

Agenda

10:00 - 10:05 1. Welcome and Apologies / Croeso ac Ymddiheuriadau

5 min

5 min

Jan Williams

Chair / Cadeirydd

10:05 - 10:05 2. Declarations of Interest / Datgan Buddiannau

0 min

10:05 - 10:35 3. Cost of Living - Strategic Presentation / Costau Byw – Cyflwyniad Strategol

30 min

30 mins

Iain Bell

National Director Knowledge, Research and Information/ Cyfarwyddwr Cenedlaethol, Gwybodaeth ac Ymchwil

Mark Bellis

Executive Director of Policy and International Health, WHO Collaborating Centre of Investment for Health and Well-being (WHO CC) / Cyfarwyddwr Gweithredol Polisi ac Iechyd Rhyngwladol, Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant (WHO CC)

📎 3.1a PHW 2022_09_29 - Cost of Living Crisis cover paper.pdf (6 pages)

📎 3.1b PHW 2022_09_29 - Cost of living Crisis presentation slides.pdf (7 pages)

10:35 - 11:15 4. Board Assurance Framework / Fframwaith Sicrwydd y Bwrdd

40 min

4.1. Integrated Performance Report (Month 5) / Adrodiad Perfformiad Integredig (Mis 5)

40mins

Huw George

Deputy Chief Executive and Executive Director of Finance and Operations / Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Gweithrediadau a Chyllid

📎 4.1a PHW 2022_09_29 - Performance Assurance Dashboard Cover report 220922.pdf (7 pages)

📎 4.1b PHW 2022_09_29 - Appendix 1 - Performance-and-Insight-Report-Aug2022-v1b.pdf (16 pages)

📎 4.1b PHW 2022_09_29 - Appendix 1A - BET Report and Attachments - NHS Performance Framework.pdf (42 pages)

📎 4.1c PHW 2022_09_29 - Appendix 2 - PAD Aug 22_Performance.pdf (34 pages)

📎 4.1d PHW 2022_09_29 - Finance Month 5 Report.pdf (8 pages)

📎 4.1e PHW 2022_09_29- Finance Month 5 Report - Appendix A 2022-23 MMR PHW M05 vFinal.xlsx (33 pages)

11:15 - 11:30 5. Break / Egwyl

15 min

11:30 - 12:00
30 min

6. Strategic Partnership - Judith Paget, Director General and Chief Executive of NHS Wales / Partneriaeth Strategol – Judith Paget, Cyfarwyddwr Cyffredinol a Phrif Weithredwr GIG Cymru

30 mins

Judith Paget

Director General and Chief Executive of NHS Wales / Cyfarwyddwr Cyffredinol a Phrif Weithredwr GIG Cymru

12:00 - 12:20
20 min

7. Board Assurance Framework (Continued) / Fframwaith Sicrwydd y Bwrdd (Parhad)

7.1. Chief Executive's Report / Adroddiad y Prif Weithredwr

10 mins

Huw George

Deputy Chief Executive and Executive Director of Finance and Operations / Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Gweithrediadau a Chyllid

 7.1 PHW 2022_09_29 - CEO report.pdf (19 pages)

7.2. Committees of the Board: Report from Committee Chairs / Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau

10 mins

Committee Chairs / Cadeiryddion Pwyllgorau

 7.2 PHW 2022_09_29 - Committee Chairs Report for Board - (Open session) September 2022.pdf (4 pages)

12:20 - 12:50
30 min

8. Items for Approval / Eitemau i'w Cymeradwyo

8.1. Minutes and Action Log from the Board Meeting (28 July 2022) / Cofnodion a Log Gweithredu o Gyfarfod y Bwrdd ar (28 Gorffennaf 2022)

5 mins

 8.1.1 PHW 2022_09_29 - Unconfirmed Public Draft Minutes of the Board Meeting 28 July 2022.pdf (9 pages)

 8.1.2 Unconfirmed Public Draft Minutes of the Board Meeting 28 July 2022_CY-GB (Terfynol).pdf (9 pages)

 8.1.3 PHW 2022_09_29 - Board Open action log.pdf (1 pages)

8.2. Board and Committee Governance / Llywodraethu'r Bwrdd a Phwyllgorau

25 mins

Helen Bushell

Board Secretary and Head of Board Business Unit / Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd

8.2.1. Protocol for reserving matters to a private Board (and Committee) meeting / Protocol ar gyfer cadw materion i gyfarfod Bwrdd (a Phwyllgor) preifat

8.2.2. Ratification of Chairs Action / Cadarnhau Gweithred y Cadeirydd

 8.2.2 PHW 2022_09_29 - Ratification of Chairs Action.pdf (4 pages)


12:50 - 12:50
0 min

9. Items for Noting / Eitemau i'w Nodi

9.1. Chair's Report (28 July 2022) / Adroddiad y Cadeirydd (28 Gorfennaf 2022)

 9.1 PHW 2022_09_29 - Private Board Chairs Report for Board (Open session) 28 July 2022.pdf (2 pages)

9.2. Board Forward Plan / Blaengynllun y Bwrdd

 9.2 PHW 2022_09_29 - Board Forward Look pdf.pdf (1 pages)

12:50 - 12:50
0 min

10. Date of Next Formal Meeting of the Board / Dyddiad y Cyfarfod Ffurfiol Nesaf o'r Bwrdd

12:50 - 12:50
0 min


11. Close of Public Meeting / Diwedd y Cyfarfod Cyhoeddus

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

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

12:50 - 13:20
30 min

12. Break/ Lunch

| | | |
|--|---|--|
|  GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales | Name of Meeting Board Date of Meeting 29 September 2022 Agenda item: 3.1 |
|--|---|--|

| Public Health Wales Response to the Cost of Living Crisis | | | | |
|---|---|---------------------------------------|-----------------------------------|---------------------------------------|
| Executive lead: | Iain Bell, National Director for Public Health Knowledge and Research Professor Mark Bellis, Director, Policy and International Health, World Health Organization Collaborating Centre on Investment for Health and Well-being | | | |
| Author: | Dr Sumina Azam, Policy Lead and Deputy Director in Policy and International Health, Professor Jo Peden, Consultant in Public Health Rebecca Masters, Consultant in Public Health | | | |
| Approval/Scrutiny route: | Cost of Living Crisis Coordination Internal Group Business Executive Team | | | |
| Purpose | | | | |
| The purpose of this paper is to: <ul style="list-style-type: none"> • Provide an update to the Board on the co-ordinated response which is taking place within Public Health Wales to the Cost of Living Crisis (CoL) • Briefly outline the key challenges and the public health response required. | | | | |
| Recommendation: | | | | |
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input type="checkbox"/> |
| The Board are asked to: <ul style="list-style-type: none"> • consider the approach outlined to respond to the Cost of Living crisis and seeks support to promote this framework for a public health response. | | | | |

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

| | |
|--|--|
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |

Summary impact analysis

| | |
|--|--|
| Equality and Health Impact Assessment | An Equality and Health Impact Assessment is not necessary at this stage, 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 Theme 1 - Staying Healthy Theme 7 - Staff and Resources Person Centred Care |
| Financial implications | N/A |
| People implications | N/A |

1. Purpose / situation

The purpose of this paper is to:

- Provide an update to the Board on the co-ordinated response which is taking place within Public Health Wales to the Cost of Living Crisis (CoL);
- Briefly outline the key challenges and the public health response required.

2. Background

People's **wages and welfare payments are not keeping pace with rising living costs**, in particular, the costs of energy, fuel, housing, and food. Businesses and public services are also seeing their **budgets stretched** in the face of rising costs. This is referred to as the 'cost of living crisis'.

The crisis means more people are unable to afford the essentials, such as food and heating, which has **significant and wide-ranging negative impacts on mental and physical health**. These can have **long-term consequences** for the people affected and the systems and services that are needed to support them.

People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas, and **the cost of living crisis will accelerate what were already increasing inequalities in health between those with more and less money**.

The current cost of living crisis is not just a temporary economic squeeze: **it is a long-term public health issue affecting the whole population**. The impact on health and well-being in Wales has the potential to put it on the same scale as the COVID-19 pandemic, which had already exacerbated existing inequalities in Wales. The cost of living crisis will worsen existing inequalities in health and well-being through a variety of different mechanisms.

3. Description/Assessment

The Cost of Living Crisis Coordination Group was set up by Public Health Wales in August to enable a joined up organisational response to the CoL crisis. This group is Co-Chaired by Professor Mark Bellis and Iain Bell and meets on a weekly basis. There is senior representation from all Directorates across Public Health Wales and this group has scoped out the current organisational activity and developed a briefing paper for Ministers which outlines a public health response, highlighting the urgent public health response in order to 1) mitigate the effects of the immediate crisis;

| | | |
|-------------------------|-----------------------|---------------------|
| Date: 22/09/2022 | Version: Final | Page: 3 of 6 |
|-------------------------|-----------------------|---------------------|

and 2) tackle the underlying causes so that health, well-being and inequality are improved in the longer-term.

We are developing resources to ensure our response is based on the latest available data and intelligence, both from within Wales and internationally. Examples include:

- International seminar with World Health Organization (Regions for Health Network)
- International Horizon Scanning report
- Monthly population panel survey
- Welsh Health Equity Solutions Platform
- Provide advice and support on Health Impact Assessments
- Ongoing monitoring
- Data modelling

A public health response to the CoL crisis needs to:

- Recognise the **immediate threat** the cost of living crisis poses to health and well-being, with a greater focus on **supporting those who will be hardest hit**.
- Prioritise **preventative action**: the negative impacts of events such as the cost of living crisis – and the COVID-19 pandemic before that – are so significant because they push on the existing vulnerabilities of entrenched poverty and inequity in Wales. Tackling the underlying causes of these will create a healthier and more equal society and, therefore, one more resilient to future challenges.

Wales is in a unique position to maximise the policy levers already in place by utilising and maximising the impact of the **Well-being of Future Generations Act 2015, the Socio-economic Duty, the Social Services and Well-being (Wales) Act 2014** and the 'health in all policies' approach. Public Health Wales has a key role in promoting and supporting the implementation of these acts in the response to the CoL crisis.

It is proposed that in the **short term** this includes:

- A focus on mental health and well-being support;
- Income maximisation (including specific support on energy, housing and food costs) and debt support;
- Efforts to reduce Fuel poverty and the impact of cold homes,
- Efforts to prevent homelessness,

| | | |
|-------------------------|-----------------------|---------------------|
| Date: 22/09/2022 | Version: Final | Page: 4 of 6 |
|-------------------------|-----------------------|---------------------|

- Efforts to promote healthy eating,
- Maintain and improve equity of access to public services and protect against social isolation;
- Employers supporting staff, including careful management of redundancy;
- Health and care system stakeholders preparing for winter pressures; and
- Safeguarding against an increased risk of violence and domestic abuse.

In the **medium/long term** this includes:

- Energy efficiency measures and a shift to affordable, green energy;
- Improving housing availability, affordability and quality;
- Developing healthy and sustainable local food systems;
- Encouraging active, low-carbon travel and public transport;
- Promoting fair work; and
- Violence prevention initiatives and parenting support.

To **create a healthier and more equal Wales longer-term**, this includes:

- Implementing 'health in all policies';
- Taking a life-course approach with a focus on early years;
- Promoting healthy behaviours;
- Building community resilience, community cohesion and social capital; and Creating an 'Economy of Well-being'

Public Health Wales can support and enable a public health approach to the CoL crisis through its roles as an **employer, service provider and partner within the health and care system in Wales**.

Maintaining the health and well-being of our staff is a priority. Our flexible working policy enables staff to take the financial aspects of where they work from into account. We are also signposting staff to financial support and ensuring they can access mental well-being services.

For members of the public who use our screening services, we are seeking to minimise travel distances where appropriate, and are developing resources to provide information on support available to attend appointments.

The Board will receive regular updates on the ongoing activity and response to the CoL crisis.

| | | |
|-------------------------|-----------------------|---------------------|
| Date: 22/09/2022 | Version: Final | Page: 5 of 6 |
|-------------------------|-----------------------|---------------------|

4. Recommendation

The Board are asked to:

- **consider** the approach outlined to respond to the Cost of Living crisis and seeks support to promote this framework for a public health response.

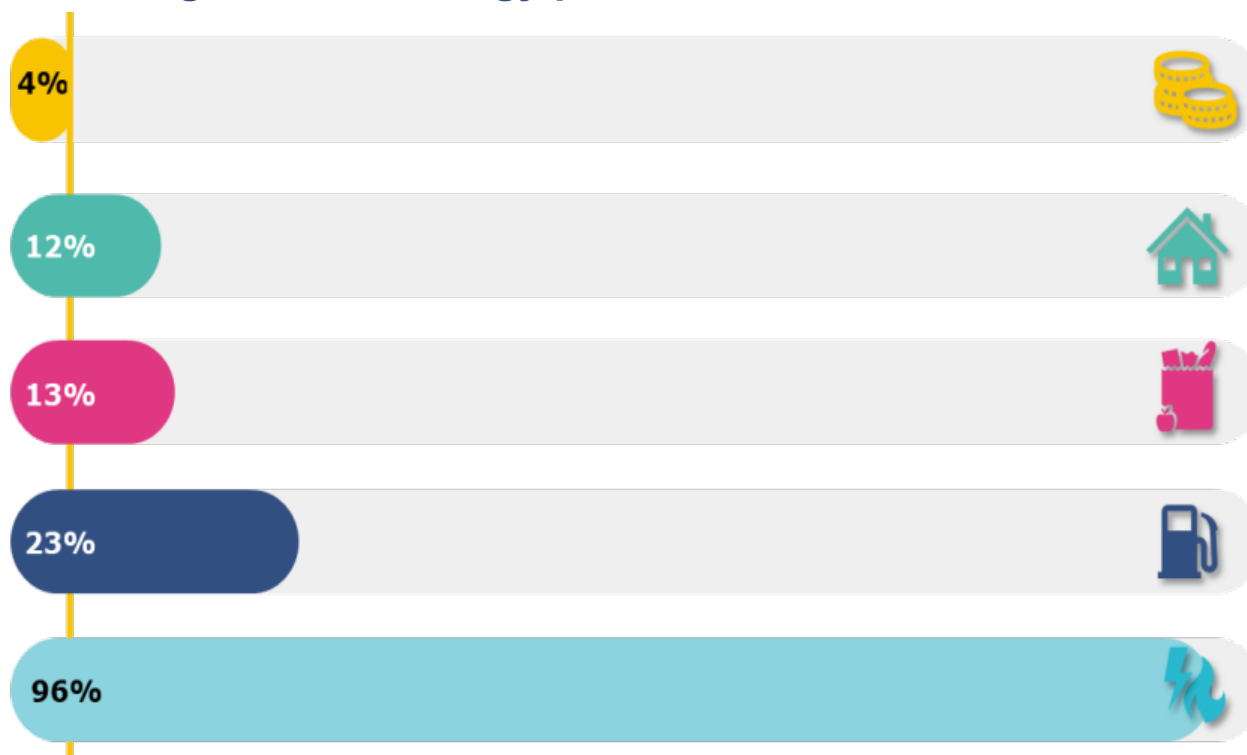
Cost of living: A public health issue

PHW Board, 29 September 2022

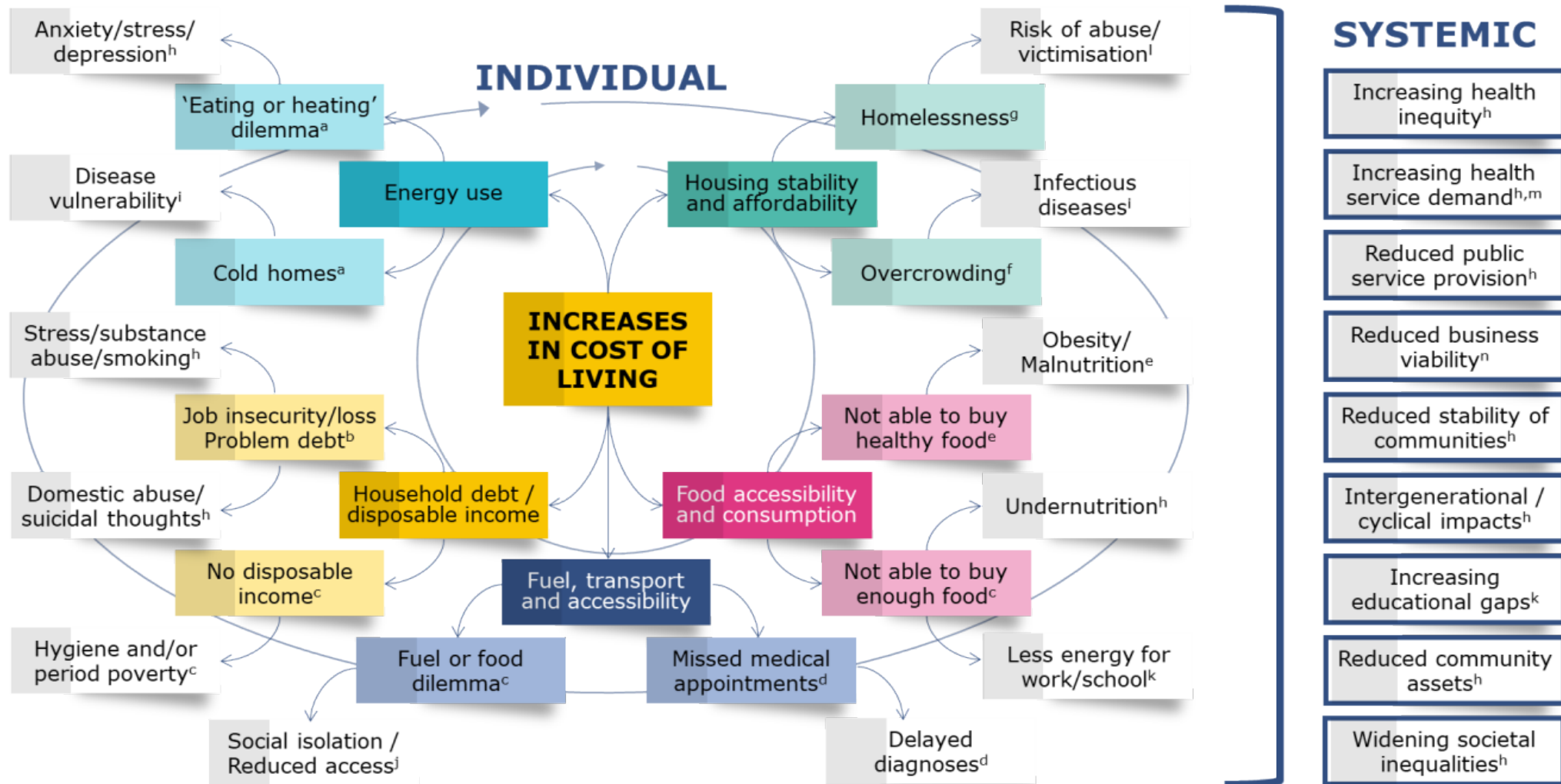
What is the cost of living crisis?

