyr iechyd a gofal proffesiynol i gynllunio a darparu gwasanaethau yn lleol yw clwstwr. Mae 64 o rwydweithiau clwstwr ledled Cymru, sy'n gwasanaethu rhwng 30,000 a 50,000 o gleifion.

“Mae wedi bod yn werthfawr iawn. Mae pob sesiwn wedi rhoi rhywbeth newydd i mi. Un o'r ffactorau allweddol i mi oedd cael y cyfle i feddwl. Fel arweinydd clwstwr, yn aml does dim llawer o amser i feddwl – rhoddodd y rhaglen gyfle i mi fyfyrto ar yr hyn yr oeddwn wedi'i ddysgu ar ôl pob modiwl.”

- Dr Kirstie Truman,
Arweinydd Clwstwr a Phartner mewn Practis Meddygon Teulu

“Mae wedi bod yn brofiad sy'n procio'r meddwl. Fel arweinwyr clwstwr, rydym yn gweithio gyda phobl sydd â gweledigaeth glir am yr hyn maent eisiau ei gyflawni o fewn yr amgylchedd gofal sylfaenol – ac mae'r cwrs hwn wedi ymdrin â dysgu sut i'w cefnogi i wireddu hyn. Mae wedi bod yn rhagorol cael y cyfle i gymryd rhan mewn cwrs arloesol o'r fath i helpu i hyrwyddo'r clystyrau.”

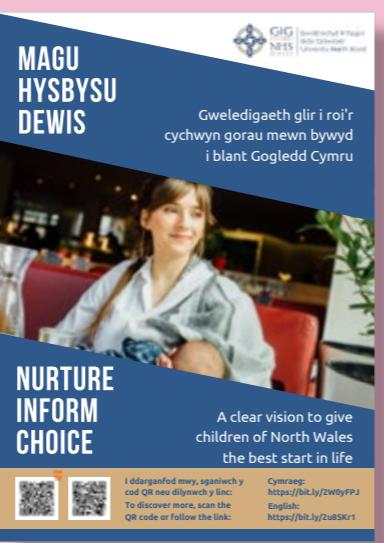
- Antonia Higgins,
Rheolwr Practis



Anogaeth – Hysbysu - Dewis

Mae'r rhan fwyaf o fenywod eisiau bwydo ar y fron gan fod llaeth y fron yn berffaith ar gyfer eu babi. Mae'n amddiffyn y babi rhag heintiau a chlefydau, ac yn darparu manteision iach i'r fam. Fodd bynnag, dangosodd adborth o ddigwyddiadau Ymgynghoriad Mamolaeth Gogledd Cymru a gynhalwyd gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr, y tîm iechyd cyhoeddus lleol, fod rhai menywod yn rho'i'r gorau i fwydo ar y fron yn gynharach na'r disgwyl o ganlyniad i'r anawsterau y maent yn eu hwynebu a'r diffyg cymorth yn ystod yr wythnosau cyntaf ar ôl rhoi genedigaeth. Mae agweddu ac arferion diwylliannol ehangach hefyd yn parhau i ddyylanwadu ar sut mae menywod yn dewis bwydo eu babi.

Lluniwyd grŵp Bwydo Babanod Strategol Betsi Cadwaladr i ystyried yr heriau a wynebir gan fenywod a theuluoedd. Nod y grŵp yw creu diwylliant cefnogol hirdymor o fwydo ar y fron yng Ngogledd Cymru a rhoi gwybodaeth i gleifion sy'n eu helpu i ddewis y dull mwyaf maethlon o fwydo eu babi, ac sy'n helpu i ddatblygu perthnasau agos, cariadus (p'un a ydynt yn bwydo ar y fron ai peidio).



Mae'r Cynllun Strategol ar gyfer Bwydo Babanod yn cefnogi ein rhaglen 10 Cam i Bwysau lach – mae bwydo ar y fron a chyflwyno bwydydd solet ar yr adeg briodol yn ddau brif ffactor sy'n gallu cynyddu'r tebygolrwydd y bydd gan blentyn bwysau iach pan fydd yn dechrau'r ysgol.



Sefydlwyd grŵp Betsi Cadwaladr i ystyried bwydo babanod yn yr ystyr ehangaf, ac mae'n cefnogi nifer o grwpiau i weithio gyda'i gilydd i annog trafodaeth gadarnhaol ynghylch bwydo ar y fron. Mae hefyd yn cefnogi gweithwyr proffesiynol i helpu teuluoedd, ac yn ystyried barn menywod, teuluoedd a gwirfoddolwyr.



Mae cynllun gweithredu'r grŵp yn canolbwntio ar yr holl grwpiau staff o fewn y bwrdd iechyd y mae eu gwaith yn effeithio ar deuluoedd yn ystod blynnyddoedd cynnar bywyd plentyn.



Mae'r grŵp yn ymrwymedig i barhau â'i waith a sicrhau bod perthnasau rhwng yr holl grwpiau yn cael eu cryfhau i ddiwallu anghenion pobl cyhyd ag y bo'n bosibl, a darparu gwasanaethau o ansawdd er mwyn helpu pob plentyn i gael y dechrau gorau mewn bywyd.



Lansiwyd y cynllun yn ffurfiol ar 25 Mawrth 2019, gan roi cyfreith i weithwyr proffesiynol, gwirfoddolwyr a mamau gyfrannu ato.



Outbreak impacts

- Increased morbidity/ mortality
- Prolonged admissions
- Increased cost
 - Patient care
 - Outbreak control measures
- Disruption of services

Genomeg pathogen: flwyddyn yn ddiweddarach

Ar 14 Chwefror 2019 cynhaliwyd digwyddiad undydd yn yr Hwb Gwyddorau Bywyd yng Nghaerdydd. Dathlodd y diwrnod gyflawniadau sylweddol a wnaed yn ystod y 12 mis blaenorol o fewn yr Uned Genomeg Pathogen a chan ei phartneriaid. Roedd llawer o bobl yn bresennol, gan gynnwys cynrychiolwyr o lechyd Cyhoeddus Cymru, y byd addysg a Llywodraeth Cymru.



Rhoddwyd diweddariad i'r cynrychiolwyr ar y materion arbenigol a ganlyn:



Mae profi cydnawsedd ymrthedd i HIV bellach yn cael eu darparu yng Nghymru.



twbercwlosis mycobacteriwm bellach ar waith yng Nghymru, gan ddarparu canlyniadau sensitfrwydd cyflym a nodweddu cynhwysfawr er mwyn helpu i reoli cleifion a digwyddiadau.



sut rydym yn diffinio achosion ac yn darparu gwybodaeth werthfawr i gydweithwyr Rheoli ac Atal Heintiau ledled Cymru.



Mae profi cydnawsedd genomeg feirysau'r ffliw ledled Cymru wedi cyfrannu at y broses o ddethol brechlynnau.

Oeddech chi'n gwybod?

Caiff twbercwlosis (TB) ei achosi gan fath o factoriwm o'r enw twbercwlosis mycobacteriwm.

Caiff yr haint ei ledaenu pan fydd person sydd â chlefyd TB byw yn ei ysgyfaint yn peswch neu'n tisian ac mae rhywun arall yn mewnanadlu'r diferion, sy'n cynnwys bacteria TB.

Er y caiff TB ei ledaenu mewn ffordd debyg i annwyd neu ffliw, nid yw mor heintus.

Am ragor o wybodaeth am TB, ewch i:
<https://bit.ly/305Q78L>

Camau Cynnar gyda'n Gilydd

Rydym wedi datblygu Camau Cynnar gyda'n Gilydd i'n helpu ni a'r heddlu a'r system cyfiawnder troseddol ledled Cymru i gydweithio gan ddefnyddio dull gweithredu iechyd cyhoeddus. Mae Camau Cynnar gyda'n Gilydd yn gyfle i newid yn sylweddol y ffordd rydym yn adnabod, yn deall ac yn cefnogi pobl sy'n agored i niwed yng Nghymru.

Yn y gorffennol, mae gwasanaethau yn aml wedi canolbwyntio ar drin symptomau ymddygiad pobl yn hytrach nag atal yr achosion, ac erbyn i bobl gael help proffesiynol gall deimlo'n rhy hwyr i ymyrryd. Dengys ymchwil fod pobl sydd wedi cael 'profiadau niweidiol yn ystod plentynnod' (ACEs) yn fwy tebygol o ddatblygu ymddygiad gwrthgymdeithasol neu ymddygiad sy'n niweidiol i'w hiechyd, a dechrau ymwneud â thrasis. Ond nid oes rhaid i bethau aros fel hyn. Gan fod yr heddlu yn treulio cymaint o amser gyda phobl y mae eu llesiant a'u diogelwch mewn perygl, maent mewn sefyllfa dda i ymyrryd cyn i bethau fynd yn waeth. Gallant hefyd ddod o hyd i ffyrdd i helpu unigolion, teuluoedd a chymunedau i ddod yn gryfach, ac felly lleihau effaith ACEs a thrawma a thorri'r cylch ymddygiad sydd wedi parhau drwy'r cenedlaethau.

Hyd yma, mae bron 3,000 o swyddogion yr heddlu a phartneriaid wedi cael hyfforddiant ar ACEs fel rhan o Camau Cynnar gyda'n Gilydd. Mae systemau a phrosesau 'cymorth cynnar' sy'n seiliedig ar wybodaeth am drawma (gweler Oeddech chi'n gwybod? isod) yn cael eu profi gydag awdurdodau lleol, ac mae dull gweithredu iechyd cyhoeddus yn cael ei dreialu yn y 4 heddlu mewn perthynas â meysydd trais difrifol, llesiant y gweithle, rhagnodi cymdeithasol (gweler Oeddech chi'n gwybod?) a phlismona mewn ysgolion. Mae'r rhaglen gyfan yn cael ei gwerthuso, a bydd ei chanfyddiadau yn llywio gwaith yr heddlu a'r gwasanaethau carchardai a phrawf. Datblygwyd rhwydwaith dysgu i rannu gwybodaeth broffesiynol, canfyddiadau o ymchwil, arferion gorau a gwybodaeth am sefydliadau partner er mwyn helpu i gynnal gwaith y rhaglen a gweithlu sy'n meddu ar wybodaeth am drawma.

Am ragor o wybodaeth:

cysylltwch â earlyactiontogether@wales.nhs.uk
a dilynwch ar Twitter

Ymhliith manteision Camau Cynnar gyda'n Gilydd mae:



Cymorth ar gyfer dull gweithredu sy'n seiliedig ar wybodaeth am drawma gan uwch arweinwyr ac arweinwyr strategol o bob sefydliad partner;



dylanwadu ar bolisi'r llywodraeth, er enghraift cyfeirir at y rhaglen yn Strategaeth Trais Difrifol Llywodraeth y DU;



gwella llesiant y gweithlu; a



rhannu gwybodaeth a dealltwriaeth yn well ar sut i roi cymorth cynnar ar waith. Mae dull gweithredu ar y cyd o ran cymorth cynnar eisoes yn arwain at lai o alw ar yr heddlu a'u partneriaid, gyda llai o alwadau ailadroddus gan yr un bobl a theuluoedd (am eu bod yn cael y cymorth cywir gan y sefydliad cywir).