- People's wages and welfare payments are not keeping pace with rising living costs
- Graph shows a comparison of the rising costs of housing, food, fuel and energy in comparison to wage increases
- Rising costs impact businesses and public service providers as well as individuals
- Petrol is currently 23% more expensive compared to this time last year – huge implications for delivery of services
- Frequent and dramatic changes to energy price caps have made it difficult for households to budget
- As we enter the autumn, many households across the income spectrum, are scared to turn the heating on

Wage increases compared to increases in the price of food, housing, fuel and energy prices



How does cost of living link to health?



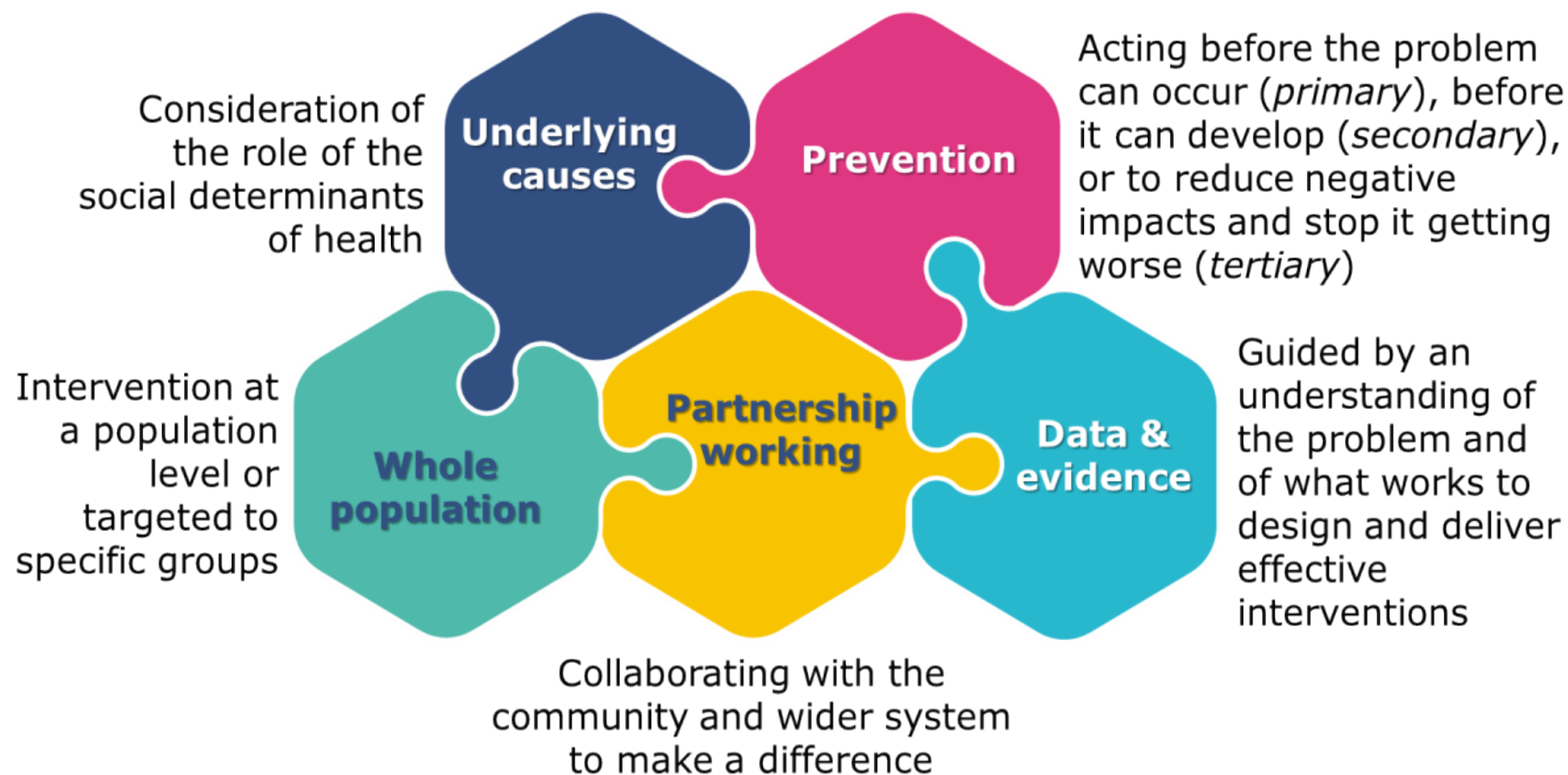
Infographic developed by Manon Roberts & Louisa Petchey, PHW

What does this mean for public health in Wales?

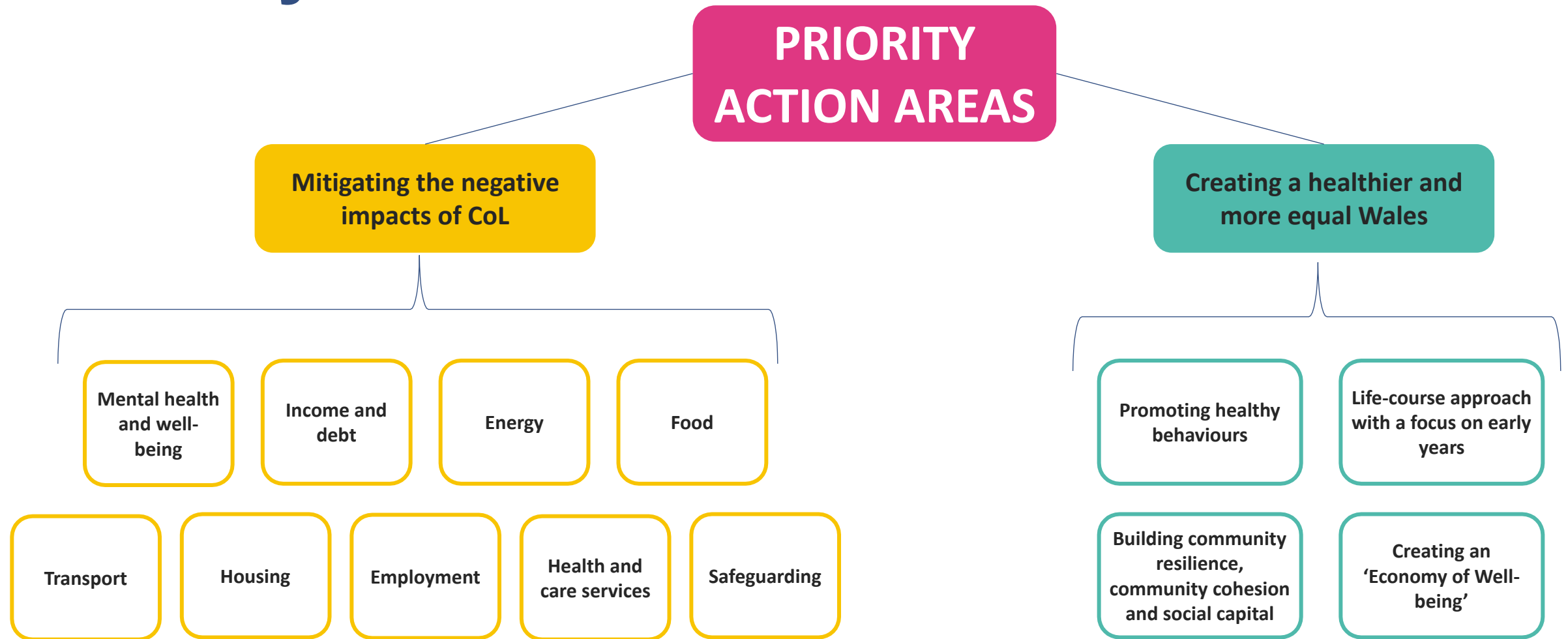
- Increases in the scale and severity of poverty in Wales (which is already worse compared to the rest of the UK)
- Widening of the health inequalities gap
- Increases in excess winter deaths and hospital admissions
- Poorer mental health and increases in health harming behaviours and deaths of despair
- Increases in inequity between rural and urban areas:
 - Rural areas are more dependent on private cars for work/transport
 - Significant proportion of rural properties rely on LPG rather than mains gas, which is not subject to any price caps
 - Rural areas more dependent upon small/medium businesses, which are less likely to be able to withstand the economic shock



How should we respond?



Policy action areas



The Approach

- **Long term approach** to addressing health inequalities which means **investing in health and well-being**
- Creating an **enabling environment** –promoting the **Well-being of Future Generations Act 2015** The **Socio-economic Duty** The **Social Services and Well-being (Wales) Act 2014** and ' **health in all policies**'
- **Working together to make a difference** -**collaborative and integrated approach** to working with partners, that **involves local people and considers the long-term**, with an emphasis on **prevention**
- **Working with communities to enable connected and empowered communities** using an **asset-based approach**
- Promote and create an '**Economy of Well-being**'
- Developing resources to ensure our response is based on the latest available **data and intelligence**



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting
Board

Date of Meeting
29 September 2022

Agenda item:
4.1a

Performance and Insight Report

Executive lead: Huw George, Deputy Chief Executive/ Executive Director Operations and Finance

Contributors: Huw George, Deputy Chief Executive and Executive Director of Operations and Finance; Meng Khaw, National Director of Screening & Health Protection; Neil Lewis, Director of People and Organisational Development; Rhiannon Beaumont-Wood, Executive Director of Quality Nursing and Other Allied Health Professionals; Angela Fisher, Deputy Director of Finance; Ioan Francis, Head of Performance

Approval/Scrutiny route: Business Executive Team (20 September 2022)

Purpose

Our Performance and Insight Report focuses on delivering actionable insights whilst identifying areas for further improvement across the following key performance themes;

- Maintaining a healthy and sustainable workforce
- Achieving value and impact through innovation
- Delivering organisational wide quality and access to high quality services
- Improved population health and well-being

The report is designed to be read in conjunction with the Performance and Assurance Dashboard and Public Health Rapid Overview Dashboard.

A summary paper is also provided to outline the mandated requirement for Public Health Wales to report against the new NHS Wales Performance Management Framework released by Welsh Government for 2022/23, including key Ministerial Priority measures, and the plans that are in place to achieve this.

The Appendix also sets out the bi-annual qualitative monitoring returns that Public Health Wales submitted to Welsh Government in September 2022. These cover progress against embedding Foundational Economy principles and the NHS Wales Decarbonisation Action Plan, forming part of our new reporting requirements.

| Recommendation: | | | | |
|---|---|---------------------------------------|-----------------------------------|--|
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
| <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Discuss and scrutinise the paper and provide feedback and comments; • Note the proposed approach to fulfil our mandated reporting requirement for the remainder of 2022/23 to ensure compliance with the NHS Wales Performance Management Framework. | | | | |

| | |
|--|--|
| <p>Link to Public Health Wales Strategic Plan</p> <p>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.</p> <p>In order for Public Health Wales to deliver the strategic plan, effective performance management arrangements need to be in place to monitor and report on progress against achieving our strategic priorities to improve health outcomes. This intelligence is used to draw the Board's attention to areas of underperformance and is fundamental for effective and efficient decision making.</p> <p>This report contributes to the following:</p> | |
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |

| Summary impact analysis | |
|--|---|
| Equality and Health Impact Assessment | An Equality and Health Impact Assessment is not required. Equality and Health Impact Assessments will be completed as part of delivery of the specific actions within the Plan. |
| Risk and Assurance | Our Strategic Risks are detailed within Our Strategic Plan and the Implementation Plan for the Test Trace Protect Strategy. |
| Health and Care Standards | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes All themes |
| Financial implications | An update on the organisation's financial performance is enclosed |
| People implications | An update on the organisation's people performance is enclosed |

1. Purpose / situation

Our Performance and Insights Report focuses on delivering actionable insights whilst identifying areas for improvement across the following key performance themes;

- Maintaining a healthy and sustainable workforce
- Achieving value and impact through innovation
- Delivering organisational wide quality and access to high quality services
- Improved population health and well-being

This approach supports the Board and its Committees in discharging their responsibilities. The reporting of the four key themes will see us align to the Welsh Government's *A Healthier Wales* quadruple aims and key measures set out in the 2022/23 NHS Wales Performance Framework.


The report is designed to be read in conjunction with the [Performance and Assurance Dashboard](#) (PAD) and the [Public Health Rapid Overview Dashboard](#). The themes are demonstrated throughout this month's report and are also reflected in the PAD.

A summary paper is also provided to outline the mandated requirement for Public Health Wales to report against the new NHS Wales Performance Management Framework released by Welsh Government for 2022/23, including key Ministerial Priority measures, and the plans that are in place to achieve this.

2. Background

Access to high quality, timely and robust performance information is essential in providing assurance to our Executive Team and Board on our ongoing COVID-19 recovery, delivery of public health services and functions, and our role in improving population health and well-being.

Having strengthened our performance arrangements over the last 12-24 months through the successful development of the PAD we recognised the need to strengthen the accompanying Performance and Insight Report.

The September 2022 PAD can be accessed using the following [Link](#), or by navigating from specific areas of interest in the report by selecting the following symbol , thus enabling direct access to the latest available performance information.

In addition, during the June 2022 Board development session we identified the need to bring forward the latest data from the [Public Health Rapid Overview Dashboard](#). We are working to incrementally bring this in. This month the focus is on the cost-of-living crisis.

3. Description/Assessment

Key points to consider in this month's Performance and Insight Report are:

- Good progress continues to be reported in the delivery of our Strategic Plan milestones at month 5. 73% (275) of milestones are reported on track, and 23% (87) complete. 3% (10) of milestones have the potential to fall behind schedule and 1% (5) are rated red and behind schedule. A total of seven milestones were completed in month 5.
- Sickness absence decreased in August 2022 to 3.99% from the 5.82% recorded in the previous month. Short term sickness accounts for 61% of absence with short term sickness accounting for 39% of staff absences. The People & OD Advisory Team are continuing to run training sessions on the application of the Managing Attendance at Work Policy with 475 line managers having undertaken the training to date.
- A steady reduction in the number of COVID-19-related absences was evident throughout August 2022. Discussions are underway with Digital Health and Care Wales (DHCW) to refresh staff data for the Welsh Immunisation System which will allow us to re-start the reporting of Staff Vaccine uptake for COVID-19 Boosters and Influenza.
- Our cumulative reported position at month 5 2022/23 is a net surplus of £122k, with an anticipated breakeven position at year-end. Our revenue position is being supported by £8.251m of non-recurrent COVID-19 funding. Our capital funding for 2022/23 totals £6.540m with year to date spend at £1.060m. Capital funding is made up of £1.158m discretionary funding and £5.432m strategic funding. Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.3% (96.5% in month 5).
- COVID-19 testing activity is currently ~1000 tests per day across all laboratories with average in-lab turnaround times above target. The COVID-19 Transition Plan is being finalised for sign off by the COVID Management Team in September 2022. It describes Public Health Wales' proposed response to COVID-19 during an endemic phase. The decision on the integrated respiratory illness surveillance business case proposal is to be confirmed by Welsh Government. Early indications suggest funding for COVID testing and genomics, with a small fund available for development.
- Our screening services continue to be delivered in line with recovery plans. Service user appointments were rearranged due to the bank holiday being held for Queen Elizabeth's funeral on 19 September. The Cervical Screening Information System is

progressing well and will be a major achievement with the launch due to take place on 20 September 2022.

- Routine childhood vaccinations in quarter 1 2022/23 showed that for children aged one, uptake of the “6 in 1” vaccination remained below the 95% target at 94%. In children reaching five years of age this quarter, coverage of two doses of MMR was 90.7%, down 0.1% from the previous quarter.
- At 7 September 2022, a total of 148 incidents were reported as open for more than 30 days in the Datix incident management system with the highest being reported in Cervical Screening. This is a deteriorating position and actions are being taken forward to support Divisions to manage their incidents promptly.
- One Nationally Reportable Incident was reported to the NHS Delivery Unit in August 2022 in relation to a Bowel Screening participant being placed on the incorrect surveillance pathway in 2020. One No Surprises Incident was also reported during the same period, relating to a Cervical Screening Wales failsafe review.
- Public Health Wales has recognised the importance of ensuring we take a public health approach to the cost of living and are currently developing an integrated approach, overseen by a cross-Directorate Cost of Living Crisis Co-ordination Group. Our focus going forward is identifying our priority actions to mitigate further widening of health inequity.

Further insights from the Performance and Assurance Dashboard can be found on page 2 – Key Performance and Insights Summary.

Performance and Assurance Dashboard (*not publically available*)

<https://phw-tableau.cymru.nhs.uk/t/CorporateAnalyticsPreProduction/views/RecoveryDashboardLandingPage/LandingPage?:linktarget=self&:embed=yes#1>

Public Health Rapid Overview Dashboard (*not publically available*)

[Public Health Rapid Overview Dashboard](#)

4. NHS Wales Performance Management Framework 2022/23 – Implications for Performance Reporting

Public Health Wales plays a key role in both the delivery of key services and in its national leadership role in supporting our wider NHS Wales partners. Reporting of key performance measures forms an important part of Public Health Wales’ formal accountability arrangements with Welsh Government, alongside other reporting requirements such as the bi-annual Joint Executive Team meeting.

Welsh Government has recently published the NHS Wales Performance Framework for 2022/23, following approval by the Minister for Health and Social Services. The framework sets out mandated reporting requirements for NHS Wales organisations for 2022/23, including the need to report progress against key Ministerial Priority measures that form part of the phased roll out by Welsh Government.

A detailed review of the NHS Wales Performance Framework has been undertaken to ensure that Public Health Wales remains compliant and meets key accountability requirements to the Welsh Government. This included identifying measures applicable to Public Health Wales, including key corporate level data, service delivery performance, and measures related to our role in supporting the wider NHS system.

The accompanying paper provides a summary overview of our requirements including implications for achieving our reporting obligations for 2022/23.

Implications for Public Health Wales' performance reporting include:

- Emphasis remains on Our Healthier Wales' Quadruple Aims; Public Health Wales' performance themes continue to align with Welsh Government expectations.
- A significant number of measures to be reported by Public Health Wales have been highlighted as key Ministerial Priority areas.
- Reporting requirements include existing and new measures in the form of quantitative data and bi-annual qualitative returns to Welsh Government.
- A small number of operational and 'retired' measures remain key areas for reporting internally to support Board assurance (e.g. complaints).

The Appendix outlines a summary of key performance measures aligned to the quadruple aim themes, highlighting new, existing and 'retired' performance measures, and the plans currently in place to deliver against our expectations. It also details the bi-annual qualitative monitoring returns that Public Health Wales submitted to Welsh Government in September 2022. These include progress against Embedding Foundational Economy Principles and the NHS Wales Decarbonisation Action Plan.

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



Ensures Public Health Wales is able to successfully monitor the delivery of its functions; assess areas of underperformance; and can use this intelligence and knowledge to aid decision making.



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



The development of Public Health Wales' Long Term Strategy and Integrated Medium Term Plan has been grounded in collaboration and integration across our workforce. To demonstrate that the organisation is achieving what it set out to achieve over the short, medium and long term, high quality monitoring and reporting of information is essential through the integrated performance report. This approach has been reflected in the approach to the pandemic response.



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



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

6. Recommendation

The Public Health Wales Board is asked to:

- **Discuss** and scrutinise the paper and provide feedback and comments;
- **Note** the proposed approach to fulfil our mandated reporting requirement for the remainder of 2022/23 to ensure compliance with the NHS Wales Performance Management Framework.



PUBLIC HEALTH WALES

PERFORMANCE AND INSIGHT REPORT

ANNEX

**NHS Wales Performance Framework 2022/23 -
Implications for PHW performance reporting**

AUGUST 2022

Key Performance and Insight Summary

Theme 1: Maintaining a healthy and sustainable workforce – Pages 3 to 6

- Sickness absence decreased in August 2022 to 3.99% from the 5.82% recorded in the previous month. Short term sickness accounts for 61% of absence with short term sickness accounting for 39% of staff absences. The People & OD Advisory Team are continuing to run training sessions on the application of the Managing Attendance at Work Policy with 475 line managers having undertaken the training to date.
- A steady reduction in the number of COVID-19-related absences was evident throughout August 2022. From 1 July 2022 the management of COVID-19 sickness absence was brought in line with the Managing Attendance at Work policy.
- Discussions are progressing with Digital Health and Care Wales (DHCW) to refresh staff data for the Welsh Immunisation System which will allow us to re-start the reporting of Staff Vaccine uptake for COVID-19 Boosters and Influenza.
- Compliance with the core suite of statutory and mandatory training remains above the 85% Welsh Government target at 88.4% (up 0.4% in-month).
- Appraisal compliance for August 2022 has increased by over 4% to 65% but remains some way short of achieving the 85% Welsh Government target.

Theme 2: Achieving value and impact – Pages 7

- The cumulative reported position for Public Health Wales at month 5 2022/23 is a net surplus of £122k, with an anticipated breakeven position at year-end.
- The month 5 revenue position is being supported by £8.251m of non-recurrent COVID-19 funding.
- Our capital funding for 2022/23 totals £6.540m with year to date spend at £1.060m. Capital funding is made up of £1.158m discretionary funding and £5.382m strategic funding.
- Major capital schemes include Breast Screening Imaging Equipment £3.025m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy is above the statutory target at 96.3% (96.5% in month 5).

Theme 3: Organisational quality and access to high quality services – Pages 8 to 14

- COVID-19 testing activity is currently ~1000 tests per day across all laboratories with average in-lab turnaround times above target. The COVID-19 Transition Plan is being finalised for sign off by the COVID Management Team in September 2022. It describes our proposed response to COVID-19 during an endemic phase.
- Screening services continue to be progressed in line with recovery plans and appointments have been rearranged due to the bank holiday being held for Queen Elizabeth's funeral on 19 September. The Cervical Screening Information System is progressing well and will be a major achievement with go live on 20 September.
- Routine childhood vaccinations in quarter 1 2022/23 showed that for children aged one, uptake of the "6 in 1" vaccination remained below the 95% target at 94%. In children reaching five years of age this quarter, coverage of two doses of MMR was 90.7%, down 0.1% from the previous quarter.
- At 7 September 2022, a total of 148 incidents are being reported as open for more than 30 days in the Datix incident management system with the highest being reported in Cervical Screening. This is a deteriorating position and actions are being taken forward to support Divisions to manage their incidents promptly.
- One Nationally Reportable Incident was reported to the NHS Delivery Unit in August 2022 in relation to a Bowel Screening participant being placed on the incorrect surveillance pathway in 2020. One No Surprises Incident was also reported during the same period, relating to a Cervical Screening Wales failsafe review.

Theme 4: Improved population health and well-being – Page 15 to 16

- Good progress continues to be reported against our Strategic Plan in month 5. 23% of milestones were reported as complete, 73% of milestones on track, 3% of milestones flagged as having potential to fall behind schedule, and 1% of milestones behind schedule. A total of seven milestones were completed in month 5.
- The importance of ensuring we take a public health approach to the cost of living continues and are currently developing an integrated approach, overseen by a cross-Directorate Cost of Living Crisis Co-ordination Group. Our focus going forward is identifying our priority actions to mitigate further widening of health inequity.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Sickness Absence

Sickness absence for August 2022 was 3.99% which is a decrease from 5.82% in the previous month, with the rolling 12 month figure at 4.56%.

'Anxiety/stress/depression/other psychiatric illnesses' remains as the most frequent sickness absence reason (highest number of FTE days lost) and accounted for over 2,310 FTE days lost during quarter 4. The second highest recorded absence reason during quarter 4 is 'Infectious Diseases' which accounts for 1,159 FTE days lost.

The highest rates of sickness absence for August 2022 are within Health Improvement (6.19%), Microbiology (5.78%) and Screening (5.40%).

The People & OD Advisory Team are continuing to run training sessions on the application of the Managing Attendance at Work Policy. This training provides Line Managers with the information they need to be able to manage both long and short term absences. To date 475 Line Managers have undertaken the training.

Long and short term sickness absence

For August 2022, of those staff absent due to sickness, 39% of staff were off with long term sickness and 61% with short term sickness.

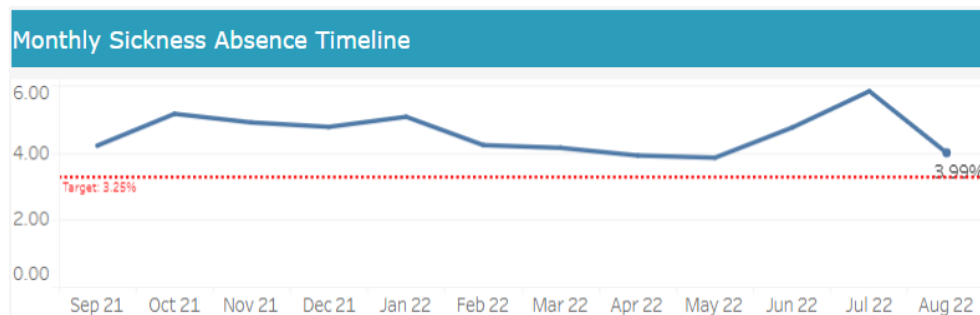
The People & OD Advisory team are currently supporting the management of 35 long term cases. The longest absence from work currently is as a result of Long Covid.

COVID-19 Absence

We have seen a steady reduction in the number of COVID-19-related absences throughout August. The latest available data indicates that we currently have <10 staff absent due to COVID. Absences related to COVID continue to be closely monitored.

From the 1 July 2022 the management of COVID sickness absence was brought in line with the Managing Attendance at Work policy.

Sickness absence monthly trend (%)



Theme 1: Maintaining a healthy and sustainable workforce

Theme 1A: Reducing staff sickness and improving well-being

Staff COVID-19 Vaccination

The latest staff COVID-19 vaccination dashboard shows that 2,281 current Public Health Wales employees have been given their first dose, which is 94% of our total workforce. 2,243 members of staff are now fully vaccinated (93%).

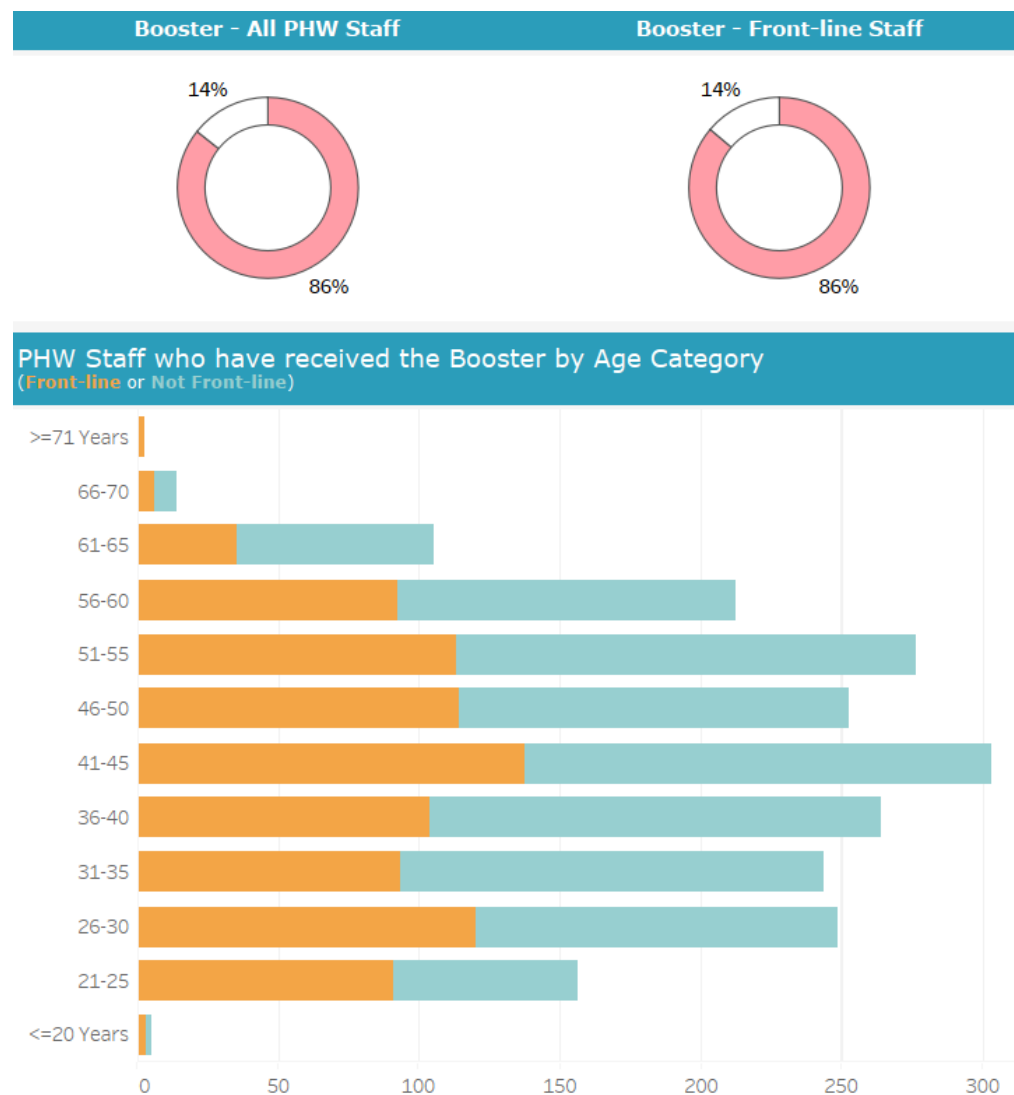
Front-line workers – Based on the refreshed front-line list, 1,012 have been given their first dose, which is 96% of our front-line workers. 1,003 front-line workers are now fully vaccinated (95%).

Booster vaccinations – Latest available data shows that 2,080 current Public Health Wales employees have been given the booster (86%). In terms of front-line workers, 910 staff members have been given the booster vaccination (86%).

Please note that the dashboard is based on staff who are employed by Public Health Wales, so the total number of staff vaccinated will fluctuate as new starters join the organisation as well as when employees leave the organisation. Ongoing data entry means that the true number of vaccinations given is likely to be higher.


Discussions are progressing with DHCW to refresh staff data for the Welsh Immunisation System (WIS). We are currently co-ordinating a data collection exercise across Public Health Wales to update our lists of staff who are defined as 'Front-line'.

This information, along with new Starters and Leavers will be uploaded into WIS over the coming months, which will allow us to re-start the reporting of Staff Vaccine uptake for Covid Boosters and Influenza.



Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

| Statutory measures | | Target | 2021/22 | June 2022 | July 2022 | August 2022 | Link to PAD |
|--------------------|------------------------------------|--------|---------|-----------|-----------|-------------|---|
| | Statutory and Mandatory compliance | 85% | 87.1% | 87.7% | 88.0% | ● 88.4% |  |
| | Appraisal compliance | 85% | 56.9% | 58.5% | 60.9% | ● 65.0% | |

Statutory and Mandatory Training

Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% and continues to be at risk of falling below, as well as not showing any significant improvement.

People and OD are carrying out two ESR drop in sessions per month, for anyone experiencing issues accessing e-learning.

Appraisal and Development Reviews

The 12-month rolling compliance for My Contribution appraisals is currently at 65.03% against the Welsh Government target of 85%.

With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, this should therefore have a positive impact on appraisal compliance figures.

Entering pay progression and appraisal dates into ESR will also be covered in the twice-monthly ESR drop in sessions. Pay Progression drop-in sessions have also been arranged by the People and OD team, which will take place during September 2022.

Theme 1: Maintaining a healthy and sustainable workforce

Theme 1B: Our staff are highly trained and feel supported

Staff Turnover

Staff Turnover for August 2022 was 1%, which is a decrease when compared with the previous month (1.2%). The rolling 12-month turnover to 31 August 2022 was 14%.