Cymorth cynnar yw pan fydd sefydliadau iechyd cyhoeddus, yr heddlu, y system cyfiawnder troseddol a'r trydydd sector (sefydliadau elusennol a gwirfoddol) yn gweithio gydag asiantaethau eraill i ymyrryd yn gynnari i geisio atal ymddygiad gwrthgymdeithasol sy'n deillio o ACEs a thrawma, a helpu pobl sydd mewn perygl o gael canlyniadau gwael mewn perthynas â throseddau.

Mae **presgripsiynu cymdeithasol**, y cyfeirir ato weithio fel atgyfeirio cymunedol, yn galluogi meddygon teulu, nyrsys a gweithwyr proffesiynol eraill ym maes gofal sylfaenol i atgyfeirio pobl at amrywiaeth o wasanaethau lleol ac anghlinigol.

Oeddech chi'n gwybod?

Mae dull gweithredu sy'n seiliedig ar wybodaeth am drawma yn dechrau gyda dealltwriaeth o effaith gorfforol, cymdeithasol, ac emosiynol trawma ar berson, yn ogystal â'r gweithwyr proffesiynol sy'n eu helpu. Mae'n cynnwys tair elfen.

- Deall pa mor gyffredin yw trawma.
- Cydnabod sut mae trawma yn effeithio ar bawb sydd ynghlwm wrth y rhaglen, sefydliad neu system, gan gynnwys y gweithlu.
- Ymateb drwy roi'r wybodaeth hon ar waith.

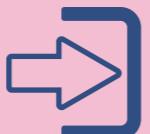


Helpa Fi i Stopio

Drwy weithio gyda phartneriaid lleol a chenedlaethol, rydym wedi parhau i hyrwyddo gwasanaethau'r GIG ar gyfer rhoi'r gorau i ysmugu drwy'r rhaglen 'Helpa Fi i Stopio'.



Rydym wedi seilio ein gwaith ar adborth gan grwpiau lle mae ysmugu ar ei uchaf, ac wedi defnyddio cyfuniad o ddulliau hyrwyddo ar ffurf hysbysebion ar y teledu, cyfryngau cymdeithasol a gwefannau er mwyn trosglwyddo ein neges.



Yn chwarter olaf 2018, cynyddodd nifer yr ysmygwyr a oedd wedi cysylltu â Helpa Fi i Stopio a gwelwyd cynnydd o 20% yn y nifer a gofrestrodd i gael cymorth i roi'r gorau iddi o'i gymharu â 2017.



Plans are in place to build on this success and reach more smokers.



Cymru Ddi-fwg

Ar Ddiwrnod Dim Smygu 2018 lansiwyd ymgyrch ddi-fwg Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg mewn ysgolion cyfun ar draws ardaly bwrdd iechyd.

Yn gynharach, roedd Ysgolion lach, rhaglen ym Mwrdd Iechyd Prifysgol Abertawe Bro Morgannwg, wedi cynnal cystadleuaeth i bob ysgol gyfun ddylunio gwaith celf ar gyfer yr ymgyrch. Derbyniwyd dros 300 o ddarnau o waith o ansawdd uchel iawn ac roedd yn anodd i'r beirniaid ddewis un enillydd o blith y 30 a gyrhaeddodd y rhestr fer. O ganlyniad, rhannau o dri darn o waith gwahanol a'u cyfuno i greu un dyluniad. Roedd pob un o'r tri enillydd yn mynchu Ysgol Gyfun Dwr Y Felin yng Nghastell-nedd Port Talbot, lle y lansiwyd yr ymgyrch. Yn y lansiad, rhoddodd y disgyblion gyflwyniad ar beryglon ysmugu a pherfformiad o'r enw 'The Ghost of Smoking Past', a ysbrydolwyd gan Dickens.

Mae'r ymgyrch hon yn dilyn lansio 'gatiau ysgol di-fwg' mewn ysgolion cynradd yn 2017. Nod gatiau di-fwg yw lleihau cysylltiad plant a phobl ifanc â mwg ail law, a hefyd gwneud ysmugu yn beth anarferol, mewn ymgais i atal plant rhag dechrau ysmugu. Rhoddwyd arwyddion yn arddangos enw a gwisg yr ysgol i bob ysgol gyfun, uned gyfeirio disgyblion ac ysgol arbennig i'w harddangos ar dir yr ysgol. Mae'r arwyddion yn dweud bod yr ysgol a'i thir yn ardaloedd di-fwg. Bydd ysmugu ar dir ysgolion yn anghyfreithlon o haf 2019 ymlaen.

Cadw'n Ddiogel

Mae hyn yn golygu gweithio i atal iechyd gwael ac anghydraddoldebau. Mae'n cynnwys diogelu plant ac oedolion, sicrhau eu bod yn ddiogel mewn gwahanol amgylcheddau, a lleihau'r risg o heintiau (er enghraift, heintiau a gafwyd yn yr ysbty). Dyma rai engriffiatau o'r gwaith rydym wedi'i wneud i wella diogelwch a hybu llesiant.



Hunan-reoli iechyd a llesiant

Mae'r Cylluniau Addysg ar gyfer Cleifion (EPP) yn cynnig gweithdai hunanreoli iechyd a llesiant ar gyfer pobl sy'n byw gyda chyflwr iechyd hirdymor, neu sy'n cael eu heffeithio gan gyflwr o'r fath. Arweinir y gweithdai gan diwtoriaid sydd â phrofiad o wneud newidiadau i'r ffordd o fyw o ganlyniad i gyflwr iechyd hirdymor.

ODros y flwyddyn ddiwethaf, mae'r rhaglen wedi hyfforddi 63 o bobl sydd bellach yn gallu darparu sesiynau EPP i gymunedau ledled Cymru.



Mae'r tîm EPP wedi gweithio gyda nifer o sefydliadau gwahanol. Maent wedi:



Cyhoeddi papur gyda Chomisiwn Bevan i amlygu pwysigrwydd cleifion yn cymryd cyfrifoldeb dros eu hiechyd a'u llesiant eu hunain;



cynhyrchu taflen cancer gyda Cymorth Cancer Tenovus, Cymorth Cancer Macmillan a Gofal Cancer y Fron i helpu sefydliadau i gyfeirio cleifion at ragleni eraill; a



gweithio gyda'r Adran Gwaith a Phensiynau a Phartneriaeth Cymunedol De-orllewin Cymru i gynnig sesiynau hunan-reoli i gleientiaid yr Adran Gwaith a Phensiynau i'w cefnogi gyda'u cyflyrau iechyd hirdymor.

Mae'r tîm ar hyn o bryd yn treialu rhaglen reoli gyda'r Gwasanaeth Awtistaeth Integredig ar gyfer oedolion ifanc 16 i 24 oed. Cyflwynwyd adborth a gwerthusiad o'r treial i'r Grŵp Llywio Cenedlaethol Niwroddatblygiadol ar ddiwedd mis Mawrth 2019.

**Am ragor o wybodaeth,
ewch i:**

<https://bit.ly/2WGaYNg>

**Cardiff
High
School**

**Ysgol
Uwchradd
Caerdydd**



Recriwtio dros 600 o fyfyrwyr ar gyfer astudiaeth MenB

Mae'r isadran diogelu iechyd wedi recriwtio 658 o fyfyrwyr ysgol uwchradd ar gyfer astudiaeth genedlaethol ar y brechlyn Meningitis B (MenB). Cymerodd myfyrwyr 16-18 oed o Goleg y Cymoedd, Ysgol Uwchradd Caerdydd ac Ysgol Stanwell, ran yng ngham cyntaf yr astudiaeth, a ddechreuodd ym mis Ebrill. Nod yr astudiaeth yw recriwtio 2,000 o fyfyrwyr dros y ddwy flynedd nesaf.



Mae Teenagers Against Meningitis (TEAM) yn astudiaeth o dan arweiniad Prifysgol Rhydychen sy'n cynnwys **24,000 o fyfyrwyr** o bob cwr o'r DU. Nod yr astudiaeth yw ymchwilio i a yw brechu pobl ifanc yn eu harddegau rhag **llid yr ymennydd B** yn lleihau cyfradd cludo'r **bacteria meningococws**. Dylai hyn, yn ei dro, ddiogelu'r gymuned ehangach rhag y clefyd.

Achosir llid yr ymennydd gan haint ar wyneb yr ymennydd. Mae'n brin ond gall roi bywyd yn y fantol ac mae'n effeithio ar fabanod, plant ifanc, y glasoed ac oedolion ifanc yn bennaf.

Oeddech chi'n gwybod?

Haint ar bilenni'r ymennydd, sef y pilenni sy'n gorchuddio'r ymennydd a llinyn yr asgwrn cefn, yw llid yr ymennydd. Gall gael ei achosi gan amrywiaeth o organebau gwahanol, gan gynnwys bacteria, feirybau a ffyngau.

Yn y DU, achos mwyaf cyffredin meningitis bacteriol yw heintio gan y bacteria meningococaidd. Mae pum prif grŵp - A, B, C, W135 ac Y a dim ond B ac C sydd i'w gweld yn gyffredin yn y DU.

"Rydym yn ddiolchgar i'r ysgolion a'r myfyrwyr am gymryd rhan yn yr astudiaeth hon, a fydd yn helpu i lywio strategaethau brechu er mwyn lleihau'r perygl o'r haint difrifol hwn ymyst pobl ifanc yn eu harddegau. Mae astudiaethau cludo fel hyn yn bwysig i ddeall lledaeniad clefydau a'r defnydd o frechlynnau."

- Dr Chris Williams,
Epidemiology Ymgynghorol a Phrif Ymchwilydd
Ymchwil Iechyd Cyhoeddus Cymru

Am ragor o wybodaeth,
ewch i:

<https://bit.ly/2VreE3V>

Iechyd Cyhoeddus Byd-eang

Rydym wedi ymrwymo i fod yn asiantaeth iechyd cyhoeddus sy'n gyfrifol a blaengar yn fydd-eang ac sy'n ysbrydoli eraill. Dyma rai enghreifftiau o'r hyn rydym wedi'i wneud i ddatblygu a chefnogi Cymru i baratoi ei hun yn well i ymateb i fygythiadau byd-eang ac i wella iechyd byd-eang.



Canolfan Gydweithredol Sefydliad Iechyd y Byd (WHO) ar Fuddsoddi ar gyfer Iechyd a Llesiant

Penodwyd Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant fel rhan o Iechyd Cyhoeddus Cymru ym mis Mehefin 2018. Dyma'r Ganolfan Gydweithredol gyntaf a'r unig un o'i bath yn y maes hwn (buddsoddi ar gyfer iechyd a llesiant) yn y byd, ac mae'n ymuno â rhwydwaith o dros 800 o Ganolfannau Cydweithredol mewn mwy nag 80 o wledydd. Agorwyd y digwyddiad lansio gan ein cadeirydd, Jan Williams, a'n prif weithredwr, Tracey Cooper. Mynychwyd y digwyddiad gan Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol, Vaughan Gething AS, a roddodd ei longyfarchiadau i ni ar y cyflawniad, gan ddweud ei fod "yn ffynhonnell balchder i Gymru". Anerchodd Chris Brown, Pennaeth Swyddfa Buddsoddi ar gyfer Iechyd a Datblygu WHO yn Fenis, y gynulleidfa a chanmolodd ein partneriaeth hirsefydlog gyda WHO, yn ogystal â'n gweledigaeth a blaenoriaethau ar gyfer iechyd.