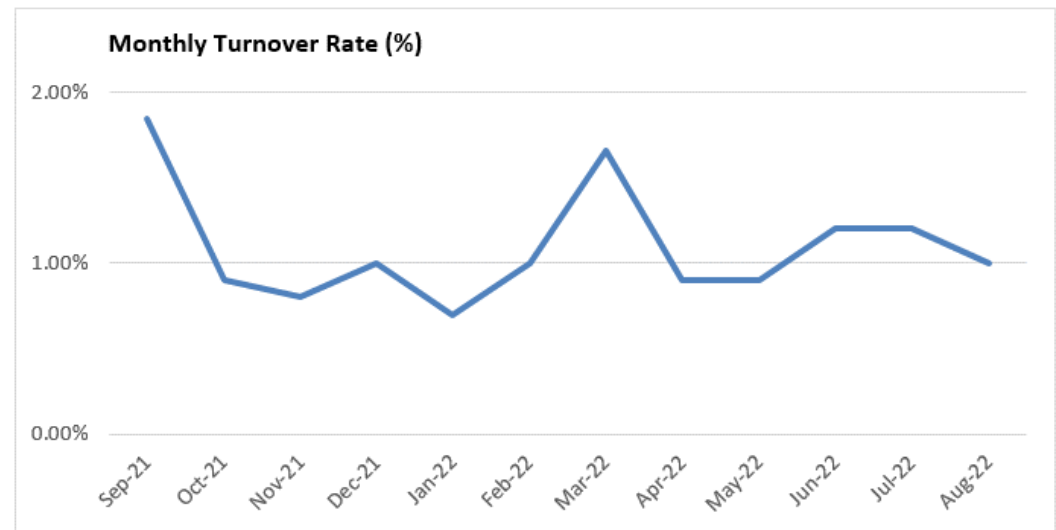
In addition to ESR data, we are currently analysing survey data of new starters and leavers, as well as monitoring labour market trends. This is being undertaken via our Approach to Starters and Leavers culminating in dashboards that will enable the organisation to examine and identify correlations in the data, supporting the development on initiatives/interventions to reduce unwanted turnover and maximise our saleability as an employer of choice.

The work data will also be one of many components fed into the Employee Value Proposition work.

Staff Movements

For August 2022, there were 26 leavers and 38 new starters. 16 of the leavers gave a leaving reason of 'Voluntary Resignation'.

In terms of internal promotions in August 2022, there were 12 employees who moved to a higher pay band. The majority of those were promoted within their own team, with a small number moving to other teams across the organisation.



Theme 2: Delivering Value and Impact

Theme 2: Delivering against our agreed budgets

Statutory measures

| | Month 3 | Month 4 | Month 5 | YTD 2022/23 | Year-end forecast | Link to PAD |
|-------------------------------------|---------|---------|---------|-------------|-------------------|-----------------------------|
| Revenue financial target | (£22k) | (£12k) | (£48k) | (£122k) | Breakeven | Link to PAD |
| Capital financial target | £6.590m | £6.540m | £6.540m | £1.060m | Breakeven | Link to PAD |
| Public Sector Payment Policy (PSPP) | 95% | 96.1% | 96.5% | 96.3% | >95% | Link to PAD |

Financial Summary – Month 5 2022/23

- The cumulative reported position for Public Health Wales is a net surplus of £122k ((£48k) in month), with an anticipated breakeven position at year-end.
- The month 5 revenue position is being supported by £8.251m of non-recurrent COVID funding as shown in the adjacent table.
- Our capital funding for 2022/23 totals £6.540m with year to date spend at £1.060m. Capital funding is made up of £1.158m discretionary funding and £5.382m strategic funding. £3.069m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to our hosted organisation, namely The NHS Collaborative.
- Major capital schemes include Breast Screening Imaging Equipment £3.025m and The NHS Collaborative LINC System £2.054m.
- Performance for our year to date Public Sector Payment Policy remains above the statutory target at 96.3% (96.5% in month 5).
- Further information on our latest financial position can be found in the accompanying 2022/23 Financial Position report.

Non-Recurrent Welsh Government COVID-19 Funding Supporting Month 5 Position

| Funding Item | Actual Apr-Aug 22 £'000 |
|---|-------------------------|
| Additional Operational Expenditure | |
| Test | 7.486 |
| Trace | 0.390 |
| Vaccination Programme | 0.349 |
| PPE | 0.026 |
| Total Operational Expenditure | 8.251 |
| Funding | |
| Assumed Welsh Government Funding | -8.251 |
| Total Funding | -8.251 |

Theme 3: Organisational quality and access to high quality services

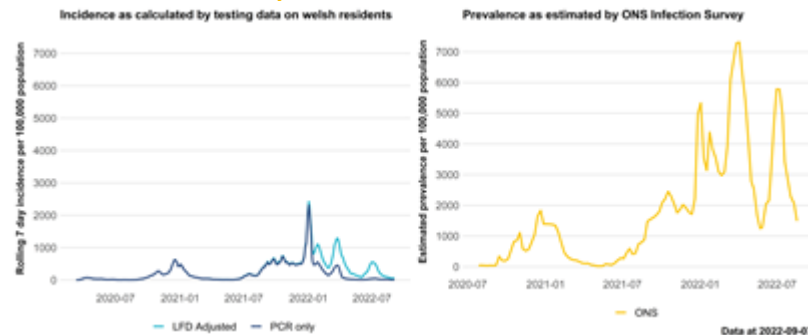
Theme 3A: COVID-19 Update

COVID-19 high level summary

Epidemiology

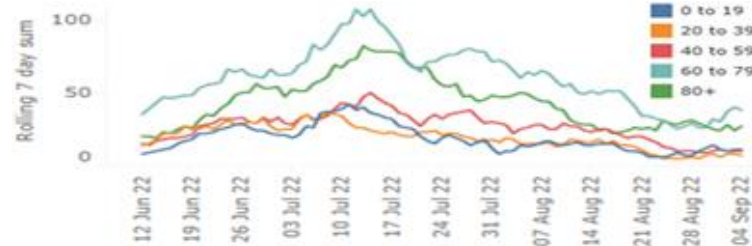
As the COVID testing policy has evolved, Public Health Wales has modified data reporting, including increased emphasis on monitoring outcomes such as hospital admissions.

Adjusted case episode as of 7 September 2022 (PCR and LFD), compared with cases estimated by the ONS infection survey



- Interpret with caution, as testing is not currently available at a high level.
- The data indicate that rates are continuing to decline

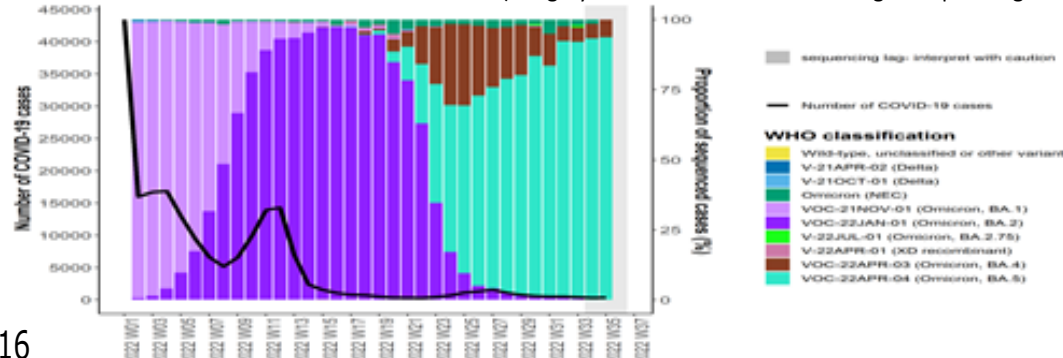
Rolling 7-day hospital admissions of COVID-19 cases in Wales, by age group, up to 4 Sept 2022



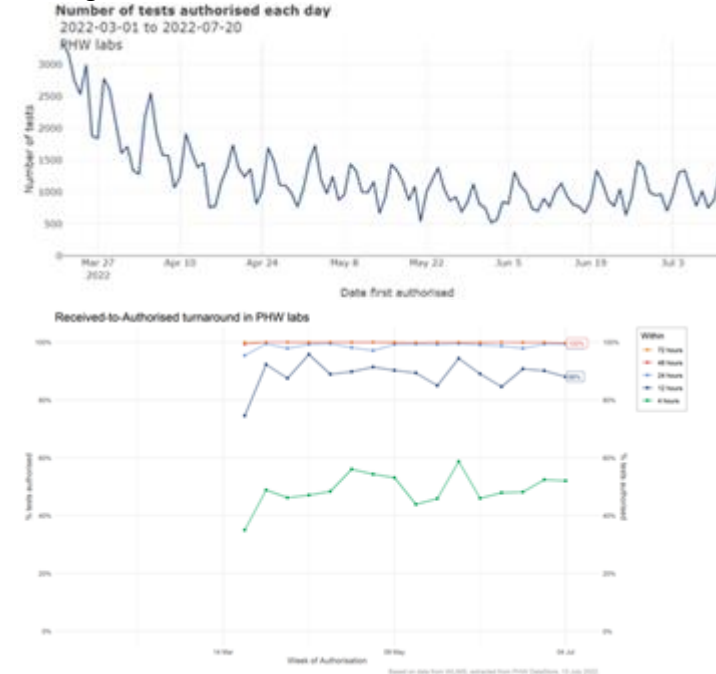
- Hospital admissions are overall not rising; but noted an uptick in the 60-79yr age band – this does not seem to be sustained, and will continue to be closely monitored.

Variant summary: Of sequenced cases, % typed as each variant in Wales (up to week 35, ending 4 Sept 2022)

- Omicron BA.5 remains the dominant subvariant (the grey shaded section indicates a lag in sequencing data)



Testing



Summary

Activity is currently ~1000 tests per day across all labs (predominantly symptomatic via rapid molecular).

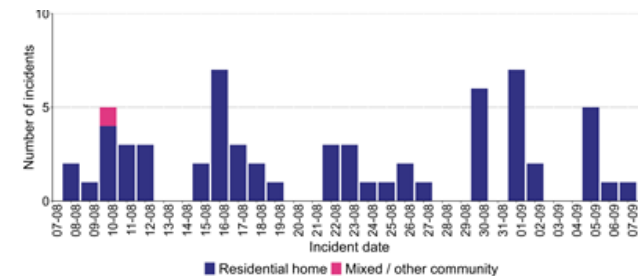
Turnaround times remain above target.

Due to a Dashboard issue, unable to update trend charts but alternate data provides assurance that there has been no change.

Standards for TAT % compliance:

- 90% within 12 hours for non-rapids Achieved
- 90% within 4 hours for rapids Achieved

Incidents and Outbreaks



Summary of significant incidents and outbreaks

- In addition to ARI outbreaks, there are ongoing incidents and outbreaks related to Monkeypox, E.coli STEC, Avian Influenza and Tuberculosis. The details of those are in the slide set that were shared at BET.

Developments

- The COVID Transition Plan is being finalised for sign off by the COVID Management Team in early September. It describes PHW's proposed response to COVID during an endemic phase.
- The decision on the integrated respiratory illness surveillance business case proposal is to be confirmed by Welsh Government. Early indications suggest funding for COVID testing and genomics, with a small fund available for development.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Screening Services

All Screening programmes continue to be delivered across Wales. Recovery plans continue to be progressed and active mitigation undertaken to maintain service provision despite issues such as postal strikes and train strikes. The new screening venue in Mountain Ash launch went well in August 2022. Participants with appointments for screening on the 19 September 2022, which is now a bank holiday held for Queen Elizabeth's funeral, have had their screening appointment rescheduled.

Breast Screening has continued to implement the equipment replacement programme and the static sites replacement is near completion. An additional mobile has been provided to support maintained activity over the equipment replacement programme implementation is providing additional capacity in South East. The mobile replacement is progressing as planned and first replacement mobile due shortly. The timeliness of the reading and assessment is and will remain challenging due to high screening activity, long term sickness and accommodating the equipment replacement. The average round length remains 44 months and the programme will take a long time to fully recover the round length of 3 years.

Cervical Screening invitations continue to be sent out with no delay and the number of samples being received by the laboratory continues at sustained levels. The timeliness of the results process improved again this month with 95% receiving result within 4 weeks of screen. The social media communication campaign to build trust and to ensure the correct messaging about human papillomavirus (HPV), cervical screening and the interval change was completed in August and went in line with expectations and will be evaluated. Work continues to manage procurement of equipment in the laboratory and is progressing to plan. The Cervical Screening Information System is progressing in line with plan to go live and we are currently in the cut over plan with go live on 20 September. This is a very significant and complex piece of work for the programme and IT and is a major achievement.

Bowel Screening number of kits being returned continues to be good with uptake continuing at high level and timelines of results is excellent. There was a very small increase in rejected test kits this month (0.2%) due to kit sent in when passed the expiry date. The laboratory has adapted around the post strikes to ensure timeliness has been maintained through the peaks and troughs of the deliveries. Waiting times for the colonoscopy component of the pathway range from 3 weeks to 12 weeks across Wales.

When combined with the SSP waits, the total time a screen positive participant is waiting for their index screening colonoscopy procedure ranges from 7 to 12 weeks, with one outlier at 17 weeks. There has been significant improvement in one health board who has cleared holding list and reduce waiting times from 20 weeks to 5 weeks. Two candidates recently achieved accreditation and are now screening colonoscopists which adds to the capacity. The programme continues to working closely with health board colleagues and the national endoscopy programme for sustainable improvements and is progressing in line with plans for next step in optimisation in October 2022 when 55,56 and 57 years old will be included. The implementation and communication plan is being finalised.

Antenatal Screening continue to be in close contact with maternity services to provide support around guidance on flexibility in the pathway where possible due to their staffing constraints.

Newborn Hearing Screening continues to work hard to maintain continuity throughout the pandemic. Screening continues to be actively managed and timeliness maintained. The new screening venue has been well received by participants and staff.

Newborn Bloodspot Screening coverage has been maintained and avoidable repeat rate remaining within standard which is remarkable with our colleagues in midwifery under considerable pressure. The newborn screening laboratory in Cardiff and Vale has put in place plans around service provision to mitigate delays in receiving the bloodspot cards due to the postal strikes. This included staff working over the weekend, liaising closely with the postal service and going to collect the cards directly from the postal service. The programme worked with maternity services to ensure high quality cards completed to mitigate any impact of requiring a repeat card.

Diabetic Eye Screening remains the most challenging programme to recover backlog due to it being annual screening and a very large eligible population which continues to increase by about 1000 participants each month. The programme is taking forward transformation work and the ideas from the discovery work. Screening is working well at the screening venue in Mountain Ash with screening available daily with two clinics in operation on some days.

Wales Abdominal Aortic Aneurysm Screening – additional screening is being undertaken on Tenovus vans in Cardiff and on weekend in Breast Test Wales in Cathedral Road to reduce backlog. Compared to pre pandemic, activity is higher, uptake higher and DNA is lower. All additional screening staff as set out in the recovery plan are near completing their training which will support recovery. Screening at the new screening venue in Mountain Ash is well received.

Theme 3: Organisational quality and access to high quality services

Theme 3B: Access to high quality services

Healthcare Associated Infections (Health Board/Trust targets)

Latest all-Wales HCAI figures continue to be reported to Welsh Government and our NHS Wales partners in a timely manner. Latest data shows a sustained increase for both *C. difficile* and *E. Coli* bacteraemia over the last four months with trends continuing to be monitored closely. Conversely, *Staph Aureus* bacteraemia has shown a continued improvement over the same period.

With *E. Coli* bacteraemia reported as the only mandated HCAI indicator within 10% of target, Health Boards/Trusts continue to experience challenges in achieving agreed targets for 2021/22 (2022/23 national reduction expectation targets yet to be agreed).

Latest surveillance figures reported by Health Boards/Trusts in Wales showed that:

- 498 *C. difficile* have been reported since April 2022, approximately 2% more than the equivalent period in 2021/22.
- 378 *Staph Aureus* bacteraemia have been reported since April 2022, approximately 12% more than the equivalent period in 2021/22.
- 905 *E. Coli* bacteraemia have been reported since April 2022, approximately 8% fewer than the equivalent period in 2021/22.
- 264 *Klebsiella* sp bacteraemia (includes *E. aerogenes* bacteraemia from April 2019 onwards) have been reported since April 2022, approximately 6% more than the equivalent period in 2021/22.
- 82 *P. aeruginosa* bacteraemia have been reported since April 2022, equivalent to the same period in 2021/22.

The HCAI and AMR Programme (HARP) continues to provide COVID-19 and non COVID-19 related advice and support to partners including Welsh Government and NHS Wales organisations. This includes the production of monthly [HCAI/AMR surveillance data](#) including Health Board/Trust progress against achieving respective [reduction expectation targets](#).

Vaccination and Immunisation

Childhood Immunisation

Surveillance of uptake and equality of routine childhood vaccinations in Wales is carried out by Public Health Wales Vaccine Preventable Disease Programme through the national [COVER](#) scheme in Wales (Coverage of Vaccination Evaluation Rapidly).

The summary below captures progress made against mandated indicators set out within the NHS Wales Performance Management Framework (formerly NHS Wales Delivery Framework).

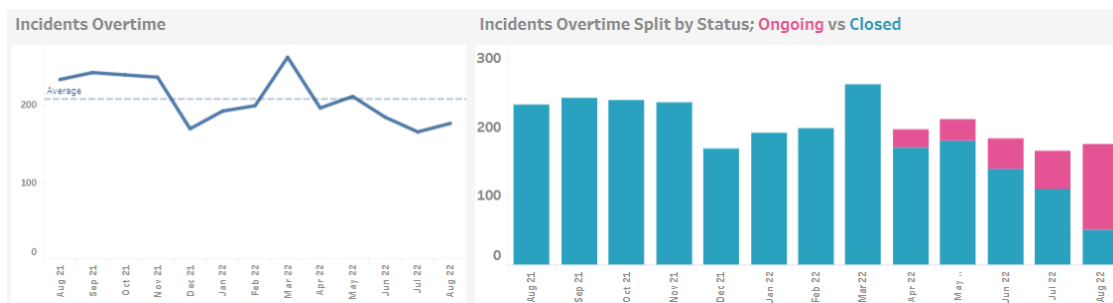
Latest COVER data reported for the quarter (April to June 2022) shows that for children at one year of age, uptake of the “6 in 1” vaccination was 94.0%, down from the 94.9% reported in quarter 4 2021/22. Uptake fell below 95% for only the second time since 2008.

In children reaching five years of age this quarter, coverage of two doses of MMR was 90.7%, slightly down on the 90.8% seen during the previous quarter.

Further information including uptake by geographical region will be provided in next month’s report following the full release of the latest COVER 143 report.

Quality and Improvement

Incidents



A total of 176 incidents were reported in August 2022. 99% of these were within the Health Protection and Screening Directorate.

Incident themes

The majority of incident types in August 2022 relate to submissions from the Microbiology, Diabetic Eye Screening and Cervical Screening laboratories. The five highest incidents by type for August 2022 are:

- Assessment, Investigation, Diagnosis – 59% (104)
- Equipment, Devices – 10% (18)
- Accident, Injury – 9% (15)
- Records, Information – 4% (7)
- Communication – 3% (4)

July Incident performance

The organisational target to investigate and close incidents is set at 30 working days. As such, the incidents reported in August 2022 are still within an acceptable time period and currently have an open status.

July Incident performance (cont'd)

During July 2022, 59% (97) of incidents were closed within the 30 day target period and 8% (13) were closed outside the 30-day target, with closing dates ranging from 31 to 41 days. Reasons for incidents exceeding the target time is both a delay in the investigation taking place and a delay in the incidents being approved for closure.

33% (55) of July incidents are now overdue and remain open. 16 out of 55 incidents have a completed investigation and are in 'Awaiting Closure' status. Of the remaining 39 incidents, 22 remain in 'Management Review' status indicating an investigation has not started and 17 remain in Under Investigation status.

Current Incident Numbers

As of 7 September 2022, there are a total of 148 incidents open for more than 30 days in the Datix incident management system. This is a deteriorating position and includes all incidents that have been reported more than 30 days ago with the oldest incident remaining open reported back in April 2022.

Actions by the Putting Things Right (PTR) team, to address this problem include requesting why these incidents remain open and that they are urgently progressed, yet despite these actions it remains an area of concern. Further actions are being taken this month to support Divisions to manage their incidents promptly and include scheduling meetings with teams to discuss their processes for dealing with incidents to ensure processes are clear and as streamlined as possible.

The highest number of open incidents are with in Cervical Screening Wales (CSW). CSW have confirmed that their incident investigations have been delayed due to staff shortages during August 2022 and the prioritisation of the testing of Cervical Screening Information Management System (CSIMS), which is being introduced mid-September 2022.

Theme 3C: Achieving high quality and risk management in our organization

Quality and Improvement

Nationally Reportable Incidents

There was one Nationally Reportable Incident reported to the Delivery Unit in August 2022, involving Bowel Screening Wales.

This related to a screening participant being placed on a wrong surveillance pathway in 2020. The issue was that the screening participant was originally placed onto the colonoscopy surveillance pathway in 2018. However, following review of this participant’s screening pathway and application of the new British Society of Gastroenterology (BSG) surveillance guidelines, the pathway was incorrectly changed on the 27 February 2020 from requiring a surveillance colonoscopy to being placed onto the routine screening recall pathway. The error was identified on 24 November 2021, and the pathway corrected the same day.

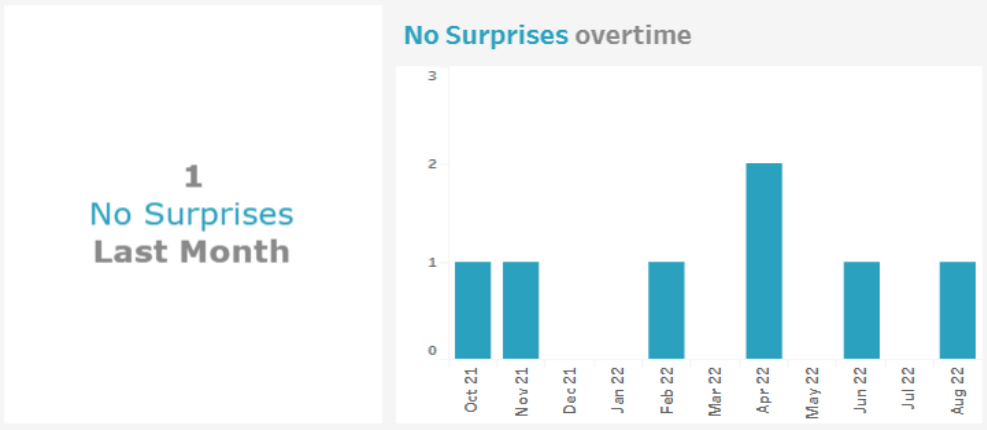
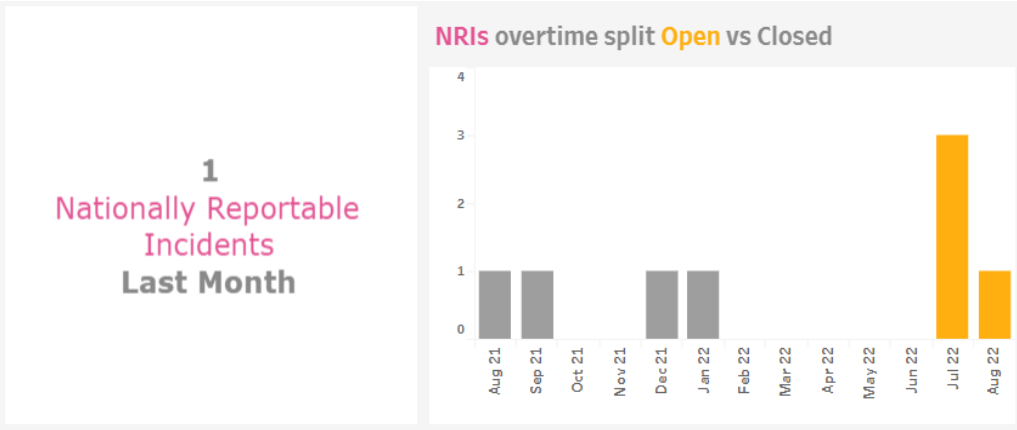
The participant was subsequently diagnosed with rectal cancer at a symptomatic colonoscopy procedure undertaken in March 2022. The result of the incorrect pathway being assigned to the patient meant there was a delay in diagnosis of bowel cancer. This incident is currently under investigation and the participant is under care of the Health Board for treatment of their cancer.

No Surprises Incidents

There was one No Surprises Incident (NS) reported to Welsh Government in August 2022, relating to Cervical Screening Wales.

The incident concerned a failsafe review which identified several participants who tested positive for the Human Papillomavirus (HPV) with a cytology negative result who had not potentially been referred to colposcopy in line with current care pathway. The cohort of women involved were in the main, participants who had extended periods between their cervical screening appointments.

An Incident Management Team (IMT) was convened on discovery of the error and identified corrective actions to be taken which included contacting the service users impacted and a reactive press statement was prepared.



Theme 3: Organisational quality and access to high quality services

Quality and Improvement

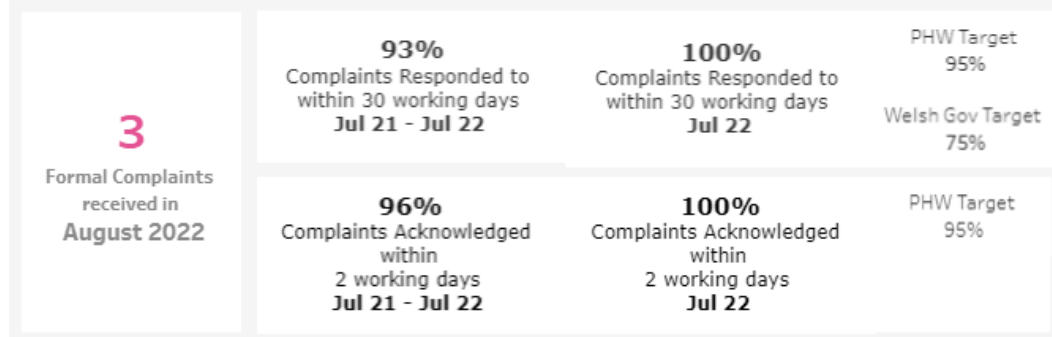
Formal Complaints

The latest figures for August 2022 show that three formal complaints were received during the month all relating to Health Protection and Screening Services. Two of these complaints were for Breast Test Wales and the other Health Protection.

The complaint reasons identified were Confidentiality (relating to a Health Protection Data Breach), Communication Issues and Appointments Issues. This is a slight increase from the two complaints reported in July 2022.

All complaints (100%) were acknowledged within the two working day timeframe following receipt. These complaints are currently ongoing and remain within the 30-working day timescale.

Formal Complaints - Key Metrics



Compliments

In August 2022, 258 compliments were received across Public Health Wales, a decrease of 82 compared to the 340 received in July 2022.

These compliments were in relation to:

- Positive attitude/behaviour of staff
- Positive comments about service provision

The ratio of compliments to formal complaints has decreased to 86:1 in August 2022 compared to 170:1 in July 2022.

Claims

One new clinical negligence claim was received in August 2022, for Cervical Screening Wales. This relates to misreporting of cervical smears and is currently under investigation.

There are now 19 confirmed claims in progress and a further three potential claims. 95% (22) of claims relate to Health Protection and Screening Services and 5% (1) relate to the World Health Collaboration (WHO) Collaboration Centre. One claim was closed in August 2022.

Theme 3: Organisational quality and access to high quality services

Risk Management

The Strategic Risk Register and the [Corporate Risk Register](#) are being continually updated to determine the risk scores, controls and actions.

The Strategic Risk Register is currently displaying six risks as displayed in the table, which have approved risk appetites and delivery confidence assessments. During the month the delivery confidence for risk three changed from Amber/Red to Amber.

| Risk Description | Risk Appetite | Delivery Confidence Assessment |
|--|---------------|--------------------------------|
| 1. There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions, caused by the unpredictable and changing nature of the current and emerging geopolitical, socio-economic and health threats, resulting in an inability to tackle the population health challenges in a sustainable way. | Willing | Amber |
| 2. There is a risk that Public Health Wales will not deliver its plans for delivering excellent services for population screening, health protection and infection caused by uncertainty of the impact of current and future health threats and lack of specialist workforce, resulting in inability to prioritise service delivery and transform models of care. | Cautious | Amber |
| 3. There is a risk that we will not manage organisational change well, caused by multiple change programmes being implemented simultaneously, but in isolation, and insufficient time to effectively engage an exhausted workforce, resulting in high levels of sickness absence, vacancies, staff turnover and stress. | Willing | Amber |

Implementation of the Risk Management Development plan is progressing, with all risks in Datix now displaying on the Directorate and Divisional Dashboards.

| Risk Description | Risk Appetite | Delivery Confidence Assessment |
|---|---------------|--------------------------------|
| 4. There is a risk that we are unable to attract and retain the required professional workforce caused by skill shortages and increased pressures on staff, which has been exacerbated by the Covid-19 pandemic, resulting in there being insufficient capability and capacity to deliver our plans. | Willing | Amber |
| 5. There is a risk that we will fail to exploit data to inform and direct public health action and interventions. This will be caused by data being held in silos, difficulty accessing the data and inability to access to provide the impact on public health. This will result in worse public health outcomes in Wales and increased information governance risk within Public Health Wales. | Willing | Amber |
| 6. There is a risk that PHW will suffer a cyber-attack on its IT systems of such magnitude that it will be unable to maintain core business and public facing services. This will be caused by our inability to keep pace with the technological advances of cyber criminals and will result in statutory functions not being met and public safety being seriously compromised. | Willing | Amber |

Operational Plan Month 5 Summary

The number of milestones contained in our Strategic Plan (2022-2025) reduced to 377 in month 5 due to the closure of a milestone linked to the FIT test procurement process and a date change which will roll over a milestone into our 2023/24 plan around the evaluation of behaviour change resource. Both requests were submitted through the formal request for change process in month 4.

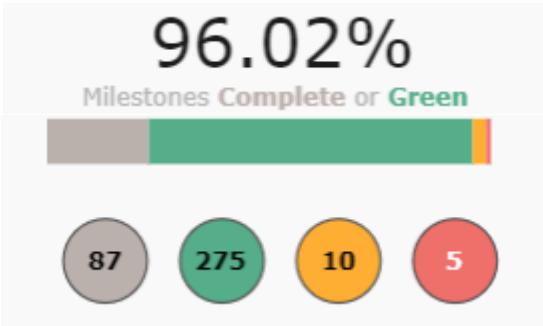
Good progress continues to be reported with 73% (275) milestones on track, 23% (87) milestones complete. Three percent (10) of milestones have the potential to fall behind schedule and 1% (5) rated red and behind schedule. Seven milestones were completed in month 5 including the portfolio of evidence submitted for reassessment under the Cultural Competence Certificate Scheme. This piece of work was originally due for delivery on 31/03/2023 but during initial assessment, was forwarded straight to independent verifiers for marking.

Five requests for change were submitted for approval in month 5. Three milestones requested a date change: two of which were owing to resourcing issues (one internal and one external) and one linked to the re-scoping of a key piece of work linked to the long term strategy review.

One milestone requested a scope change to allow a different approach to a project to be taken forward, thus enabling greater cross-organisational working. A request was received to close a milestone as a commercial partner failed to deliver the needs of the organisation and the contract is to be cancelled.

Further information on our Operational Plan performance can be viewed [here](#)

Operational Plan Progress – Month 5



| Milestone overview by Directorate | | | | |
|---|----|---|---|----|
| | G | A | R | C |
| Data, Knowledge and Research | 23 | 1 | | 10 |
| Health & Wellbeing | 60 | | 1 | 7 |
| Health Protection and Screening Services | 58 | | 1 | 25 |
| Improvement Cymru | 26 | | | 3 |
| Operations and Finance | 32 | 5 | 2 | 14 |
| People & Organisational Development | 20 | 3 | | 7 |
| Quality Nursing & Allied Health Professionals | 24 | 1 | | 11 |
| WHO Collaborating Centre | 32 | | 1 | 10 |

Public Health Rapid Overview Dashboard

It was agreed in June 2022 to provide latest data from the [Public Health Rapid Overview Dashboard](#) with the aim of incrementally bringing this insight into our reporting arrangements. In this report we have focussed on the evidence around the cost-of-living crisis. The latest data on the [wider determinants](#) of health shows:

- 1) The number of people needing referrals or another form of charitable support has already exceeded the rate for 2020 and 2019. Citizens Advice have helped more people in July 2022 than any other year.
- 2) Over 80%, or more than 4 in 5, of adults report that they are worried about the cost of living in Great Britain.
- 3) One in five people aged 30-49 report having less money available to spend on food. This is likely to have an impact on healthy eating habits within families, given that more healthy foods are estimated to be nearly three times as expensive per calorie as less healthy foods ([Food Foundation report](#), July 2022)

Please note that the chart data covers the period before the new Prime Minister was confirmed and an energy price cap of £2,500 was announced.

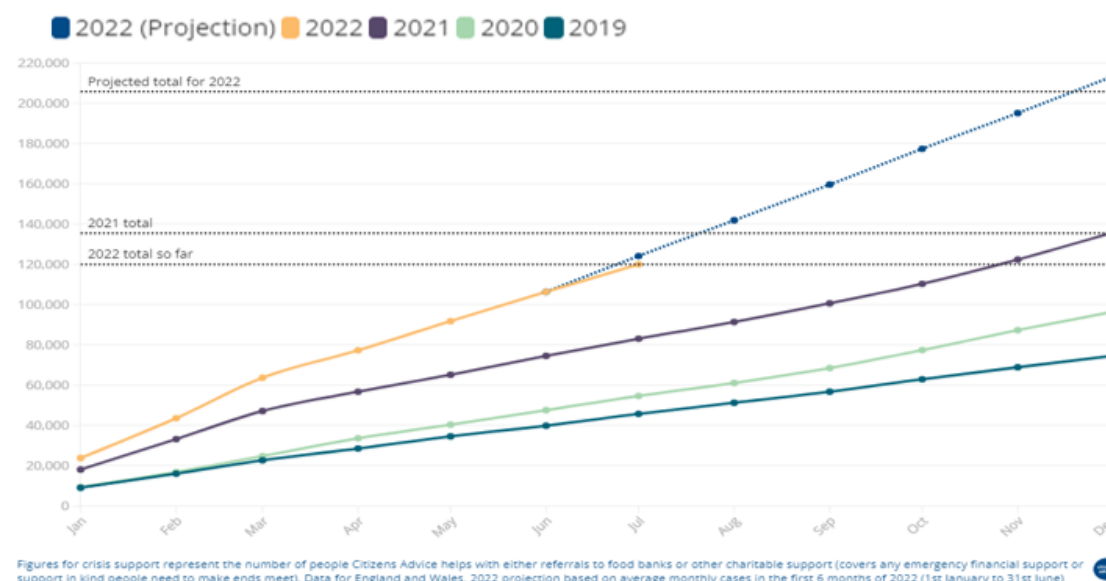
Public Health Wales has recognised the importance of ensuring we take a Public Health approach to the cost of living and are currently developing an integrated approach, overseen by a cross-Directorate Cost of Living Crisis Co-ordination Group.