Mae'r Ganolfan Gydweithredol yn datblygu, casglu a rhannu gwylodaeth ac adnoddau ymarferol ar y ffordd orau o fuddsoddi mewn iechyd a llesiant, lleihau anghydraddoldebau (gwahaniaethau annheg o ran canlyniadau iechyd rhwng grwpiau o bobl), a datblygu cymunedau a systemau cryfach o fewn Cymru a thu hwnt iddi. Mae ein gwaith gyda'r ganolfan yn dangos ein cyfrifoldeb byd-eang a chenedlaethol a'n hymrwymiad i gyflawni iechyd, llesiant a ffyniant gwell i bawb yng Nghymru, Ewrop ac ar draws y byd, gan annog economi a chymdeithas gynaliadwy a theg a phobl a phlaned iachach a hapusach.

I gale rhagor o wybodaeth,
ewch i :

<https://bit.ly/2W8s9da>



Rhaglen Gweithredu ar y Cyd ar Gydraddoldeb Iechyd Ewrop (JAHEE) 2018-2021

Mae Cymru wedi ymrwymo i gymryd rhan yn Rhaglen Gweithredu ar y Cyd ar Gydraddoldeb Iechyd Ewrop (JAHEE) dros y tair blynedd nesaf, fel rhan o'n hymrwymiad parhaus i fynd i'r afael ag anghydraddoldebau iechyd rhwng wladol. Cymru yw'r unig wlad yn y DU sy'n cymryd rhan. Bydd Llywodraeth Cymru yn arwain ar gyfraniad Cymru at y rhaglen JAHEE ac yn cydlynu gwybodaeth yn ganolog i fodloni gofynion monitro ac adrodd ariannol i gydlynydd y rhaglen weithredu ar y cyd. Byddwn yn eu helpu i gyflawni hyn wrth iddynt gyfrannu at ddau becyn gwaith ar lywodraethu ac iechyd ac ymfudo.

Mae cyfanswm o 25 o wledydd yn cymryd rhan yn y rhaglen JAHEE, sy'n gyfle pwysig i wledydd gydweithio i ymdrin ag anghydraddoldebau iechyd a'r 'penderfynyddion' sylfaenol sy'n dylanwadu ar iechyd. Nod y prosiect yw gwella iechyd a llesiant dinasyddion yr UE a chyflawni canlyniadau iechyd tecach i'r holl grwpiau o fewn cymdeithas. Mae cynnwys iechyd a llesiant ym mhob polisi yn un maes y bydd rhaglen JAHEE yn annog cymryd camau gweithredu pellach. Bydd y prosiect hefyd yn canolbwytio ar anghydraddoldebau iechyd sy'n ymwneud â ffordd o fyw. Blaenoriaeth arall i'r rhaglen JAHEE yw ymfudwyr, gan fod iechyd gwael a diffyg mynediad i wasanaethau iechyd yn gallu atal ymfudwyr rhag integreiddio a gall achosi anghydraddoldeb pellach.

I gael rhagor o wybodaeth, ewch i:
<https://jahee.iss.it/>

Oeddech chi'n gwybod?

Mae 'anghydraddoldeb iechyd' yn cyfeirio at wahaniaethau mewn canlyniadau iechyd rhwng grwpiau, er enghraifft, cyfradd uwch o ganser yr ysgyfaint mewn ardaloedd â mwy o amddifadedd o'u cymharu ag ardaloedd â llai o amddifadedd. Mae'r term 'anghydraddoldebau iechyd' yn ymwneud â gwahaniaethau annheg canfyddedig y gellid eu hosgoi mewn perthynas â chanlyniadau iechyd rhwng grwpiau.



'Penderfynyddion' ehangach iechyd yw ffactorau cymdeithasol, economaidd ac amgylcheddol sy'n dylanwadu ar iechyd, llesiant ac anghydraddoldebau.

Penderfynyddion allweddol iechyd a llesiant yw ein teulu, ein ffrindiau a'n cymunedau, ansawdd a diogelwch ein tai, ein lefel o addysg a sgiliau, argaeedd gwaith da, arian ac adnoddau, a hefyd ein hamgylchoedd.

I gael rhagor o wybodaeth, ewch i:
<https://bit.ly/2HkXBwU>
<https://bit.ly/2HkIy6j>



Cymru o Blaid Affrica

Cynhaliwyd cynhadledd flynyddol Cymru o Blaid Affrica 'Dinasyddiaeth fyd-eang ac iechyd' yng Nghaerdydd ym mis Hydref 2018. Cynhaliwyd y gynhadledd yn Y Deml Heddwch ac Iechyd a chafodd ei noddi ar y cyd gan Rwydwaith Cysylltiadau Cymru o Blaid Affrica, Hub Cymru Africa a Chanolfan Ryngwladol Cydlyn u Iechyd, Iechyd Cyhoeddus Cymru.

Clywodd y rhai a fynychodd y gynhadledd gan siaradwyr o Gymru ac ar draws y byd ar sut y gallai ymrwymiad i iechyd rhyngwladol gyfrannu at Gymru sy'n fwy cyfrifol yn fydeang. Agorwyd y gynhadledd gan Dr Frank Atherton, Prif Swyddog Meddygol Cymru, a rannodd ei brofiadau personol o weithio'n rhyngwladol a'r cyfleoedd a gyflwynwyd gan Ddeddf Llesiant Cenedlaethau'r Dyfodol 2015.

Drwy gydol y dydd, trafododd pobl bynciau perthnasol, gan gynnwys beth mae'n ei olygu i fod yn ddinesydd byd-eang yn y sector iechyd a sut i roi'r sgiliau a'r cyfleoedd i nyrsys a bydwragedd gymryd eu lle wrth wraidd mynd i'r afael â heriau iechyd yr 21ain ganrif. Rhoddodd Dr Gill Richardson, ein Cyfarwyddwr Cynorthwyol ar gyfer Polisi, Ymchwil a Datblygiad Rhyngwladol, araith yn amlinellu sut mae'r Ganolfan Ryngwladol Cydlyn u Iechyd (IHCC) a'r Siarter ar gyfer Partneriaethau Iechyd Rhyngwladol yng Nghymru yn helpu i sefydlu gwaith iechyd rhyngwladol ar draws y GIG – gan ddarparu manteision clir i staff a'r gwasanaeth.

Trefnodd yr IHCC hefyd sesiwn boblogaidd iawn lle y cafodd pobl gyfle i drafod a chyfrannu at y gwaith o ddatblygu'r hyfforddiant dinasyddiaeth fydeang gyntaf wedi'i anelu'n benodol at weithwyr iechyd proffesiynol.



I gael rhagor o wybodaeth, ewch i:

<https://bit.ly/2W8Xxly>

Ein Heffaith

hyn a wnawn, gan gynnwys yr effaith ar iechyd a llesiant y cyhoedd. Dyma rai enghreifftiau o'r gwaith rydym wedi'i wneud i wella iechyd ein poblogaeth.

Sgrinio Llygaid Diabetig Cymru

Sefydlwyd y Gwasanaeth Sgrinio Retinopoathi Diabetig ar gyfer Cymru gan Lywodraeth Cymru yn 2002, a daeth yn gwbl weithredol yn 2003. Ym mis Ebrill 2016 cafodd y gwasanaeth ei ailienwi yn Sgrinio Llygaid Diabetig Cymru (DESW) ac ymunodd â'r rhagleni sgrinio eraill a ddarperir gennym.

Nod y gwasanaeth yw arbed golwg pobl sy'n byw gyda diabetes yng Nghymru drwy ganfod retinopathi diabetig sy'n peryglu golwg yn gynnar, cyn i unrhyw symptomau ddod i'r amlwg. DESW yw'r unig raglen sgrinio gydol oes yn y DU. Mae pob person sy'n 12 oed neu'n hŷn sydd wedi cael diagnosis o ddiabetes ac sydd wedi cofrestru â meddyg teulu yng Nghymru yn gymwys i gael profion sgrinio rheolaidd.

Mae DESW wedi cyhoeddi ei adroddiad ystadegol blynnyddol cyntaf, a gallwch ei ddarllen drwy fynd i <https://bit.ly/2J8swP5>



Oeddech chi'n gwybod?

- Cynigir prawf sgrinio blynnyddol drwy raglen DESW i fwy na 170,000 o bobl.
- Mae sgrinio llygaid yn rheolaidd yn lleihau'r risg o golli golwg a achosir gan retinopathi diabetig.
- Diabetic retinopathy is a common complication of diabetes that affects the retina (the 'seeing' part of the eye).
- Caiff retinopathi ei achosi pan fydd pibellau gwaed bach yn y retina yn tyfu neu'n gollwng. Dros amser, gall hyn effeithio ar y golwg yn barhaol neu dros dro.
- Nid yw pobl â retinopathi yn profi unrhyw symptomau nac yn colli eu golwg nes bydd y cyflwr ar gam hwyr, ac felly nid ydynt yn gwybod eu bod yn dioddef o'r cyflwr.
- Y ffordd orau o ganfod retinopathi yw drwy gael profion sgrinio rheolaidd a triniaeth gynnar i helpu i arbed golwg.

I ddysgu mwy am retinopathi diabetig, ewch i <https://bit.ly/2jGAbFc>



Paratoi ar gyfer Brexit

Er mwyn paratoi ar gyfer gadael yr Undeb Ewropeaidd, gofynnwyd i sefydliadau'r GIG ystyried effaith bosibl Brexit heb gytundeb. Roedd yn rhaid i ni roi trefniadau parhad priodol ar waith ac ystyried yr effaith ar gadwyni cyflenwi a pheiriannau ac offer hanfodol.

Sefydlwyd rhaglen ffurfiol i oruchwylia ein paratoadau a'n hymateb. Mae'r rhaglen yn monitro ein camau gweithredu i gyd yn y maes hwn, gan gynnwys:



Parhad busnes – sicrhau ein bod yn gallu parhau i ddarparu ein gwasanaethau cyhyd ag y bo'n bosibl os bydd digwyddiad megis ymosodiad gan derfysgwyr, gwrthdaro gwleidyddol, prinder cyflenwadau, ac ati;



Effeithiau iechyd cyhoeddus ehangach – deall yr effaith bosibl ar iechyd cyhoeddus ehangach os byddwn yn gadael yr UE;



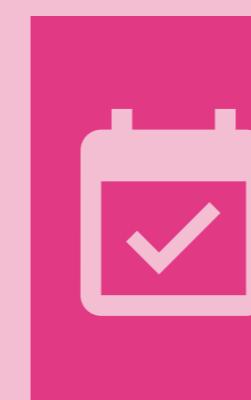
Diogelu iechyd – ystyried meysydd megis brechu a chynllunio mewn argyfwng, gwyliadwriaeth, cyflenwadau, hyfforddiant a'r system iechyd ehangach; a



Pobl ac adnoddau – deall y goblygiadau ar gyfer ein staff, yn enwedig y rhai sy'n deillio o senario dim cytundeb, a darparu cymorth ar gyfer y rhai y mae'r sefyllfa yn effeithio arnynt.