The Group meets on a weekly basis in order to progress our organisational response at pace, and to provide strategic direction and co-ordination. Currently our response covers:

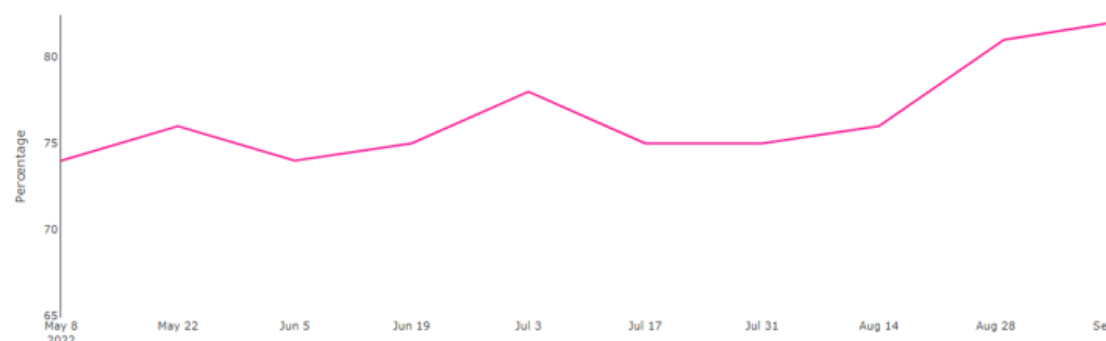
- How we support our staff – for example: signposting to support available; utilising Work Where it Works Best to reduce costs to staff
- How we deliver our services – for example supporting accessibility of venues
- How we work with partners across the system – for example engaging with PSBs on health inequalities as they develop Local Needs Assessments. PHW is working with Neath Port Talbot to identify areas that will require most support this winter.
- How we work with Welsh Government – for example we are supporting the implementation of the Free Schools Meals policy
- How we mitigate impacts through healthy behaviours – for example actions to deliver Healthy Weight, Healthy Wales are sensitive to the cost-of-living impacts
- How we use advocacy, evidence and intelligence – for example the use of rapid, real-time monitoring

Our focus going forward is identifying our priority actions to mitigate further widening of health inequity. To support this, we have developed a report 'The Cost of Living Crisis in Wales. A Public Health Lens' (currently in draft) to provide a framework for response.


Cumulative number of people helped by Citizens Advice Bureau with crisis support



Adults reporting to be worried about the cost of living, GB, as of 11/09/2022



Appendix 1A of the Performance and Insights Report - NHS Wales Performance Framework (BET Paper and Attachments)

| | |
|---|--|
|  <p>lechyd Cyhoeddus Cymru Public Health Wales</p> | <p>Name of Meeting Business Executive Team Meeting</p> <p>Date of Meeting 20 September 2022</p> <p>Agenda item:</p> |
|---|--|

NHS Wales Performance Framework 2022/23 – Implications for PHW performance reporting

| | |
|------------------------|--|
| Executive lead: | Huw George, Deputy Chief Executive and Director of Operations and Finance |
| Author: | Ioan Francis, Head of Performance Neil Stoodley, Head of Financial Intelligence, Value and Impact |

| | |
|---------------------------------|--|
| Approval/Scrutiny route: | Huw George, Deputy Chief Executive and Director of Operations and Finance Angela Fisher, Deputy Director of Finance |
|---------------------------------|--|

Purpose

This paper provides an overview of the mandated requirement for Public Health Wales to report against the new NHS Wales Performance Management Framework 2022/23, including key Ministerial Priority measures, and sets out the plans that are in place to achieve this.

A detailed review of the NHS Wales Performance Framework has been undertaken to ensure that Public Health Wales remains compliant and meets key accountability requirements to the Welsh Government. This included identifying measures applicable to Public Health Wales, including key corporate level data, service delivery performance, and measures related to our role in supporting the wider NHS system.

The **Appendix** sets out Welsh Government's performance requirements aligned to the adapted quadruple aim themes. It highlights new, existing and 'retired' performance measures.

The second **Appendix** contains the qualitative monitoring returns that were required to be submitted to Welsh Government in September 2022. The Business Executive Team is asked to agree the organisational approach to fulfil our requirements in line with Welsh Government's accountability arrangements.

Recommendation:

| | | | | |
|--|---|---------------------------------------|-----------------------------------|---------------------------------------|
| APPROVE <input checked="" type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input type="checkbox"/> |
|--|---|---------------------------------------|-----------------------------------|---------------------------------------|

The Business Executive Team is asked to:

- **Consider** the report including key changes to the mandated measures within the NHS Wales Performance Framework.
- **Approve** the recommended approach and proposed action to fulfil our mandated requirement for the remainder of 2022/23 to ensure compliance.

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

| | |
|--|--|
| Strategic Priority/Well-being Objective | All Strategic Priorities/Well-being Objectives |
|--|--|

Summary impact analysis

| | |
|--|---|
| Equality and Health Impact Assessment | NHS Bodies are statutorily obliged to prepare their annual report and accounts in compliance with the determination and directions given by Welsh Ministers and the approval of the Treasury. This report sets out the plans that will be put into place to meet the statutory obligations of the Trust. As no decisions are required an Equality and Health Impact Assessment has not been completed. |
| Risk and Assurance | The timely and accurate reporting of key statutory performance measures, including Ministerial measures, will assist in providing assurance that the Trust is able to manage performance and the risks identified in the Board Assurance Framework. |
| Health and Care Standards | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability |
| Financial implications | No additional costs have been identified to ensure our statutory reporting requirements are met. |
| People implications | People resource will be required to ensure our statutory reporting requirements are met. |

1. Purpose / situation

This paper provides an overview of the mandated requirement for Public Health Wales to report against the new NHS Wales Performance Management Framework 2022/23, including key Ministerial Priorities, and sets out the recommended plans that are in place to achieve this.

A mapping exercise has been undertaken against all measures within the NHS Wales Performance Management Framework 2022/23 to identify those applicable to Public Health Wales. These comprise both quantitative measures and qualitative returns, and include key corporate level data, service delivery performance, and measures related to our role in supporting our NHS Wales partners.

The Appendix sets out the mandated measures aligned to the quadruple aim themes, which were adapted to support our performance reporting in 2021/22. It highlights both existing and new performance measures for reporting, as well as highlighting the 'retired' measures for 2022/23. The Appendix also contains the qualitative monitoring returns that were required to be submitted to Welsh Government in September 2022. The Business Executive Team is asked to agree the recommended organisational approach to fulfil our mandated requirements as set out by Welsh Government.

2. Background

Welsh Government has recently published the NHS Wales Performance Framework for 2022/23, following approval by the Minister for Health and Social Services. The framework sets out mandated reporting requirements for NHS Wales organisations for 2022/23, including the need to report progress against key Ministerial Priority measures that have been identified as part of the phased roll out by Welsh Government.

Public Health Wales plays a key role in both the delivery of key services and in its national leadership role in supporting the wider NHS system. Reporting of key performance measures forms an important part of Public Health Wales' formal accountability arrangements with Welsh Government, alongside other reporting requirements such as the bi-annual Joint Executive Team meeting.

The NHS Wales Performance Framework sets out expectations for Public Health Wales to report progress against key corporate level information (e.g. finance, workforce), delivery of services (e.g. screening) and in our role in supporting the wider NHS system (e.g. vaccinations, HCAI).

| | | |
|-------------------------------|---------------------|----------------------|
| Date: 9 September 2022 | Version: v1a | Page: 3 of 42 |
|-------------------------------|---------------------|----------------------|

3. Key considerations within the NHS Wales Performance Framework 2022/23

A detailed review of the NHS Wales Performance Management Framework 2022/23 has been undertaken to ensure that Public Health Wales remains compliant and meets key accountability requirements to the Welsh Government.

Implications for Public Health Wales' performance reporting include:

- 3.1 Emphasis remains on *Our Healthier Wales*' Quadruple Aims - Public Health Wales' performance themes continues to align with Welsh Government expectations:
 - ❖ Maintaining a healthy and sustainable workforce
 - ❖ Achieving value and impact through innovation
 - ❖ Delivering organisational wide quality and access to high quality services
 - ❖ Improved population health and well-being
- 3.2 A significant number of measures to be reported by Public Health Wales have been highlighted as key Ministerial Priority areas
- 3.3 Reporting requirements include existing and new measures in the form of quantitative data and bi-annual qualitative returns to Welsh Government (see Appendix)
- 3.4 A small number of operational and 'retired' measures remain key areas for reporting internally to support Board assurance (e.g. complaints)

The Appendix sets out details of Public Health Wales' requirement to report mandated measures aligned to the quadruple aim themes, including the frequency for reporting, information source, and identifying new and Ministerial Priority areas.

4. Suggested approach for 2022/23 reporting

A recommended approach to incorporate the requirements of the NHS Wales Performance Framework for the remainder of 2022/23 is provided in the table below. This includes the continuation of reporting existing performance measures and the phased implementation of new measures into our performance reporting arrangements.

| | | |
|-------------------------------|---------------------|----------------------|
| Date: 9 September 2022 | Version: v1a | Page: 4 of 42 |
|-------------------------------|---------------------|----------------------|

| | |
|--|---|
| Existing performance measures | Existing performance measures will continue to be reported as part of the Performance and Assurance Dashboard (PAD) and supporting Performance and Insight Report which is aligned to the quadruple aim themes. |
| New performance measures | <p>Work has commenced alongside Directorates to enable the reporting of new performance measures. This will require further engagement and support from relevant Directorate colleagues.</p> <p>Appendix 1 provides a summary of the planned approach to introduce new performance measures in line with our reporting arrangements to ensure compliance. For a small number of measures, discussions are ongoing with Welsh Government to agree national and local targets (e.g. HCAI reduction expectations).</p> <p>Strengthened governance arrangements are also being established alongside the Board Business Unit including for non-regular reporting requirements e.g. Welsh Government bi-annual qualitative returns.</p> |
| Operational and 'retired' performance measures | <p>Operational performance measures will continue to be reported as part of the PAD where it is recognised as an important part of Executive and Board assurance (e.g. complaints).</p> <p>Where appropriate, reporting of 'retired' measures will cease. However, a review has commenced alongside Directorates to identify areas where 'retired' measures remain a priority for reporting to support Board assurance. This will require further engagement and support from relevant Directorate colleagues.</p> |
| Dashboard development of new performance measures | <p>Since the start of the pandemic, the Corporate Analytics team have developed a suite of dashboards presented in the PAD to support Executive and Board assurance.</p> <p>Due to impending changes in personnel within the Corporate Analytics team, there will be an interim period where new dashboard development will need to be paused to ensure maintenance of existing dashboards is achieved until new arrangements are in place.</p> <p>Work will be taken forward within Operations and Finance to agree a model for future dashboard development, including new performance measures identified. It is suggested that new performance measures will be reported as static indicators in the meantime.</p> |

5. Recommendation

The Business Executive Team is asked to:

- **Consider** the report including key changes to the mandated measures within the NHS Wales Performance Framework.
- **Approve** the recommended approach and proposed action to fulfil our mandated requirement for the remainder of 2022/23 to ensure compliance.

Theme 1. Maintaining a healthy and sustainable workforce

| Performance Measure | Source | Frequency | New Measure | Ministerial Priority | Proposed Action |
|---|------------------|-----------|-------------|----------------------|--|
| Agency spend as a percentage of the total pay bill | Finance | Monthly | Yes | Yes | Continue to report in MMR. Explore introduction into PAD |
| Percentage of sickness absence rate of staff | ESR | Monthly | | Yes | Continue to report in PAD |
| Percentage of staff who have recorded Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above | ESR | Monthly | Yes | Yes | Report in PAD from month 6 |
| Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation | ESR | Monthly | | Yes | Continue to report in PAD. Explore introduction of DADD dashboard into PAD |
| Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) | ESR | Monthly | | Yes | Report PADR as usual in PAD. Explore introduction of DADD dashboard into PAD. Discussions ongoing between PHW & HEIW for medical appraisal reporting |
| Overall staff engagement score | NHS Staff Survey | Annual | | Yes | Data to be reported following completion of NHS Staff Survey |
| Percentage of staff who report that their line manager takes a positive interest in their health and well-being | NHS Staff Survey | Annual | | Yes | Data to be reported following completion of NHS Staff Survey |

Theme 2. Achieving value and impact

| Performance Measure | Source | Frequency | New Measure | Ministerial Priority | Proposed Action |
|--|---------------------|-----------|-------------|----------------------|--|
| Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach | Estates | Annual | Yes | Yes | Data availability being explored. To be reported to WG following Climate Change Programme Board approval |
| Qualitative report detailing the progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan | Estates | Bi-annual | Yes | Yes | WG submission on 14 September 2022 (see Appendix 2a). WG submission due in April 2023 |
| Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme | Performance & Value | Bi-annual | Yes | Yes | WG submission on 14 September 2022 (see Appendix 2b). WG submission due in April 2023 |
| Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes | Performance & Value | Bi-annual | Yes | Yes | WG submission not mandated for PHW. Plan to complete for Board assurance in April 2023 |
| Percentage of secondary care antibiotic usage within the WHO Access category | HARP | Quarterly | Yes | Yes | Approach to reporting to be agreed with HARP including data availability and agreed targets |

Theme 3. Delivering organisational wide quality and access to high quality services

| Performance Measure | Source | Frequency | New Measure | Ministerial Priority | Proposed Action |
|--|---------------------|-----------|-------------|----------------------|--|
| Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa | HARP | Monthly | | Yes | Continue to report in PAD and HCAI surveillance dashboard |
| Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemia and; C.difficile | HARP | Monthly | | Yes | Continue to report in PAD and HCAI surveillance dashboard |
| Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 | VPDP | Monthly | Yes | Yes | Continue to report in COVID-19 hospital admission dashboard. Explore introduction into PAD |
| Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19 | VPDP | Monthly | Yes | Yes | Continue to report in COVID-19 hospital admission dashboard. Explore introduction into PAD |
| Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) | Performance & Value | Bi-annual | | Yes | WG submission no longer mandated for PHW in 2022/23. Propose to complete for Board assurance in April 2023 |
| Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities | Performance & Value | Bi-annual | | Yes | WG submission no longer mandated for PHW in 2022/23. Propose to complete for Board assurance in April 2023 |

Theme 4. Improved population health and well-being

| Performance Measure | Source | Frequency | New Measure | Ministerial Priority | Proposed Action |
|---|-------------------------|-----------|-------------|----------------------|---|
| Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 | VPDP | Quarterly | | | Continue to report in PAD |
| Percentage of children who received 2 doses of the MMR vaccine by age 5 | VPDP | Quarterly | | | Continue to report in PAD |
| Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents | VPDP | Quarterly | | Yes | Data availability being explored with HEIW using WIS system. To be reported in PAD COVID-19 Vaccination Dashboard |
| Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents | VPDP | Quarterly | | | Approach to reporting to be agreed with VPDP including data availability and agreed targets |
| Cancer screening coverage: Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years | Screening / Informatics | Annual | Yes | | Annual coverage data to be reported at year end 2022/23. Data to be introduced into PAD |
| Cancer screening coverage: Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years | Screening / Informatics | Annual | Yes | | Annual coverage data to be reported at year end 2022/23. Data to be introduced into PAD |
| Cancer screening coverage: Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous 3 years | Screening / Informatics | Annual | Yes | | Annual coverage data to be reported at year end 2022/23. Data to be introduced into PAD |

Additional NHS Wales Operational Measures

| Measure | Source | Frequency | Proposed Action |
|--|-------------------------------|-----------|---|
| Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation | QNAHPs | Monthly | Continue to report in PAD on a monthly basis |
| Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target | PH Data, Knowledge & Research | Annual | Explore data availability with Research Team and option to include in PAD by year-end 2022/23 |
| Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target | PH Data, Knowledge & Research | Annual | Explore data availability with Research Team and option to include in PAD by year-end 2022/23 |

Retired Measures from 2021/22

| Measure | Source | Frequency | Proposed Action |
|---|------------------|-----------|--|
| Uptake of the influenza vaccination among: 65 year olds and over; under 65s in risk groups; pregnant women; health care workers | VPDP | Quarterly | Continue to report in PAD for Board assurance including PHW staff flu vaccine uptake |
| Qualitative report detailing evidence of advancing equality and good relations in the day-to-day activities of NHS organisations | POD | Bi-annual | WG submission no longer mandated for PHW in 2022/23. Discussion to be held in relation to continued completion for Board assurance in April 2023 |
| Qualitative report detailing the achievements made towards the implementation of all Wales standard for accessible communication and information for people with sensory loss | POD | Bi-annual | WG submission no longer mandated for PHW in 2022/23. Discussion to be held in relation to continued completion for Board assurance in April 2023 |
| Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor | NHS Staff Survey | Annual | No longer reported |
| Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan | POD | Annual | WG submission no longer mandated for PHW in 2022/23. Discussion to be held in relation to continued completion for Board assurance in April 2023 |
| Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | NHS Staff Survey | Annual | No longer reported |
| Evidence of how NHS organisations are responding to service user experience to improve services | QNAHPs | Bi-annual | WG submission no longer mandated for PHW in 2022/23. Discussion to be held in relation to continued completion for Board assurance in April 2023 |

Health and Social Care Climate Emergency National Programme

NHS Wales Decarbonisation Action Plans - Qualitative Monitoring Return

| | |
|---------------------------|---|
| Organisation | Public Health Wales |
| Date of Report | 12 August 2022 |
| Report Prepared By | Chris Orr, Head of Estates and Health and Safety Tracy Evans, Senior Sustainable Development Officer, Helen James, Head of Procurement |

Aims and objectives: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050 this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO₂e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030*. A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target. This qualitative monitoring return supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.