Gyda'n partneriaid ac asiantaethau eraill ledled y DU, rydym wedi cyflawni gwaith sylweddol ar draws y pedwar maes hwn.

Mae ein gwaith ar y goblygiadau iechyd cyhoeddus ehangach sydd ynghlwm wrth adael yr UE wedi canolbwytio ar ddeall yr effaith ar iechyd ein poblogaeth. Mae wedi cynnwys cynnal asesiad o'r effaith ar iechyd i nodi'r risgau a'r cyfleoedd tymor byr, canolig a hirdymor sydd ynghlwm wrth Brexit. Cyhoeddwyd yr adroddiad, Goblygiadau Brexit i lechyd y Cyhoedd yng Nghymru: Ymagwedd Asesu Effaith ar lechyd, ym mis Ionawr 2019, a byddwn yn parhau i weithredu ar y canfyddiadau a'u monitro. Efallai y bydd rhaid i ni wneud newidiadau i'n cynllun sefydliadol yn ystod y flwyddyn, yn dibynnu ar ganlyniad y negoziadau Brexit.



Rydym hefyd wedi bod yn gwella ein trefniadau parhad busnes. Ers mis Ionawr 2019, mae **257 o bobl** wedi cymryd rhan mewn **27 o ddigwyddiadau ac ymarferion hyfforddi**.

Darparwyd yr hyfforddiant hwn i sicrhau y byddai amrywiaeth eang o staff yn gallu cyflawni rolau allweddol fel rhan o rota a fyddai'n ymateb i unrhyw ddigwyddiad sy'n ymwneud â Brexit heb gytundeb.

Rydym hefyd wedi dylunio a darparu ymarfer diogelu iechyd aml-asiantaeth, 'Exercise Allanfa' gyda'r nod o ymchwilio i ymateb Cymru i ddiogelu iechyd cyhoeddus ar ôl Brexit. Mynychodd tri ar ddeg o sefydliadau yr ymarfer, gan gynnwys cynrychiolwyr o fyrrdau iechyd a Llywodraeth Cymru. Rydym wedi gweithio gyda phartneriaid ac asiantaethau eraill ar draws Cymru a'r DU i leihau'r risgau o ran diogelu iechyd. Rydym wedi gofyn am sicrywedd gan Public Health England yngylch cyflenwadau brechlynnau, hyfforddiant a meysydd eraill. Rydym hefyd wedi darparu cymorth i'r system ehangach yng Nghymru, yn enwedig Fforymau Cydnherthedd Lleol, y GIG, a Llywodraeth Cymru.

Yn ystod y cyfnod ansicr hwn, rydym hefyd wedi gweithio i nodi staff sydd â chenedligrwydd yr UE er mwyn rhoi'r cymorth priodol iddynt, gan gynnwys sesiynau galw heibio lle y gallant gael gwybodaeth.





Sut y gallai Brexit effeithio ar iechyd a llesiant pobl ledled Cymru

Mae adroddiad cenedlaethol newydd yn archwilio sut y gallai Brexit effeithio ar iechyd a llesiant pobl ledled Cymru.

Fel rhan o'r gwaith o baratoi ar gyfer Brexit, fe wnaethom gomisiynu Uned Gymorth Asesu Effaith ar lechyd Cymru (WHIASU) i gynnal asesiad o'r effaith ar iechyd mewn perthynas â Brexit yng Nghymru er mwyn ein helpu i gefnogi cyrff cyhoeddus eraill i gynllunio ar gyfer Brexit. Mae'r asesiad, a gyhoeddwyd ar 21 Ionawr 2019, yn ystyried goblygiadau ehangach posibl Brexit ar iechyd a llesiant pobl yn y tymor byr, y tymor canolig a'r hirdymor, yn enwedig unrhyw grwpiau o bobl y gallai Brexit gael effaith benodol arnynt.

Cynhaliwyd yr asesiad dros gyfnod o chwe mis yn 2018/2019. Roedd yn cynnwys adolygiad cynhwysfawr o lenyddiaeth academaidd, llenyddiaeth iechyd a llenyddiaeth y llywodraeth, gweithdy i randdeiliaid, a chyfweliadau gyda rhanddeiliaid a'r rhai sy'n arwain ar bolisi.



Cafwyd cyngor gan grŵp cynghori strategol amlasantiaeth a chymorth ganddi i reoli'r asesiad, gan ystyried y canlynol:



Effaith lawn Brexit;



yr amrywiaeth eang o ffactorau sy'n dylanwadu ar iechyd a fyddai'n cael eu heffeithio'n sylweddol (gan gynnwys staffio a chyflenwadau iechyd a gofal cymdeithasol, diogelwch bwyd a chyflenwadau, ac ati);



yr amrywiaeth o grwpiau a fyddai'n cael eu heffeithio (er enghraift, pobl ifanc a theuluoedd dinasyddion yr UE nad ydynt yn dod o'r DU);



pwysigrwydd masnach a chytundebau masnach fel ffactor sy'n effeithio ar iechyd; a



sut mae ansicrwydd yn effeithio ar lesiant meddyliol.

I gale rhagor o wybodaeth, ewch i:

<https://bit.ly/30jXn0m>



Pwysau lach: Cymru lach

Rhoddodd Deddf Iechyd y Cyhoedd (Cymru) 2017 ddyletswydd ar Lywodraeth Cymru i ddatblygu cynllun sy'n canolbwytio ar atal (a lleihau) gordewdra. Rydym wedi bod yn rhan o Fwrdd Datblygu Strategaeth Gordewdra Cenedlaethol ac wedi cydweithio'n agos â'r Llywodraeth i'w helpu i ddatblygu'r strategaeth 'Pwysau lach: Cymru lach', a lansiwyd ar gyfer ymgynghoriad ym mis Ionawr 2019.

Mae Arsyllfa Iechyd Cyhoeddus Cymru hefyd wedi bod yn gweithio i gasglu data (gwybodaeth) a thystiolaeth ar gyfer y strategaeth Pwysau lach: Cymru lach. Ym mis Ionawr 2019 cyhoeddwyd gwybodaeth gefnogol a oedd yn cynnwys trosolwg manwl o'r data sydd ar gael ar ordewdra yng Nghymru, a thrí adolygiad tystiolaeth sy'n ystyried ymyriadau posibl. Rydym hefyd wedi comisiynu gwaith i ystyried sut y gallwn ddysgu o arferion gorau rhwngwladol, a gwaith mwy penodol i archwilio materion sy'n dod i'r amlwg, er enghraift rôl bwydydd sydd wedi'u prosesu (prydau parod, losin, diodydd pop ac ati).

Er gwaethaf y ffaith ei bod yn mynd i'r afael â mater cymhleth iawn, nod y wybodaeth ategol yw darparu darlun manwl ond hygrych o ordewdra yng Nghymru. Mae'r data yn amlygu'r angen i weithredu ar frys, gyda bron chwarter yr oedolion (tua 600,000 o bobl) yn ystyried eu hunain yn ordew. Dangosodd y data hefyd fod mynegai mäs y corff (BMI) uchel yn brif ffactor sy'n cyfrannu at nifer y blynnyddoedd y mae pobl yn byw gydag anabledd (a adwaenir fel YLD). Ac mae'r dystiolaeth yn dangos bod ymyriadau i leihau'r risgiau iechyd hyn yn hanfodol er mwyn annog gweithredu.



Er enghraift, mae'r wybodaeth ategol yn cynnwys gwybodaeth am **ymddygiad iechyd sy'n ymwneud â gordewdra**, yn ogystal â faint mae teuluoedd yn ei wario ar fwyd a diod. Ers 2008, bu gostyngiad yn nifer yr oedolion sy'n bwyta mwy na phum dogn o ffrwythau a llysiau y dydd, ac mae pobl yn prynu llai o ffrwythau a llysiau.

Datgelodd yr adolygiadau rai canfyddiadau cysylltiedig o astudiaethau ymchwil sy'n ceisio dylanwadu ar yr hyn y mae pobl yn ei fwyta. Os yw prisiau ffrwythau, llysiau a bwydydd iach yn gostwng, mae mwy o bobl yn eu prynu. Fodd bynnag, ychydig iawn o astudiaethau ymchwil sydd wedi'u cynnal yn y 'byd go iawn' i ddarganfod ffyrdd o annog pobl i beidio â phrynu cymaint o fwyd afiach.

I gale rhagor o wybodaeth,
ewch i :

<https://bit.ly/2VubjRG>



Ansawdd a chymhwysedd ein labordai meddygol

Ym mis Tachwedd 2017, derbyniodd unedau diagnostig, arbenigol a chyfeirio ein rhwydwaith microbioleg achrediad UKAS ar gyfer ISO 15189:2012 'Labordai Meddygol - gofynion arbennig ar gyfer ansawdd a chymhwysedd'. Yn ystod ymweliadau gwyliadwriaeth ym mis Mehefin a Gorffennaf 2018, cafodd y labordai eu hasesu i weld a oeddent yn dal i fodloni'r gofynion achredu. Gwnaeth rhai labordai gais hefyd am estyniad i'w hachrediad o ganlyniad i ddatblygiadau gwasanaeth diweddar a aseswyd hefyd yn ystod yr ymweliadau (neu'n fuan ar ôl hynny).



Cyflwyno profion cyflym er budd cleifion a'r cyhoedd ar gyfer gaeaf 2018-2019

Yn dilyn cais gan Lywodraeth Cymru ym mis Chwefror 2018, cynhaliodd ein rhwydwaith microbioleg ymarfer gwerthuso a chaffael a arweiniodd at ddyfarnu gwasanaeth ar gyfer profi resbiradol cyflym ym mhob un o'n labordai erbyn 10 Rhagfyr 2019.

Yn ôl adroddiad yr asesiad gan UKAS roedd cryfderau'r labordai yn cynnwys:

- Staff cymwys, cyfeillgar a gwybodus;
- Tîm Rheoli Ansawdd datblygol;
- systemau cyfathrebu da ar draws y rhwydwaith a rhwng y rhwydwaith a'r byrddau iechyd lleol; a
- buddsoddi mewn datblygu gwasanaeth gyda thechnolegau a llwyfannau newydd.

Mae'r system 'Biofire' yn profi dros 20 o dargedau, gan gynnwys math A a B o'r ffliw, ac yn darparu canlyniad diliys ac awdurdodedig o fewn pedair awr (yn aml llawer yn gyflymach) o dderbyn samplau ar gyfer eu profi. Mae'r canlyniadau cyflym a dibynadwy hyn yn helpu meddygon i benderfynu pa gleifion sydd angen mynd i'r ysbyty fel rhan o'u gofal ond efallai nad oes angen eu grwpio mewn ardaloedd penodol er mwyn atal lledaenu heintiau neu groesheintio.

Rhwng mis Rhagfyr 2018 a mis Chwefror 2019, cynhaliodd y gwasanaeth bron 2,000 o brofion ledled Cymru. Byddwn yn gwerthuso'r gwasanaeth ar ôl i dymor y ffliw orffen, er mwyn helpu i benderfynu sut y caiff ei ddefnyddio yn y dyfodol ac a ddylid ymestyn y gwasanaeth.

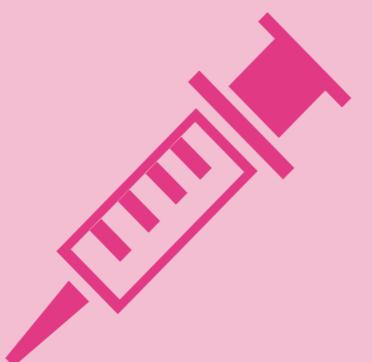
Rydym wedi cadw ein hachrediad i ISO 15189:2012 ac yn disgwyl ein hymweliad gwyliadwriaeth nesaf ym mis Mehefin 2019.



Genomeg – pennu nodweddion feirysau'r ffliw mewn labordai

Nid oedd y dulliau blaenorol o bennu nodweddion genetig y ffliw a ddefnyddiwyd yng Nghymru yn bodloni'r gofynion a bennwyd gan rwydwaith gwyliadwriaeth y ffliw Canolfan Atal a Rheoli Clefydau Ewrop (ECDC) a Sefydliad Iechyd y Byd. Gyda chymorth ariannol gan Lywodraeth Cymru, mae ein tîm gwyliadwriaeth y ffliw, drwy weithio gyda'r Uned Genomeg Pathogenau (PenGU), wedi datblygu dilyniannu'r genhedlaeth nesaf (NGS) ar gyfer feirysau'r ffliw yng Nghymru. Mae gwyliadwriaeth NGS y ffliw yn defnyddio technoleg arloesol i gael gwybodaeth fanylach am geneteg feirysau'r ffliw sy'n cylchredeg. Yn ystod 2017/2018, gwnaed gwaith dilyniannu gan ddefnyddio'r dechneg hon ar 140 o feirysau'r ffliw ledled Cymru.

Mae pennu nodweddion feirysau yn cyfrannu at y gwaith o ddatblygu brechlyn rhag y ffliw ar gyfer y flwyddyn ganlynol, ac mae'n ein galluogi i asesu a yw'r brechlyn a'r feirysau sy'n cylchredeg yn cyfateb, ac felly rhagweld pa mor effeithlon yw'r brechlyn. Dangosodd data Cymru o dymor 2017/2018 fod y mwyafrif helaeth o feirysau'r ffliw A (H3N2) wedi cyfateb i gyfadran A/Singapore/INFIMH-16-0019/2016 brechlynau 2018/2019 a argymhellwyd.



Oeddech chi'n gwybod?

Mae tri math o feirws ffliw – A, B a C. Mae mathau A a B yn gyfrifol am nifer fawr o achosion o salwch bob gaeaf. O fewn grwpiau A a B, mae 'is-fathau' eraill. Caiff y rhain eu categoriiddio drwy ddyrannu rhif i bob un o'r proteinau unigryw (hemagglutinin a neuraminidase (H&N)) ar arwyneb pob feirws. Er enghraifft, ffliw A (H1N1) a ffliw A (H3N2) yw'r prif is-fathau sydd wedi bod yn cylchredeg gan achosi salwch dros y blynnyddoedd diwethaf.

Bob blwyddyn, mae gwaith gwyliadwriaeth helaeth gan Sefydliad Iechyd y Byd yn nodi'r mathau A a B o feirysau'r ffliw sy'n cylchredeg ar gyfer pob tymor y ffliw yn hemisffer y gogledd.

Mae'n bwysig nodi, mor gywir â phosibl, yr is-fathau penodol o feirws sy'n cylchredeg ar gyfer pob tymor y ffliw. Mae hyn yn sicrhau bod brechlyn y ffliw yn cyfateb yn agos â'r is-fathau hynny, gan gynnig y diogelwch gorau posibl. Her bellach wrth ymdrin â'r gwaith o greu brechlyn effeithiol rhag y ffliw yw'r ffaith y gall feirws y ffliw Math A newid proteinau allanol H&N ychydig yn ystod tymor y ffliw (fel arfer o fis Hydref i fis Mawrth). Gelwir hyn yn llithriad gwrthenig ('antigenic drift'). Gall y newidiadau bach hyn wneud y brechlyn yn llai effeithiol yn ystod tymor y ffliw.

I gale rhagor o wybodaeth, ewch i :

<https://bit.ly/2Tf6yv0>

Cydraddoldeb

Mae hyn yn golygu ein bod yn canolbwytio ar ystyried anghenion unigolion, yn cynnwys y rhai sy'n agored i niwed, ac yn defnyddio'u hadborth i'n helpu i ddysgu fel sefydliad.

Dyma rai enghreifftiau o'r gwaith rydym wedi'i wneud mewn perthynas â chydraddoldeb a chynhwysiant.



Gofal dementia

Mae tîm iechyd meddwl ac anableddau dysgu 1000 o Fwydau, pobl sy'n byw gyda dementia a'u gofalwyr, a darparwyr gwasanaethau gofal dementia yn cynhyrchu gweledigaeth a set o safonau ac egwyddorion ar y cyd ar gyfer gwasanaeth dementia i Gymru gyfan.

Rydym yn bwriadu defnyddio dulliau gwahanol o sefydlu gwerthoedd a chredoau ar y cyd i ddarganfod profiadau pobl o'r gwasanaethau. Caiff y rhain eu cysylltu â themâu Llwybr ar gyfer Dementia NICE 2018 – cadw'n iach, asesu cychwynnol a gofal a chymorth parhaus.

Bydd y weledigaeth, safonau ac egwyddorion ar y cyd yn helpu i gyflawni'r canlyniadau a nodir yng Nghynllun Gweithredu Cymru ar gyfer Dementia 2018. Mae themâu cyfredol (a nodir isod) yn dod i'r amlwg a fydd yn cefnogi model gofal ar gyfer iechyd gwybyddol (iechyd yr ymennydd a'i swyddogaethau).





Profiadau iechyd ceiswyr lloches a ffoaduriaid yng Nghymru

Fe wnaethom ymuno â Phrifysgol Abertawe a sefydliadau'r trydydd sector, gan gynnwys Alltudion ar Waith a'r Groes Goch Brydeinig, i gynnal 'Profiadau iechyd Ceiswyr Lloches a Ffoaduriaid yng Nghymru'. Dyma'r astudiaeth gyntaf yng Nghymru i gasglu barn pob sy'n 'chwilio am noddfa' (ffoaduriaid a cheiswyr lloches), yn ogystal â barn yr ymarferwyr iechyd hynny sydd â phrofiad o'u hanghenion.

Casglwyd gwybodaeth ar gyfer yr astudiaeth gydag ymchwilwyr a hyfforddwyd yn arbennig o'r gymuned ffoaduriaid a cheiswyr lloches. Cyhoeddir yr astudiaeth yn unol â chynllun ffoaduriaid a cheiswyr lloches Llywodraeth Cymru, sef 'Cenedl Noddfa'. Mae'n edrych ar fylchau mewn ymchwil gyfredol ar brofiadau pobl sy'n chwilio am noddfa mewn perthynas â gwasanaethau iechyd a llesiant. Nod hyn yw gwireddu dyhead Cymru i ddod yn genedl noddfa a chefnogi cyfle teg i bawb mewn perthynas ag iechyd yn unol â Deddf Llesiant Cenedlaethau'r Dyfodol.

Cynhyrchodd yr astudiaeth **10 argymhelliaid yn cwmpasu amrywiaeth o ffyrdd y gallai sectorau iechyd a pherthnasol helpu ffoaduriaid a cheiswyr lloches i ddod yn fwy integredig o fewn y gymdeithas a chefnogi eu hiechyd a'u llesiant.**

I gael rhagor o wybodaeth, ewch i:

<https://bit.ly/2w0KYAI>



Ein huwchgynadledau ieuenctid 2018

Mynychodd cyfanswm o 160 o bobl ifanc rhwng 11 a 23 oed o bob cwr o Gymru ddwy uwchgynhadledd ieuenctid iechyd cyhoeddus, yn Llanrwst a Chaerdydd ym mis Tachwedd a Rhagfyr 2018.

Cafodd y digwyddiadau eu datblygu a'u cynnal mewn partneriaeth â Plant yng Nghymru, gyda chymorth gennym ni a'r grŵp cynllunio pobl ifanc. Defnyddiodd y bobl ifanc sesiwn ryngweithiol i ystyried sut mae ein gwaith wedi effeithio ar eu bywydau eu hunain a bywydau eu cyfoedion. Cynhaliwyd gweithdai hefyd ar geisiadau coleg a phrifysgol, a chefnogi blaenorïaethau Cymru Well Wales.

Oeddech chi'n gwybod?

Grŵp o sefydliadau cryf eu cymhelliad sy'n ymrwymedig i gydweithio heddiw i sicrhau iechyd gwell ar gyfer pobl Cymru yfory yw Cymru Well Wales.

I gael rhagor o wybodaeth, ewch i:

<https://bit.ly/2EcpBR8>



Adborth o'r uwchgynadledau ieuenctid



Roedd 97% o'r rhai a fynychodd yn teimlo bod yr uwchgynadledau ieuenctid wedi bodloni eu disgwyliadau neu wedi mynd y tu hwnt iddynt.



Mwynhaodd pobl y gweithdai a'r trafodaethau diddorol gyda'r staff.



Rhoddodd 86% o bobl sgôr rhwng 7 a 10 i'r uwchgynhadledd (lle roedd 0 yn wael iawn a 10 yn rhagorol).



Ymhllith y meysydd y gellid eu gwella roedd cynnal mwy o ddigwyddiadau i ieuenctid a denu mwy o bobl iddynt. Dywedodd pobl hefyd y byddent yn hoffi cael mwy o wybodaeth cyn y digwyddiadau, mwy o fanylion am ein gwaith, a mwy o drafodaethau manylach.

"Cefais amser gwych yn Uwchgynhadledd Ieuenctid Gogledd Cymru. Roedd yn braf gweld cyd-aelodau'r Bwrdd, Chrissie, Dyfed a Sian yno i glywed gan bobl ifanc am yr hyn sy'n bwysig i'w hiechyd."

- Dywedodd Jan Williams
Cadeirydd Iechyd Cyhoeddus Cymru

I ategu'r uwchgynadledau ieuenctid, cynhaliwyd nifer o gyrsiau preswyl hefyd. Rhoddodd y rhain gyfle i bobl ifanc dreulio ychydig ddyddiau yn dysgu am ein gwaith, yn cwrdd â Phenaethiaid Gwasanaethau a'r Tîm Gweithredol, ac yn arwain ar waith megis y Datganiad Ansawdd Blynnyddol i Bobl Ifanc. Ysgrifennodd pobl ifanc o Gyngor Ieuencid Castell-nedd a Phort Talbot y blog canlynol am eu profiadau.

"Cawsom ginio – rhy 'posh' – rhowch fwyd parti i ni unrhyw ddydd!! Ond roeddem yn ddiolchgar amdano.

Ar ôl cinio, aethom ar daith cerdded o amgylch canol dinas Caerdydd i dynnu lluniau ar gyfer materion iechyd a'n gweithdy dylunio graffeg – fe wnaethom fwynhau hyn yn arw. Fe wnaethom ddysgu llawer yn y gweithdy cyfathrebu gyda Dan y dyn Owens. Treuliwyd y prynhawn yn darllen erthyglau newyddion ac wedyn yn datblygu ein straeon ein hunain, gan wneud ein gorau i'w gwneud yn ddiddorol ac yn atyniadol. Cawsom gyfle i holi Tracey Cooper, Prif Weithredwr Iechyd Cyhoeddus Cymru – diolch Tracey am fod yn ein hun-luniau!