Reporting Schedule: NHS Wales Organisations should provide a qualitative report detailing the progress of NHS Wales' contribution to the Climate and Nature Emergency and associated targets as outlined in the organisation's plan (Priority Measure 31). Reports are required every six months with the first report due 14 September 2022.

Please attach a copy of your organisation's Decarbonisation Action Plan which should form the basis of how your organisation is implementing initiatives within the *NHS Wales Decarbonisation Strategic Delivery Plan* and more generally demonstrate the organisation's contribution to the ambition for the Public Sector in Wales to be collectively Net Zero by 2030 (for NHS Wales this means collectively reducing emissions by at least 34% by 2030) and achieving Net Zero by 2050.

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery.

Alongside this qualitative reporting organisations should also report quantitative, organisation level emissions in line with the Welsh Public Sector Net Zero Carbon Reporting Approach and timeline (Priority Measure 30).

Executive summary of progress to date:

Public Health Wales recognises it has a key role to play across a number of areas to address climate change and at present the approach can be siloed at times and without an organisational agreement on our strategic direction and a joined up approach, work currently undertaken may not maximise our contribution to the climate change agenda. As detailed in Public Health Wales Decarbonisation Action Plan, our approach to climate change has been agreed by the Public Health Wales Executive Team. This has been the focus of the work to date to ensure we are in a position to maximise our contribution to the climate change agenda and deliver the actions within the decarbonisation agenda. This climate change programme will have the following aims-

- Agree a strategic direction on Public Health Wales' role in tackling the impact of climate change on public health.
- Agree a co-ordinated approach to responding to requests for evidence, information or support.
- Become an exemplar organisation in our approach to decarbonisation.
- Monitor commitments to climate change work in the current IMTP and identify opportunities for cross organisational working.

The programme would consist of three workstreams and the structure is outlined below:

Workstream 1: Strategic Direction

This workstream will bring people together to develop the organisation's co-ordinated, unified approach to Climate Change. The thinking of the workstream will feed directly into the Long Term Strategy review, ensuring the evidence and decisions from this workstream is heard and considered during the review where climate change has featured prominently.

Workstream 2: co-ordinate approach to requests for Public Health Wales' opinion

This workstream would map out how stakeholders can access public health advice and opinion on areas relating to climate change and develop a repository of evidence and opinion provided for easy access for all staff.

Workstream 3: exemplar organisation in our approach to decarbonisation

This workstream will provide a mechanism for implementing and monitoring the organisation's Decarbonisation Action Plan, providing assurance to the Programme Board and Business Executive Team on progress against the action plan.

In addition to the approach detailed above, we continue to take forward initiatives to reduce our carbon footprint across the organisation and further detail is provided in the table below.

| | Key Actions Planned | Risks to Delivery Corrective Actions & By When | What Was Achieved |
|--|---|---|---|
| Carbon Management initiatives | | | |
| Implement best practice carbon management within Public Health Wales to support the delivery of our Decarbonisation Action Plan. | Utilise our annual GHG emissions footprint to identify emissions reduction priorities and to inform the development of interim milestones in-line with NHS Wales Decarbonisation Strategic Delivery Plan targets. | Access to PHW's emissions data for the 2020/21 and 2018/19 periods. Timescale to deliver project, including timescale to undertake a PHW staff survey. Included contingency in timescale for delivery of project. | The Health and Sustainability Hub have engaged external environmental consultants GEP Environmental to calculate the carbon footprint for 2020/2021 as part of a wider research project to assess the impact of the COVID-19 pandemic on PHW's Carbon Footprint. |

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|---|---|--|
| | | Undertook staff survey in May to avoid Easter holidays and utilise the time when utilise the time where longer days and improvements in weather allow staff to think about alternative transport modes and ways of working. | <p>The research project aims to:</p> <ul style="list-style-type: none"> • Calculate our 2020/21 carbon footprint • Identify the impact of the COVID-19 pandemic on our carbon footprint • Provide recommendations for key actions to help reduce our emissions and encourage action on behaviour change • Calculate agile working emissions, so we can incorporate these into our emissions reporting • Support PHW's 'Work How it Works Best' initiative, which is trialling an approach to enable more choice and flexibility for staff working agile or within an office • Provide an opportunity to inform both the organisation and wider public bodies in Wales on the impact on environmental sustainability of the COVID-19 pandemic |
| Implement best practice carbon management within Public Health Wales to support the delivery of our Decarbonisation Action Plan. | Implement a research program into how other Public Health organisations are approaching decarbonisation of their own operations and supporting decarbonisation of national health bodies, to keep abreast of best practice innovation and guidance. | <p>Capacity to attend meetings, due to other competing priorities.</p> <p>Availability of external staff/ partners and willingness to share best practice.</p> | <p>Attend WHEF (Welsh Health Environmental Forum) network meetings to find out what other Health Boards and Trusts are doing in regards Decarbonisation Action Plans. Participating in the network has provided an opportunity to:</p> <ul style="list-style-type: none"> • Keep up to date with Decarbonisation reporting requirements |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|---|
| | | | <ul style="list-style-type: none"> • Learn about different initiatives and share these with the Green Advocates network • Share the Hub's resources more widely across Wales, including the Healthy Environment workshop to support actions to reduce carbon emissions • Allow partners to use the Healthy Environment workshop to engage with staff on climate change and decarbonisation <p>Attended Welsh Government Peer Review session on DAP's on July 12th. This allowed us to:</p> <ul style="list-style-type: none"> • Review other DAP's and share best practice • Discuss key issues, barriers, challenges and opportunities, • Discuss the 'next steps' required to support delivery of the DAP's <p>Established excellent working relationship with Swansea Bay University Health Board's (SBUHB) Sustainable Development officer and Decarbonisation Group to share best practice and identify opportunities for collaboration, for example, the WG funded projects looking at waste in labs.</p> |
|--|--|--|---|

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|--|
| | | | <p>Established excellent working relationship with Health Education and Improvement Wales (HEIW) to share best practice and identify opportunities for collaboration, including:</p> <ul style="list-style-type: none"> • Partnership working to support WG funded Climate Change Resources project • Sharing Hub's resources, including the Resources for Sustainable Health e-catalogue, which promotes all the resources developed by the Hub <p>Established working relationship with Green Health Wales to share best practice and identify opportunities for collaboration, including</p> <ul style="list-style-type: none"> • Attend annual Green Health Wales Conference. • Presented Hub's resources, including the Green Opportunities e-briefings, Be the Change e-guides and Well-being Goals Challenge at the 2022 conference <p>The partnership work also allowed us to benefit from shared learning to support the development and delivery of our DAP.</p> |
|--|--|--|--|

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|---|---|--|
| Implement best practice carbon management within Public Health Wales to support the delivery of our Decarbonisation Action Plan. | Identify relevant industry research bodies and forums (e.g., Welsh Health Environment Forum) which PHW can contribute to support Public Sector decarbonisation. | Capacity of internal staff and external partners. Budgets to engage with external environmental consultants to deliver specific aspects of work. | Established links with Welsh Government Energy Service (WGES) , to receive advice on specific work and support available to PHW, including: <ul style="list-style-type: none"> • Funding opportunities for hybrid mobile breast screening equipment for the AAA Screening Service • Advice on electric vehicles and charging infrastructure to support the AAA Screening Service to switch to ultra-low emission vehicles Attended the Welsh Local Government Agency (WLGA) Decarbonisation Masterclass workshops to learn from other public bodies and share best practice. Established working links with Sustrans , who supported the Green Travel event at CQ2 on July 14 th to raise awareness of active and healthy travel to staff to help reduce travel emissions. Continue to maintain working links with Natural Resources Wales , as part of our Memorandum of Understanding , including sharing |
|--|---|---|--|

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|---|--|--|
| | | | <p>details on their agile working emissions to support our Carbon Footprint Research project.</p> <p>Established links with GEP Environmental, to deliver PHW's Carbon Footprint Research Project and develop PHW's Decarbonisation Action Plan, in collaboration with all PHW directorates and service areas.</p> |
| Implement best practice carbon management within Public Health Wales to support the delivery of our Decarbonisation Action Plan. | <p>Implement a range of staff engagement programmes surrounding our Decarbonisation Action Plan, including:</p> <ul style="list-style-type: none"> • Internal 'green' engagement programmes • Inclusion of sustainable initiatives within teamwork plans • Best practice messages via PHW's e-bulletin service • Reach out to PHW staff with an interest in carbon reducing projects to be involved in case studies, podcasts to share with other staff | <p>Capacity of internal and external staff.</p> <p>Engagement from staff to participate in network and engage in discussions to expand knowledge and learning.</p> | <p>Established Green Advocates, an internal staff network on sustainable development to help staff gain knowledge about all aspects of sustainable development and provide an opportunity for staff to discuss and embed ideas for action into their work space.</p> <ul style="list-style-type: none"> • Two meetings held during March to August 2022, engaging approximately 90 staff covering sustainability in action and sustainable and active travel. • Previous meetings focussed on deforestation, art and climate change, sustainable behaviour during COVID-19 and sustainable nutrition. |

| | | | |
|--|--|--|---|
| | <ul style="list-style-type: none"> • Development of supporting literature and resources to highlight everyday actions that can be undertaken to reduce GHG emissions • Roll out of SIFT Healthy Environment Workshop to every service area within the 8 directorates with PHW. | | <p>Developing new intranet pages for the Health and Sustainability Hub, which includes pages on climate change and PHW's Decarbonisation Action Plan, to support behaviour change and share best practice within the organisation.</p> <p>Also promoted resources developed by the Hub in 2021/22 to staff and with external stakeholders, to support individuals, teams and organisations embedding sustainability within their work and reduce their carbon emissions. Resources shared include:</p> <ul style="list-style-type: none"> • Be the Change Sustainable Home and Agile Working e-guide • Be the Change Well-being Goals Challenge • Step Change for a Sustainable Planet toolkit <p>Developed the SIFT Healthy Environment online workshop to support teams embedding decarbonisation activities within their individual action plans.</p> |
|--|--|--|---|

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|--|
| | | | <p>Provided ‘Train the Facilitator’ training to 36 members of staff from PHW and Public Bodies across wales, to support the delivery of the workshop.</p> <p>Carbon Literacy Training delivered to 50 staff across NHS Wales, to empower individuals to take action to reduce their carbon emissions and help them understand the links between human activity and climate change.</p> <p>Communications messages to support behaviour change, including:</p> <ul style="list-style-type: none"> • Cycle to Work Day (August 4th 2022) • CQ2 Green Travel Day (July 2022) • Promoting National Bike Week (June 2022) • Promoting Healthy Travel as staff start to return to the office (May 2022) • No Mow Way (May 2022) <p>Established a Directorate Leads group for Decarbonisation within PHW, with representation from all 8 directorates. The group supported the development of</p> |
|--|--|--|--|

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|---|
| | | | <p>PHW's Decarbonisation Action Plan.</p> <p>Delivered 'Call to Action' workshops to engage with 50 members of staff from across NHS Wales on how we could reduce our impact on climate change.</p> <p>Developed Green Opportunities, a quarterly e-briefing which captures learning to aid Wales' green recovery from the COVID-19 pandemic and identifies sustainable opportunities to support population health.</p> <ul style="list-style-type: none"> • Issues produced this financial year have covered a Circular Economy and Sustainable Healthy Diets. • Previous issues focussed on Sustainable and Active Travel, Energy and Air Pollution, Biodiversity and the Impacts of the COVID-19 pandemic. <p>Currently developing a 'Reducing Your Emissions' infographic to highlight top tips and simple steps to help staff reduce their carbon emissions. The infographic will be shared widely across PHW to</p> |
|--|--|--|---|

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|---|---|---|---|
| | | | <p>support the DAP Communication plan, and with Public Bodies across Wales.</p> <p>We plan to target specific teams within PHW to use the Healthy Environment workshop, although no progress has been made on this action as yet due to capacity.</p> |
| Facilitate staff engagement in carbon management and PHW's Decarbonisation Action Plan. | Develop a PHW Decarbonisation Intranet Page as part of the Hub's internal pages for staff. Publish Decarbonisation Action Plan on intranet site and PHW's external facing Website | Capacity of internal teams to develop pages and produce live intranet pages. | Developing new intranet pages for the Health and Sustainability Hub , which includes pages on climate change and PHW's Decarbonisation Action Plan. |
| Procurement initiatives | | | |
| Sustainable Procurement Code of Practice | Procurement Services' Sustainable Procurement Code of Practice will be updated to incorporate Welsh Government's Foundational Economy/Decarbonisation Policies. | Despite the Covid Recovery Plans priorities, the risks are minimal as Procurement Services have recently established a Foundational Economy Hub with a specific team assigned to this key area. Foundational Economy and Decarbonisation Leads have been appointed to drive these initiatives for all Trusts and Health Boards. | Procurement Services continue to produce statistics in respect of its Carbon Footprint reduction, as part of its contracting activities. The Foundational Economy Lead is now in the role and is currently analysing the data from a Welsh Supplier Base perspective. The Decarbonisation Lead is due to commence in the role within the next few months. |

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|---|--|---|--|
| <p>Procurement Services tendering process</p> | <p>As part of Procurement Services' tendering process, include:</p> <ul style="list-style-type: none"> • Undertake Sustainable Risk Assessments (SRA's) for all procurement activities over £25k • Methodology for determining and validating sustainable actions by suppliers • Incorporation of carbon management requirements within PHW tenders • Use of approved local suppliers in the first instance • Decarbonisation strategies of our existing/new suppliers • How to quantify/assess the impact of sustainable procurement choices. • Take advantage of supplier recycling options/ energy efficiency of equipment etc. <p>As part of the evaluation criteria bidders must satisfy the Trust that they are working to reduce, re-use or recycle packaging where ever</p> | <p>There are no risks to delivery as this requirement is non-negotiable as it is a mandatory requirement from WG, for goods and services of £25k and above and applies to all public sector organisations.</p> <p>There are minimal risks to delivery as suppliers understand the importance of meeting these requirements, particularly as it is an opportunity to achieve higher scores, to secure contracts.</p> | <p>Opportunities to consider alternative approaches to service delivery, such as electronic reports as opposed to paper format, etc.</p> <p>Suppliers confirm they read, understood and will assist NHS Wales in meeting its obligations under the attached document entitled 'Towards Zero Waste'</p> <p>Suppliers also confirm whether the individual box packaging is manufactured from recycled materials, the % of recycled material used in the individual box packaging together and whether the materials used can be recycled upon disposal</p> |
|---|--|---|--|

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|---|--|--|--|
| | <p>possible- links to “Towards zero waste” policy.</p> <p>Tenderers must demonstrate a commitment to incorporate environmental and sustainability considerations into all elements of the contract and specify how and where these will be achieved. This may include "Green" transport initiatives, packaging, description of how environmental factors are taken into account in respect of manufacturing, material sourcing and ethical trading. Please detail the steps that you will take to support this activity.</p> | | |
| Opportunities for large joint procurement | Collaborative procurement opportunities are encouraged, whether with Welsh or the wider UK NHS organisations. | Differing timelines may affect a successful outcome therefore flexible arrangements for participation are included for when existing arrangements expire. | The flexibility results in greater economies scale with increased contractual participation and an assured level of business for suppliers. |
| Active Interventions | Complete a review to determine where more sustainable products can be used, where feasible, in our laboratories and mobile services (screening services); actively choosing companies that use biodegradable outer packaging rather than plastic. | <p>Funding to work with consultants to deliver the research project</p> <p>Limited timescale with no room for any contingency, due to the funding requirements.</p> <p>Capacity of staff with labs, who will be working with the</p> | The Health and Sustainability Hub have secured WG funding to undertake a research project to reduce single use plastics, high waste streams, PPE and associated emissions within Public Health Wales’ laboratories, with a focus on the Microbiology Service area. |

Appendix : NHS Wales Performance Framework 2022/23

NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|--|
| | | <p>consultants during a busy period due to winter pressures.</p> <p>Suitability of external consultants to be able to deliver the work within the timescale required.</p> <p>Determining if the budget allocated is sufficient to deliver the project.</p> | <p>To date we've:</p> <ul style="list-style-type: none">• Developed the project brief• Invited potential consultants to quote• Engaged with WRAP and NWSSP Procurement to receive support in regards the Procurement aspect• Identified potential work streams to be included in the project, engaging with key staff to work with the consultants <p>We expect the project to be undertaken between October 2022 and January 2023.</p> |
|--|--|--|--|