Felly rydym wedi bod yn gwneud llawer ers y cwrs preswyl hwn, fel sefydlu ein hisgrŵp iechyd ein hunain ar y cyngor ieuenctid. Fe wnaethom hefyd ddweud wrth yr Arweinydd a'r cynghorwyr yng Nghyngor Bwrdeistref Sirol Castell-nedd Port Talbot am y Datganiad Ansawdd Blynnyddol ac fe wnaethant yn siŵr bod y ddogfen yn cael ei hanfon at bob ysgol. Rydym yn mynd i hyfforddi i fod yn fentoriaid iechyd meddwl mewn ysgolion er mwyn i ni allu helpu ein cyfoedion gael help neu eu cyfeirio at wasanaethau os bydd angen.

Fe wnaethom hefyd helpu i gynllunio, yna mynchu, uwchgynhadledd ieuenctid ar iechyd '#U Got Summit to Say' er mwyn i bobl ifanc allu llunio gwasanaethau iechyd. Mae dau o aelodau cyngor ieuenctid ar fyrrdau iechyd lleol. Fe wnaethom hefyd gyflwyno ein gwaith yng Nghyfarfod Cyffredinol Blynnyddol Iechyd Cyhoeddus Cymru. Darllenwch y Datganiad Ansawdd Blynnyddol i Bobl Ifanc, fe wnaethom ddysgu llawer."



Fframwaith Cydraddoldebau Iechyd – HEF

Mae gan bobl ag anableddau dysgu amrywiaeth o wahaniaethau iechyd o'u cymharu â'r boblogaeth gyffredinol. Mae'r rhain yn cynnwys y ffaith eu bod yn marw'n gynharach a bod ansawdd eu bywydau yn is o lawer na phobl heb anableddau.

Mae tystiolaeth syfrdanol yn dangos yn glir bod canlyniadau gwaeth fel y rhain yn aml yn rhai y gellid eu hosgoi, ac maent yn arwain, mewn sawl achos, at driniaeth annheg a methiant i wneud addasiadau rhesymol fel sy'n ofynnol o dan Ddeddf Cydraddoldeb 2010.

Mae HEF yn helpu ymarferwyr iechyd i nodi a chefnogi pobl i wella eu hiechyd a gwneud synnwyr o'r anghydraddoldebau y maent yn eu hwynebu. Mae'n eu galluogi i gasglu data (yn bennaf ar gyfer ystadegau ac adroddiadau cyhoeddus) o lawer o ffynonellau ac yn cefnogi gwelliannau i wasanaethau.

Yn dilyn treial llwyddiannus o'r prosiect ym Mwrdd Iechyd Prifysgol Aneurin Bevan yn 2014, cyflwynwyd HEF ledled Cymru gan y tîm 1000 o Ffywydau ym mis Ionawr 2018. Ym mis Mehefin 2018, lansiodd Llywodraeth Cymru Anabledd Dysgu – Gwella Bywydau. Mae HEF yn rhan o'r argymhellion ar gyfer canlyniadau o fewn y rhaglen.

Y nod cyffredinol ar gyfer y tîm 1000 o Ffywydau yw sicrhau bod pob tîm anabledd dysgu cymunedol yn defnyddio HEF ar gyfer asesiadau ac adolygiadau. Byddant yn cyflawni hyn drwy weithio gyda'r holl randdeiliaid a defnyddwyr gwasanaethau i ddod o hyd i atebion i faterion a thrwy gefnogi prosiectau gwella i sefydlu HEF o fewn ymarfer clinigol.

Camau Gweithredu Prydlon

Mae hyn yn golygu y gall pobl gael mynediad at ein gwasanaethau, ein rhagleni a'n swyddogaethau pan fo'n briodol a chael y wybodaeth sydd ei hangen arnynt i wneud dewis gwybodus. Dyma rai enghreiffiau o'r hyn rydym wedi'i wneud i wella mynediad a gwybodaeth

Bws TB ar gyfer carcharorion a phobl ddigartref yng Nghaerdydd

Ym mis Rhagfyr 2017, derbyniodd y tîm diogelu iechyd arian gan Lywodraeth Cymru i dreialu sgrinio twbercwlosis (TB) ar gyfer pobl ddigartref yng Nghaerdydd a charcharorion yng ngharchar Caerdydd.

Mae pobl ddigartref, carcharorion, pobl sy'n chwistrellu cyffuriau a'r rhai sy'n dibynnu ar alcohol yn wynebu mwy o berygl o gael twbercwlosis. Drwy sgrinio a gwneud diagnosis yn gynnar gallwn gynnig y driniaeth gywir er mwyn helpu pobl i gael iachâd llwyr.

Fe wnaethom brofi 600 o ddynion yng ngharchar Caerdydd rhwng mis Ionawr a mis Mawrth 2018, a chomisiynu'r bws diagnostig symudol 'Canfod a Thrin' i olrhain canlyniadau positif. Cefnogwyd y broses sgrinio gan y tîm TB o Fwrdd Iechyd Caerdydd a'r Fro ac roedd yn enghraiftt ardderchog o sefydliadau'n cydweithio.

Rhwng 17 a 18 Ebrill 2018, sgriniodd y bws Canfod a Thrin 216 o bobl eraill yn y carchar a chanol dinas Caerdydd. Canfuwyd sawl achos yr oedd angen ymchwilio iddo ymhellach.

Byddwn yn dadansoddi canfyddiadau'r treial a bydd hyn yn helpu i ddylanwadu ar sut y byddwn yn darparu gwasanaethau TB yng Nghymru.

I gale rhagor o wybodaeth,
ewch i:

<https://bit.ly/2waEZcF>



Rhaglen beilot Gwneud i Bob Cyswllt Gyfrif (MECC)

Gyda chefnogaeth Bwrdd Gwasanaethau Cyhoeddus Sir Gaerfyrddin, gweithiodd tîm iechyd cyhoeddus lleol Bwrdd Iechyd Prifysgol Hywel Dda i gyflwyno MECC ar draws partneriaeth sector cyhoeddus sy'n cynnwys Heddlu Dyfed Powys, Gwasanaeth Tân ac Achub Canolbarth Cymru, Cyngor Sir Gaerfyrddin, Bwrdd Iechyd Prifysgol Hywel Dda a ni.

Nod y grŵp oedd defnyddio egwyddorion MECC mewn ffordd nad ydynt erioed wedi cael eu defnyddio o'r blaen ledled Cymru – staff y sector cyhoeddus yn cyfleoù negeseuon ei gilydd.

Y nod oedd annog staff i edrych y tu hwnt i'w rôl ac ar faterion a allai fod o fudd i'r cyhoedd. Er enghraift, efallai y byddai swyddog yr heddlu sy'n dychwelyd nwyddau wedi'u dwyn i bensiynwr yn sylwi nad oedd eu larwm Tân yn gweithio ac felly'n cymryd yr amser i gysylltu â'r gwasanaethau Tân i ofyn iddynt alw heibio.



Yn ei dro, efallai y byddai'r swyddog Tân yn sylwi ar broblem lleithder yn y tŷ ac yn cynghori'r pensiynwr i gysylltu â'r gwasanaeth priodol, neu efallai'n cyfeirio rhywun sy'n ysmyu at Helpa Fi i Stopio. Y nod yw bod staff yn gwneud mymryn yn fwy na'r hyn a ddisgwylir.



Mae'r rhaglen beilot wedi bod yn llwyddiannus yn rhannol, ond dim ond crafu'r wyneb a wnaeth o ran y potensial sy'n bodoli ar draws sir Gaerfyrddin i ni a'n partneriaid wasanaethu'r cyhoedd yn well.

Yng nghyfarfod **Bwrdd Gwasanaethau Cyhoeddus Sir Gaerfyrddin ym mis Ionawr 2019**, cytunodd yr holl sefydliadau sy'n rhan o'r rhaglen i'w lansio'n llawn, a fydd yn digwydd drwy gydol 2019.



I gale rhagor o wybodaeth, ewch i:

<https://bit.ly/2JnnxtN>



Gweithio gyda'n gilydd i wella nifer y plant ysgol sy'n cael eu himiwneiddio

Mae'r System Iechyd Plant yn cadw gwybodaeth imiwneiddio am blant ym Mwrdd Iechyd Prifysgol Aneurin Bevan. Amlygodd yr achosion o'r frech goch yng Ngwent yn 2017 nifer o gamgymeriadau o fewn y System Iechyd Plant. Er mwyn sicrhau bod y wybodaeth a gedwir yn fwy cywir, diweddarodd tîm iechyd cyhoeddus lleol Aneurin Bevan y cofnodion, gyda help tîm o arbenigwyr.

Ymhllith y rhai a oedd yn gweithio ar y prosiect hwn roedd cyfarwyddwyr addysg y pum awdurdod lleol, adrannau addysg, cydlynwyr Ysgolion lach, nyrsys ysgol o Fwrdd Iechyd Prifysgol Abertawe Bro Morgannwg, adran iechyd plant, cydlynwyr imiwneiddio, proseswyr data a meddygfeydd teulu.

Gwnaeth y tîm nifer o newidiadau i gofnodion plant ar y System Iechyd Plant. Er enghraift, diweddarwyd cyfeiriadau ac ysgolion a fynychwyd, diwygio statws MMR (y frech goch, clwy'r pennau a rwbela), ychwanegu plant a oedd wedi symud i ardal Gwent a dileu cofnodion plant nad oeddent yn byw yn yr ardal mwyach. Mae'r gwaith hwn wedi arwain at fwy o blant yn cael eu himiwneiddio yn ardal y bwrdd iechyd, ac wedi sicrhau bod yr holl blant yng Ngwent yn cael eu targedu.

Mae'r gwaith hefyd wedi arwain at welliannau o ran rhaglenni imiwneiddio mewn ysgolion. Mae nyrsys ysgol bellach yn cynnig sesiynau dal i fyny ar yr un pryd ag y maent yn rhoi'r brechlyn HPV (feirws papiloma dynol). Mae'r holl ffurflenni caniatâd a llythyrau wedi cael eu cyfieithu i 14 o ieithoedd i ddiwallu anghenion y boblogaeth leol, ac mae'r Tîm Iechyd Plant yn derbyn adroddiadau misol o symudiadau i mewn ac allan o ardal y bwrdd iechyd gan Wasanaeth Demograffig Cymru.

Ein staff

Mae ein staff yn hollbwysig i'r sefydliad a'r gwaith a wnawn. Mae angen i ni ddarparu amgylchedd gwaith diogel iddynt a'u cefnogi i barhau i ddatblygu.



Arolwg staff GIG Cymru – 'Adeiladu ein dyfodol gyda'n gilydd'

Mae arolwg staff GIG Cymru yn rhoi'r cyfle i staff roi adborth agored a gonest am sut maent yn teimlo am bethau yn eu meysydd gwaith. Fwnaethom ymateb i adborth blaenorol drwy ddarparu ffyrdd newydd o gymryd rhan yn arolwg 2018, gan gynnwys drwy'r cyfryngau cymdeithasol a dyfeisiau personol. Gofynnwyd i'r holl reolwyr neilltuo arian i staff gwblhau'r arolwg, ac fe wnaethom hybu'r arolwg ac annog staff i gymryd rhan yn ystod yr wyth wythnos pan oedd yr arolwg ar gael, gan gynnwys recordio neges gan ein Prif Weithredwr. Roedd ein cyfradd ymateb o 56% gyda'r uchaf o fewn GIG Cymru, ac yn uwch o lawer na'r gyfradd gyffredinol o 29%.

Mae ein canlyniadau, a gyhoeddwyd ym mis Hydref 2018, yn dangos llawer o welliannau cadarnhaol ers 2016, gyda sgôr sy'n uwch na chyfartaledd cyffredinol GIG Cymru mewn llawer o feysydd. Mae ein mynegai ymgysylltu cyffredinol (sy'n mesur cyfranogiad staff gyda'u gwaith dyddiol) wedi cynyddu i 3.86 (o 3.73 yn 2016 a 3.70 yn 2013), ac mae 96% o'n pobl yn hapus i fynd y tu hwnt i'r hyn sydd ei angen pan fydd rhaid.

Gwelwyd cynnydd yn y sgoriau am reolwyr llinell ac mae 83% o'n staff yn cadarnhau bod gennym set glir o werthoedd y maent yn eu deall. Mae'r canlyniadau hefyd wedi dangos cyfleoedd i wella, ac rydym wedi nodi pedair blaenoriaeth i ganolbwytio arnynt:



Llesiant staff (straen, aflonyddu, bwlio a cham-drin, a gweithio tra'n sâl);



gwaith tîm;



newid o fewn ein sefydliad; a



boddhad yn y swydd.

Fodd bynnag, dim ond man cychwyn yw canlyniadau ein harolwg, ac rydym wedi gofyn i staff gyfrannu at y broses o gynllunio'r hyn a wnawn nesaf. Rydym wedi trefnu 18 o sesiynau grŵp ffocws i staff ledled Cymru er mwyn clywed sut mae staff yn meddwl y dylid canolbwytio ein hymdrehcion er mwyn gwneud gwahaniaeth go iawn. Drwy drafodaeth ar-lein, roedd staff hefyd yn gallu gwneud awgrymiadau cyfrinachol ynghylch yr hyn y gellid ei wella. Mae tua 270 o staff wedi mynchu grŵp ffocws neu ymuno â thrafodaeth ar-lein, ac rydym ar hyn o bryd yn gweithio ein ffordd drwy'r adborth i ddatblygu cynllun gweithredu sefydliadol yn seiliedig ar yr arolwg staff. Bwriadwyd lansio hwn ym mis Ebrill 2019 a byddwn yn rhoi'r wybodaeth ddiweddaraf i'r staff ar y cynnydd. Rydym wedi rhoi mynediad i gyfarwyddiaethau i'w canlyniadau eu hunain, yn ogystal â darparu help i nodi meysydd lleol y gellid eu gwella a helpu i gynllunio, cyfathrebu a monitro camau dilynol. Bydd arolygon yn y dyfodol yn ein helpu i fesur barn ar y meysydd lle rydym wedi cyflwyno newidiadau a darparu ffordd o farnu a yw ein camau dilynol wedi bod yn llwyddiannus.



Llesiant ein staff

Mae ein gwaith i wneud Cymru yn lle iachach, hapusach a thecach i fyw hefyd yn cysylltu â'r gwaith rydym yn ei wneud i gefnogi ein staff ein hunain. Y Safon Iechyd Corfforaethol yw'r marc ansawdd ar gyfer hybu iechyd yn y gweithle yng Nghymru, ac rydym wedi bod yn parhau i'w ddefnyddio i sefydlu a defnyddio'r arferion rydym wedi eu cyflwyno i hybu iechyd a llesiant.

Mae gennym Grŵp Llesiant Staff, sy'n cynnwys cynrychiolwyr o'r sefydliad cyfan sydd oll yn cefnogi ein camau gweithredu. Roeddem wrth ein boddau o ennill lefel arian y Safon Iechyd Corfforaethol ym mis Gorffennaf 2018 ac rydym bellach yn adeiladu ar ein cyflawniadau er mwyn i ni allu gwneud cynnydd i lefelau pellach y cynllun dyfarnu. (Mae'r Safon Iechyd Corfforaethol ('y Safon') yn rhan o raglen Cymru lach ar Waith ac yn farc ansawdd cenedlaethol ar gyfer iechyd a llesiant yn y gweithle.)

Lansiwyd y cynllun peilot gweithgarwch corfforol Amser i Symud ym mis Mehefin, gyda'r nod o wella iechyd a llesiant ein staff. Mae unrhyw un sy'n ymrwymo i Amser i Symud yn cael un awr yr wythnos (neu amser sy'n gymesur â nifer yr oriau y maent yn gweithio) o amser â thâl i'w ddefnyddio ar gyfer unrhyw weithgarwch corfforol yn ystod y diwrnod gwaith. Mae mwy na 800 o bobl wedi ymrwymo i'r cynllun peilot. Mae'r fenter yn cael ei threialu o fis Mehefin 2018 tan fis Mehefin 2019, a'i nod yw ein helpu i ddeall a yw gweithgarwch corfforol yn gwneud gwahaniaeth i iechyd a llesiant corfforol a meddyliol pobl.

Hyrwyddwyr Amrywiaeth Stonewall

Fe wnaethom ymrwymo i fod yn Hyrwyddwyr Amrywiaeth Stonewall ym mis Mehefin 2017, a chael lle ar ymarfer meincnodi Mynegai Cydraddoldeb yn y Gweithle Stonewall am y tro cyntaf. Cawsom ein rhoi yn safle 338 o blith 434 o sefydliadau sy'n cymryd rhan, a oedd yn ganlyniad siomedig ond rhoddodd fan cychwyn clir i ni a chynllun gweithredu ar gyfer gwella.

Yn ystod 2018 fe wnaethom ganolbwytio ar roi rhaglen wella ar waith a oedd yn cynnwys:

- ♂ Sefydlu rhwydwaith staff LHDT+;
- ⟳ adolygu a diweddu ein polisiau;
- ✓ mynchu digwyddiadau Pride yn Abertawe a Chaerdydd;
- 📅 addysgu staff drwy hyfforddiant gwell, cynnal digwyddiadau siarad a chyhoeddi erthyglau ar y fewnrwyd i hysbysebu digwyddiadau;
- ↗ datblygu a chyhoeddi canllawiau ar drawsnewid yn y gwaith; a
- 📄 sefydlu Rhwydwaith Cyngreiriaid a chynhyrchu taflenni ffeithiau.
- Unwaith eto, fe wnaethom gyflwyno cais i'r Mynegai Cydraddoldeb yn y Gweithle, a chawsom ein rhoi yn safle 173 o blith 445 o sefydliadau a gymerodd ran, sy'n arwydd cadarn o lwyddiant. Mae gennym fwy i'w wneud o hyd, ac rydym wedi datblygu cynllun gweithredu arall yn seiliedig ar yr adborth gan Stonewall ar ein cais diweddaraf.

I gael rhagor o wybodaeth, ewch i:
<https://bit.ly/2vZAC3Q>



Wythnos Amrywiaeth a Chynhwysiant

Cynhaliwyd ein Hwylod Amrywiaeth a Chynhwysiant gyntaf rhwng 7 ac 11 Ionawr 2019. Nod yr wythnos oedd codi ymwybyddiaeth a dathlu ein gweithle amrywiol a'r cymunedau rydym yn eu gwasanaethu.

Ymhlieth ein siaradwyr roedd:



Jacqui Gavin, model rôl ac ymgrychyd trawsryweddol: Bod yn fi fy hun mewn byd dilys.



Menywod mewn rolau arweiniol: cwestiynau ac atebion ar y materion a wynebir gan fenywod mewn rolau arwain yn ein sefydliad. Ar y panel roedd Jan Williams (cadeirydd), Tracey Cooper (Prif Weithredwr), Judi Rhys (cyfarwyddwr anweithredol), Kate Eden (cyfarwyddwr anweithredol) a Sian Bolton (cyfarwyddwr gweithredol dros dro).



Bryony Tofton: Dwi ddim yn gallu eich clywed chi – dyna'i gyd! Bod yn fyddar mewn byd sy'n gallu clywed



Dr Justin Varney, Public Health England: Gwneud cynhwysiant LHDT yn realiti.



Alltudion ar Waith: Trefnu noddfa i geiswyr lloches a ffoaduriaid.

Trefnwyd stondinau gwybodaeth i godi ymwybyddiaeth o'n rhwydweithiau amrywiaeth staff, gwerthwyd cacennau ledled Cymru, a gododd dros £230 ar gyfer yr elusen fach Gymreig, Llinell Gymorth LHDT Cymru, a rhoddwyd ein llinynnau gwddf a chareiau enfys i staff ym mhob un o'n lleoliadau ledled Cymru.

Llwyddodd yr wythnos i gyflawni ei nod o gael pobl i siarad a chodi ymwybyddiaeth. Mae sawl aelod o staff wedi dweud cymaint y maent wedi ei ddysgu a'u bod wedi mwynhau'r digwyddiadau, a sut y maent yn gweld ein gwerthoedd yn cael eu rhoi ar waith.

Fel cam nesaf, rydym yn cynllunio digwyddiadau 'Deall ein Cymunedau' rheolaidd drwy gydol y flwyddyn. Bydd y rhain yn cynnig y cyfle i bob aelod o staff ddysgu am yr heriau a wynebir gan ein cymunedau amrywiol yng Nghymru. Ar wahân i iechyd, bydd y pynciau yn cynnwys diwylliant, cymunedau'n cydweithio, cyflogaeth, a llesiant – sydd oll yn feysydd y mae'n rhaid ymdrin â hwy os ydym am gefnogi'r broses o sicrhau Cymru decach a mwy ffyniannus.



Oeddech chi'n gwybod?

Cynhelir y digwyddiad 'Deall ein cymunedau' cyntaf ym mis Mai 2019 a bydd yn trafod 'Gwahaniaethu ar sail iechyd meddwl' a 'Beth yw Islam ac Islamoffobia'.

I gael rhagor o wybodaeth, ewch i:
<https://bit.ly/30qaPQf>



Adeiladu tîm

Dros y ddwy flynedd ddiwethaf, mae tîm iechyd cyhoeddus lleol Bwrdd Iechyd Prifysgol Cwm Taf wedi ehangu.

Mae hyn, ynghyd â'r newid i ffin Pen-y-bont ar Ogwr, yn golygu y bydd hyd yn oed mwy o aelodau staff ar draws y ddau safle. Mewn ymateb i hyn, cynlluniodd y tîm nifer o ddiwrnodau datblygu staff, gyda'r nod o ddatblygu gwybodaeth ac arbenigedd staff, ond hefyd i gefnogi staff i fod ar eu gorau a gwella eu llesiant.

Cynhaliwyd sesiynau ar seicoleg gadarnhaol, ymwybyddiaeth ofalgar a rheoli straen. Tra'n cynllunio ar gyfer ein sesiwn olaf, heriwyd y tîm a gofynnwyd iddynt 'Beth y gallwn ei wneud fel tîm cyfan i wneud gwahaniaeth?' Canlyniad hyn oedd sesiwn a ddarparwyd gan Hyrwyddwr Dementia ar ddod yn dîm dementia-gyfeillgar. Cafodd y sesiwn ei chroesawu a bydd yn cael effeithiau cadarnhaol sylweddol ar sut rydym yn rhwngweithio â phobl â dementia yn ein bywydau proffesiynol a phersonol.

Oeddech chi'n gwybod?

Mae tîm iechyd cyhoeddus lleol Cwm Taf bellach yn Gyfeillion Dementia. Trefnodd Cymdeithas Alzheimer i wirfoddolwr fynychu'r diwrnod datblygu tîm i gynnal sesiwn wybodaeth ryngweithiol. Canolbwytiodd y sesiwn ar bum prif neges i sicrhau ein bod yn ystyried y bobl hynny sy'n byw gyda dementia yn ein gweithle ac adref.

I gael rhagor o wybodaeth, ewch i:

<https://bit.ly/1iWbekA>

Dysgu O Adborth

Mae'r rhan fwyaf o bobl sy'n defnyddio'n gwasanaethau, ein rhagleni a'n swyddogaethau yn cael profiad cadarnhaol a chawn ganmoliaeth yn aml. Croesewir y rhain yn fawr ac rydym yn eu hanfon ymlaen at y staff perthnasol.

Fodd bynnag, weithiau byddwn yn gwneud camgymeriadau, ac mae'n hanfodol ein bod yn ymchwilio'n llawn pan fydd hyn yn digwydd er mwyn sicrhau ein bod yn dysgu o'n camgymeriadau i'w hatal rhag digwydd eto. Mae'r enghreiffiau isod yn dangos amrywiaeth o bryderon a chanmoliaeth a ddaeth i law yn 2018-2019.



Enghraift o bryder 1

Cawsom gŵyn gan aelod o'r cyhoedd am un o'n rhagleni sgrinio nad oedd yn gallu cynnig apwyntiadau hyblyg.

Roedd aelod o'r cyhoedd yn pryderu nad oeddem yn gallu cynnig apwyntiad y tu allan i'w oriau gwaith. Gofynnwyd am apwyntiad hwyr, ond dywedwyd na fyddai hyn yn bosibl gan nad yw'r clinig yn cynnig apwyntiadau ar ôl 3pm.



Beth wnaethom ni

Cynigiwyd apwyntiad arall, ynghyd ag ymddiheuriad, gan egluro bod yr apwyntiadau y mae'r gwasanaeth yn eu cynnig yn gallu bod yn her i bobl sy'n gweithio. Mae hyn am fod y clinigau yn cael eu cynnal mewn amrywiaeth o ysbytai, canolfannau iechyd a meddygfeydd, ac mae angen i'r sgrinwyr deithio i/o glinigau hyn yn ystod eu sifft. Mae'r gwasanaeth yn adolygu sut mae'n cynllunio clinigau dros y flwyddyn nesaf, a chynnwys y cyhoedd yn fwy er mwyn sicrhau bod apwyntiadau yn darparu amrywiaeth eang o opsiynau i wella nifer y bobl sy'n mynychu clinigau sgrinio.

Enghraift o bryder 2

Cawsom gwyn gan aelod o'r cyhoedd ynghylch y ffaith bod eu lleoliad sgrinio arferol o fewn pellter cerdded i'w gartref ond ei fod wedi cael apwyntiad mewn lleoliad a oedd yn golygu bod angen mynd ar ddau fws a cherdded er mwyn ei gyrraedd.

Mae ein rhagleni sgrinio yn ceisio trefnu bod cleifion yn cael eu gweld yn y clinigau sydd fwyaf cyfleus iddynt hwy.

✓ Beth wnaethom ni

Weithiau, o ganlyniad i alw mawr mewn rhai ardaloedd, mae ein rhagleni sgrinio yn cynnig apwyntiadau mewn clinigau amgen i sicrhau nad yw pobl yn gorfol aros yn rhy hir. Yn yr achos hwn, rydym wedi gwneud nodyn ar gofnod y person i sicrhau eu bod yn derbyn gwahoddiad i'w clinig agosaf yn y dyfodol. Fe wnaethom hefyd atgoffa'r person y byddai modd cysylltu â'r ganolfan i ofyn am apwyntiad mewn lleoliad neu ar amser mwy cyfleus.

Enghraift o bryder 3

Dywedwyd wrthym fod un o'n gwasanaethau negeseuon testun yn anfon negeseuon at bobl yn Saesneg yn unig, sy'n annerbyniol.

Mae angen i ni gryfhau'r ddarpariaeth Gymraeg o fewn ein gwasanaethau.

✓ Beth wnaethom ni

Fe wnaeth y rhaglen dan sylw adolygu ei holl wybodaeth am gleifion, gan gynnwys eu contract negeseuon testun i weld a oeddent yn cydymffurfio â Deddf yr Iaith Gymraeg, er mwyn sicrhau bod unrhyw negeseuon testun yn y dyfodol yn cael eu hanfon yn Gymraeg a Saesneg.

Canmoliaeth

"Ddydd Gwener, mynchais brawf sgrinio AAA yng Ngogledd Cymru am y tro cyntaf. Am nad oeddwn wedi clywed am y math hwn o sgrinio cyn cael y llythyr, mae'n rhaid i mi ddweud bod yr ymarferydd a gynhaliodd y sgan yn wybodus, yn gefnogol ac yn gadarnhaol iawn. Roedd y sgan yn werth ei gael."

- Cyfranogwr mewn rhaglen sgrinio

"Roeddwn eisiau anfon gair ynghylch dau aelod o staff yn y clinig heddiw a oedd yn hyfryd gyda'r menywod ac yn gwirio unrhyw ffurflen yn yr hambwrdd. Roedd menyw yr oedd angen gwasanaeth llinell iaith arni ac nid oeddwn yn gallu gwirio'r holl fanylion. Roedd y ddau aelod o staff yn wych ac fe wnaethant wirio'r holl wybodaeth i mi. Tîm rhagorol, mae'n gwneud popeth yn haws o lawer."

- Staff y GIG

"Gair cyflym i ddiolch i chi am adael i mi ddod i weld eich gwasanaeth sgrinio i fabanod newydd. Roedd Angie yn wych, yn gyfeillgar a gwylodys iawn! Dysgais lawer am glyw babanod ac rwyf bellach yn gwylodys sut y caiff ei brofi a phryd. Felly, diolch yn fawr iawn."

- Myfyrwraig nysrio

"Gwasanaeth ardderchog, gwell o lawer na'r gwasanaeth sgrinio yn Lloegr!"

- Cyfranogwr mewn rhaglen sgrinio

Edrych Ymlaen 2019-2020

Yn ystod 2017-2018 a 2018-2019, fe wnaethom weithio'n galed gyda'n staff a'n partneriaid er mwyn datblygu ein strategaeth hirdymor newydd. Gallwch ddarllen mwy am yr hyn a wnaethom, yn yr adran 'Ein strategaeth hirdymor' a 'Cymru lach'.

Bydd ein gwaith presennol a'n gwaith yn yr hirdymor yn canolbwyntio ar gyflawni blaenoriaethau'r strategaeth, a nodir isod. Rydym hefyd yn ystyried sut rydym yn adrodd ar y gwaith o gyflawni ein blaenoriaethau a charem i chi ein dwyn i gyfrif am hyn.

Dylanwadu ar iechyd pobl

Byddwn yn ymuno ag eraill i ddeall a gwella'r ffactorau sy'n effeithio ar iechyd pawb. Ymhlieth y ffactorau hyn mae teulu, ffrindiau a chymunedau, tai, addysg a sgiliau, gwaith da, arian ac adnoddau, a'n hamgylchoedd.

Gwella llesiant meddyliol a datblygu gwydnwch

Byddwn yn helpu pawb i wireddu eu llawn botensial ac i allu ymdopi'n well â heriau bywyd. Mae helpu pobl i wella eu llesiant meddyliol yn eu helpu i wireddu eu llawn botensial, ymdopi â heriau bywyd, gweithio'n gynhyrchiol a chyfrannu at eu bywyd teuluol a'u cymunedau.

Hyrwyddo ymddygiad iach

Byddwn yn deall y rhesymau dros ymddygiad nad yw'n iach a'i gwneud yn haws i bobl wneud dewisiadau iach. Drwy barhau i leihau cyfraddau ysmgyu yn gyflym, cynyddu gweithgarwch gorfforol, hyrwyddo pwysau iach, ac atal ymddygiad niweidiol rhag pethau fel cam-drin sylweddau, byddwn yn lleihau baich clefydau ac yn helpu i leihau anghydraddoldebau sy'n deillio o gyflyrau hirdymor megis gordewdra, canser, cyflyrau'r galon, strôc, clefydau anadolol a dementia.

Sicrhau dyfodol iach ar gyfer y genhedlaeth newydd drwy ganolbwyntio ar y blynnyddoedd cynnar

Byddwn yn gweithio gyda rhieni a gwasanaethau i sicrhau bod yr holl blant yng Nghymru yn cael y dechrau gorau mewn bywyd. Mae blynnyddoedd cynnar plentyn (sef y blynnyddoedd o feichiogrwydd i 7 oed) yn amser allweddol i sicrhau canlyniadau da yn ddiweddarach yn eu bywydau, gan gynnwys dysgu gwell, mynediad i waith da, a bywyd llawn boddhad.

Diogelu'r cyhoedd rhag heintiau a bygythiadau amgylcheddol i iechyd

Byddwn yn defnyddio ein harbenigedd i ddiogelu'r cyhoedd rhag heintiau a bygythiadau amgylcheddol, gan weithio gydag eraill i leihau'r peryglon i iechyd. Bydd hyn yn cynnwys canfod cyflyrau'n gynnar, cynllunio da, a defnyddio ein hadnoddau yn effeithiol.

Cefnogi gwaith i ddatblygu system iechyd a gofal gynaliadwy sy'n canolbwyntio ar gymryd camau cynnar i atal salwch

Byddwn yn gweithio ochr yn ochr â'n partneriaid i gefnogi'r gwaith o ddatblygu systemau iechyd a gofal sy'n hygyrch ac yn gynaliadwy sy'n canolbwyntio ar atal ac ymyrryd yn gynnar. Bydd hyn yn cynnwys canolbwyntio ar sgrinio cenedlaethol, lleihau gwahaniaethau ac anghydraddoldebau o ran gofal, lleihau'r risg o niwed sy'n gysylltiedig â sut y caiff gofal iechyd ei ddarparu a chefnogi gofal sy'n symud yn agosach i'r cartref.

Meithrin a defnyddio gwybodaeth a sgiliau i wella iechyd a llesiant ledled Cymru

Byddwn yn datblygu'r sgiliau, y polisi a'r wybodaeth i'n helpu ni a'n partneriaid i wella iechyd a llesiant. Drwy ein gwaith, byddwn yn ychwanegu at, adolygu a chyfathrebu gwybodaeth leol, cenedlaethol a rhyngwladol er mwyn gwella, diogelu a chynnal iechyd y genhedlaeth bresennol a chenedlaethau'r dyfodol. Byddwn yn cefnogi ein polisi ac arferion drwy wybodaeth a sgiliau arbenigol, diduedd a dibynadwy, gan gyflwyno dull gweithredu cynhwysfawr ar draws pob sector.



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