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| Buildings, Estates Planning and Land Use initiatives | | | |
|---|--|--|---|
| Refurbishment of Clwydian House- | Offices at Clwydian House, Wrexham has been modernised to create a modern, fit for purpose building in North Wales, that would support how we will work in the future. This will open for staff on week/ commencing 12 September 2022. The fit out also incorporates principles of circular economy, such as with regard to carpet tiles and furniture as what has been done for other projects. | Project on course to be completed by September 2022. | As part of the strip out works, to date we have worked with Collecteco while clearing the building in advance of the strip out works and £5,950 value has been donated to the community, 1,890kg CO2e avoided and 2,250kg diverted From landfill. As part of the fit out, 220m2 of Grade A recycled carpet laid. Shower installed and bike racks to allow for green travel. All work was completed by a local born and bred builder to Wrexham – keeping the costs in Wales, with 80% of the workforce from Wales, Ziptaps (instant boiling water) have been installed and ceiling tiles and the metal used in the from the tile framing being recycled (see product sustainability declaration- uk-product-sustainability-declaration-rockfon-tropic_d_03_2022.pdf) |
| Establishment of Screening Hub, Cardiff North | Lease to be signed in September and fit out works to commence. | It is difficult to predict the type and amount of estate Public Health Wales will require in the future. | |
| 'Work How it works best' trial | This is a 12 month trial to provide staff with choice and flexibility for | Any changes to the estate, emerging as a result of the trial | Trial is currently ongoing and an evaluation will be completed by |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|---|
| | <p>how they work. Since restrictions have been eased, agile and flexible working has become more popular which is providing us with the opportunity to look at options for buildings across the estate as and when leases are due to expire. Where this is not the case, options to use the space differently are being considered. Staff are also encouraged to use shared working spaces and public sector hubs across Wales, reducing the need to travel and adopt more sustainable travel options.</p> | <p>may take time to implement and are potentially reliant on Capital funding. A range of low cost options to also be considered.</p> | <p>the end of March 2023 to inform future ways of working across Public Health Wales.</p> |
| <p>Engage with landlords, which include other health Boards and Trusts, to collaborate on their existing decarbonisation programme</p> | <p>Work with Health Boards and NHS Trusts to increase staff awareness of their respective decarbonisation strategies.</p> | <p>Capacity of internal and external teams.</p> | <p>Attended WG Peer Review Session on July 12th to engage with other Health Boards and Trusts in regards sharing DAP's and making contact with Decarb Leads.</p> <p>Established working links with SBUHB SD Officer to share ideas and best practice and identify opportunities for collaborative working in regards Decarbonisation Action Plans.</p> |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| Transport initiatives | | | |
|---|---|---|---|
| DESW Fleet- DESW Transformation Programme | The Estates and Health and Safety Division are part of the Diabetic Eye Screening Transformation Programme which is looking at the future delivery model for the service. This includes its existing fleet and plans for type of electric vehicles that will be required in the future. Options will be explored through a transport workstream and included in a options paper that will be finalised by March 2023. | Availability of capital funding to replace existing fleet. Replacement will take place over a two year period in line with our asset replacement programme. | Workstream has been established to review the fleet options and to feed into overarching Diabetic Eye Screening Transformation Programme. |
| AAA Fleet update | Exploring options for replacing the AAA fleet (6 vehicles). Originally funding had been secured through EFAB in 2021/22 however due to lead in times with vehicles, only infrastructure could be installed. | Availability of capital funding. Current lease has been renewed. | Electric vehicle infrastructure has been installed in four sites. |
| Support staff to decarbonise their business travel and commuting. | Promote the NHS Green Car scheme to encourage uptake of ULEV's and ensure the charging infrastructure is in place to support this. | <p>Maximising opportunities to promote travel and transport initiatives to staff.</p> <p>Ensuring all staff can access support, as HW staff are based across a variety of sites across Wales.</p> | <p>Promoted NHS Wales Green Car Scheme to staff as part of the internal promotion of sustainable and active travel for National Bike Week in June 2022.</p> <p>Green Car Scheme promoted on Health and Sustainability Hub's intranet pages and within the</p> |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|---|--|---|---|
| | | | "Work How it Works Best" toolkit (developed in collaboration with colleagues in People & OD) |
| Support staff to decarbonise their business travel and commuting. | <p>Ongoing engagement with staff members to promote sustainable and active travel options (where practically possible) for commuting and for business travel, including</p> <ul style="list-style-type: none"> • Internally supported campaigns to promote public transport use and car sharing schemes • Internal workshops and training on the benefits (GHG emissions and health) of decarbonising travel & transport | <p>Maximising opportunities to promote travel and transport initiatives to staff.</p> <p>Ensuring all staff can access support, as HW staff are based across a variety of sites across Wales.</p> | <p>Green Advocates network meeting in June 22 focussed on active and sustainable travel, with a presentation from Dr Tom Porter, Lead for Cardiff Healthy Travel Charter.</p> <p>Green Travel Day held at CQ2 in July 2022 to:</p> <ul style="list-style-type: none"> • Raise awareness of the importance of sustainable travel • Allow discussion to overcome issues in regards active and healthy travel • Share walking and cycling travel maps • Promote the free pool bikes available from Sustrans to enable staff to try commuting by bike before investing in their own bike. • Recruit six Healthy Travel champions. <p>Cycle to work Day promoted to staff on August 4th, as well as National Bike Week in June, to highlight the benefits of cycling to work and share case studies of</p> |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|--|--|--|---|
| | | | <p>staff who commute by bike, foot and public transport.</p> <p>Developed a Sustainable Travel Toolkit, which has been included in the PHW “Work How it Works Best” Guide. The toolkit provides information on PHW’s work on active and healthy travel, our commitments for the Cardiff Healthy Travel Charter, examples of work undertaken to date, information and resources covering bike hire, accessories, planning journeys, training and repairs. PHW’s Cycle to Work Scheme and information on public transport</p> <p>Undertook a WHO CC Directorate Travel Survey to identify how staff travelled to a recent Directorate Away Day. The results of the survey will help identify the barriers we need to overcome to encourage more staff to participate in active and healthy sustainable travel.</p> |
|--|--|--|---|

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|---|---|---|--|
| Support staff to decarbonise their business travel and commuting. | Achieve the Cardiff Healthy Travel Charter Commitments to champion the uptake of active travel options within our own organisation. | Capacity of internal team to deliver commitments. Support and commitment internally to achieve Cardiff Healthy Travel Charter commitments. | Activities have been undertaken to support PHW's commitments to the Cardiff Healthy Travel Charter , including: <ul style="list-style-type: none"> • Representing PHW at Healthy Travel Charter Meetings • Evaluating PHW's work to date, liaising with key internal staff • Promotion of active and healthy sustainable travel to staff, linking to local and national initiatives <ul style="list-style-type: none"> • Established a network of six Healthy Travel Champions based across a variety of PHW sites, who will support the Health and Sustainability Hub to achieve the Cardiff Healthy Travel Charter commitments |
| Approach to Health Care (Service Design/Models of Care, Medicines, Waste) | | | |
| Supporting NHS Wales's ambition to embed decarbonisation within day-to-day decision-making processes of the health service, educational institutions, and public communication. | Develop resources in collaboration with HEIW to support other public bodies and stakeholders to reduce their GHG emissions highlighting associated benefits of improving the health of our local communities. | Securing Funding Limited timescale to deliver project, due to funding requirements. Maximising opportunities, working with key partners etc. while also ensuring resources are developed on time. | WG Funding secured to develop Climate Change Resources . The project will be delivered in partnership with HEIW, along with representatives from Green Health Wales and a variety of Health Boards and Trusts. |

Appendix : NHS Wales Performance Framework 2022/23
NHS Wales Decarbonisation Action Plan

| | | | |
|----------------------------|--|---|---|
| | | Ensuring resources developed meet the required needs to raise awareness and understanding of climate change and encourage behaviour change. | |
| Further initiatives | | | |
| Emission reporting | Identification of any gaps in our emissions report to ensure we have more complete data in the future. | Due to the nature of our estate and services delivered by Public Health Wales, obtaining accurate data is not always possible and we are reliant on our landlords and partners to collect and provide. Waste calculations remain a challenge across the organisation. | Successful submission of the Emissions report to Welsh Government by 09 September 2022. |

Relevant Strategies and Guidance

- [Net Zero Wales](#) sets out the actions needed to meet Wales's second carbon budget (2021-2025).
- [Prosperity for All: A Climate Conscious Wales](#) is the climate change Adaptation Plan for Wales. This plan provides the overarching framework for Adaptation Planning within Health and Social Care.
- [NHS Wales Decarbonisation Strategic Delivery Plan](#) provides an ambitious mandate for National and Local action across NHS Wales including the requirement for NHS organisations to produce Decarbonisation Actions Plans.
- The requirement for NHS Wales to develop plans in response to the Climate Emergency is referenced in the [NHS Wales Planning Framework 2022-2025](#). NHS Wales Chairs have also been briefed on the need for plans to reflect the milestones that need to be achieved in order to respond to climate change and achieve the goal of the Public Sector being collectively carbon neutral by 2030.
- Best practice and case studies from NHS Organisations can be found:
 - [Home | Green Health Wales | Iechyd Gwyrdd Cymru | Sustainable Healthcare Network](#)
 - [How NHS Wales is responding to the climate emergency | NHS Confederation](#)
- The [Public sector net zero reporting guide](#) provides a guide and reporting requirements for the public sector in Wales to estimate their net carbon footprint, including direct and indirect emissions.

| | | |
|-------------------------------|---------------------|-----------------------|
| Date: 9 September 2022 | Version: v1a | Page: 34 of 42 |
|-------------------------------|---------------------|-----------------------|

Embedding Foundational Economy Principles

| | | | | | |
|---------------------|----------------------------|-----------------------|-------------------|---------------------------|--|
| Organisation | Public Health Wales | Date of Report | 14/09/2022 | Report Prepared By | Neil Stoodley, Head of Financial Intelligence, Value & Impact |
|---------------------|----------------------------|-----------------------|-------------------|---------------------------|--|

The Welsh Government is committed to build on its approach to the foundational economy of Wales. Each organisation within NHS Wales is an 'anchor institution' and has significant spending power that can be used to achieve broader policy goals.

Recognising the value of focussed spending in Wales that supports local economic growth, regeneration and community resilience will help address inequalities and socio-economic determinants of health.

Organisations must embed foundational economy principles in strategic plans, spending policies and decisions.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to support the embedding of Foundational Economy Principles.

| | | |
|-------------------------------|---------------------|-----------------------|
| Date: 9 September 2022 | Version: v1a | Page: 35 of 42 |
|-------------------------------|---------------------|-----------------------|

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---|---|--|---|
| <p>1. Detail of any projects where solution redesign is benefitting Welsh organisations, i.e. redesigning services to enable Wales-based solutions to existing problems.</p> | <p><u>NHS Footprint Analysis developed with WHO to inform Wales' foundation economy</u></p> <p>PHW have worked with the WHO to complete the analysis during quarter 1.</p> <p><u>NHS Footprint Analysis and other innovative methods and tools used to inform NHS and wider economic recovery</u></p> <p>Due for completion in Q3.</p> <ul style="list-style-type: none"> - NHS Footprint Analysis technical briefing developed by the WHO CC with WHO and Welsh Government foundation economy in health programme - An innovative tool: <u>Social Value Database and Simulator (SVDS) for Public Health</u> developed and launched by the WHO CC | <p>Delivery complete</p> <p>Risks around financial implications of redirecting resources and wider system & policy change being outside PHW control.</p> | <p>Analysis developed to inform NHS and wider economic recovery</p> <p>Influence Government policy and NHS decision making to optimise economic recovery; including:</p> <ul style="list-style-type: none"> - Informing and supporting <u>A Healthier Wales foundation economy programme</u> and the role of the NHS as a stabiliser and a major economic sector towards sustainability and building an Economy of Wellbeing in Wales - Embedding a 'Social Value' approach and providing tools to support value-driven health services and a budget shift towards population health, prevention and early intervention |

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---------------|--|--|--|--|
| | | <p><u>Financial Performance Framework to focus on new finance indicators</u></p> <p>Planned Foundation Economy dashboard to enable review of procurement spend between Welsh and non-Welsh suppliers</p> <p><u>Pilot completed for value-based approach to spending plans which will include foundational economy principles</u></p> <p>Due for completion 31st Aug. Slippage items from spending plans.</p> | Technical expertise and capacity to develop indicators and dashboard reporting. | <p>Review of procurement spend between Welsh and non-Welsh suppliers to inform future procurement decisions.</p> <p>Will enable PHW to assess and influence investment decisions with a Foundation Economy focus resulting in greater investment in the Foundation Economy</p> |
| 2. | Detail of any employment initiatives that increases training and employment opportunities for individuals from the geographic area served by your organisation. This should have particular focus on initiatives that target those individuals who are furthest | <p><u>Kickstart Programme</u></p> <p>PHW take part in the Government's Kickstart programme, which provides funding to employers to create jobs from 16-24 years olds on universal credit, enabling young people from lesser privileged backgrounds have an opportunity to gain work-based experience.</p> | Risks include participation levels across the programmes and development of post-programme pathways. | These schemes enable the cohorts to bridge skills gaps and supports increased opportunities for them to secure full employment in well paid jobs. |

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---|---|---|--|
| <p>from the labour market e.g. long term unemployed, disabled workers, etc.</p> | <p><u>Apprenticeships</u></p> <p>The pandemic has had an impact upon everyone and the plight of young people and their career opportunities has been heavily publicised. As we begin to grow from the impact of the pandemic, our approach to employing young people and giving them employment opportunities must grow.</p> <p>The role of apprenticeships has changed significantly, with a huge range of roles and that can now be undertaken as or in conjunction with an apprenticeship. Apprentices work alongside experienced employees, gaining job specific skills, while receiving outside training from an approved college, training provider or university to achieve a nationally recognised qualification.</p> <p>There are a wide variety of apprenticeships available across 23 sectors in Wales. These include information analysts, IT specialists, business administration, facilities, laboratory technicians, leadership and management, project management and many more. Further information is available at: Recruiting an Apprentice</p> | | <p>Longer term, our work with these cohorts will help us better understand and influence the social, economic, and environmental issues faced by their age group. These learnings, alongside building and developing relationships with academia as reflected in our IMTP, will inform future interventions and strategies to attract, retain and develop talent. Our approach will also contribute to the wider aim of supporting more healthy and prosperous communities across Wales.</p> |

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|--|--|---|--|
| | <p>Foundation Apprenticeships Foundation apprentices study towards qualifications equivalent to 5 GCSEs or NVQ Level 2 and often go on to complete Apprenticeships and Higher Apprenticeships.</p> <p>Apprenticeships Apprentices gain valuable on-the-job skills whilst studying towards a nationally recognised qualification equivalent to 5 GCSEs (at A*-C), 2 A-Levels or an NVQ Level 3.</p> <p>Higher Apprenticeships Higher apprentices work towards a qualification equivalent to a HND/HNC or Foundation Degree.</p> <p>Degree Apprenticeships By combining higher level learning and employment, employers can develop their workforce and apprentices can gain a degree at the same time as building their careers and earning a salary.</p> <p>Welsh Language and Bilingual Apprenticeships Apprenticeships in Wales can be studied in English or Welsh, or even bilingually, depending on the employer's needs. There are business benefits to employers who use the Welsh language and providing a Welsh service to Welsh speakers can improve customer service.</p> | | |
| 3. Detail of any projects where the location and co-location of services and their impact upon other organisations has led to service change. | <p><u>Launch of first High Street Screening Centre</u></p> <p>Public Health Wales hopes this new model based in Mountain Ash can be the blue print for the future of health screening in Wales. It is the first time that the trust has leased and rejuvenated a building specifically to offer multiple screening programmes under one roof, in the heart of the community. It brings together services for three national programmes: diabetic eye, abdominal aortic aneurysm (AAA) and newborn hearing screening. Just under 8,000 people will be invited to screening at the centre in its first year.</p> | Delivery complete. | By taking screening onto the high street, the aim is to make it easier for people to attend appointments. With easy transport links nearby, the centre also offers more flexible appointments, allowing people to attend at a wider range of times outside the usual 9am-5pm, Monday to Friday. It will provide increased screening capacity to the local authority areas of Rhondda Cynon Taff, Merthyr and Caerphilly. |

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---------------|---|--|---|
| | <p><u>Genomics Partnership Wales – Cardiff Edge Development</u></p> <p>Significant development to co-locate three key partners organisations: our Pathogen Genomics Unit (PenGU), the All Wales Medical Genomics Service, and Wales Gene Park, hosted by Cardiff University. This progressive model sees Wales become the first UK nation to ensure that genomics can benefit from true integration; pooled resources, shared knowledge and expertise – to ensure that Wales’ genomic health and research provision is fit for the future.</p> <p><u>Our Space phase 3 – North Wales</u></p> <p>This development focuses on the modernisation of Clwydian House and other parts of our North Wales estate including Preswylfa and additional spokes working with partners in North Wales to deliver through foundation economy and circular economy principles as well as achieving the Welsh Government’s aim to have 30% of the public workforce working remotely and contributing to our sustainability agenda by reducing our carbon footprint,</p> <p>This project will also explore development of Screening Hubs and further shared spaces in North Wales.</p> | <p>Multiple complex risks associated with the delivery of the wider Cardiff Edge development and being managed through the Programme.</p> <p>Availability of capital funding is a key risk which is being managed through capital prioritisation and planning process.</p> | <p>This will enable earlier detection of disease, prevent illness, prolong the independence and improve access to clinical trials for people in Wales. It will also bring economic benefit to the population of Wales through investment and job creation.</p> <p>Developments ongoing. Clwydian House strip out works demonstrates use of circular economy principles to support communities, reduce our carbon footprint and divert from landfill</p> |

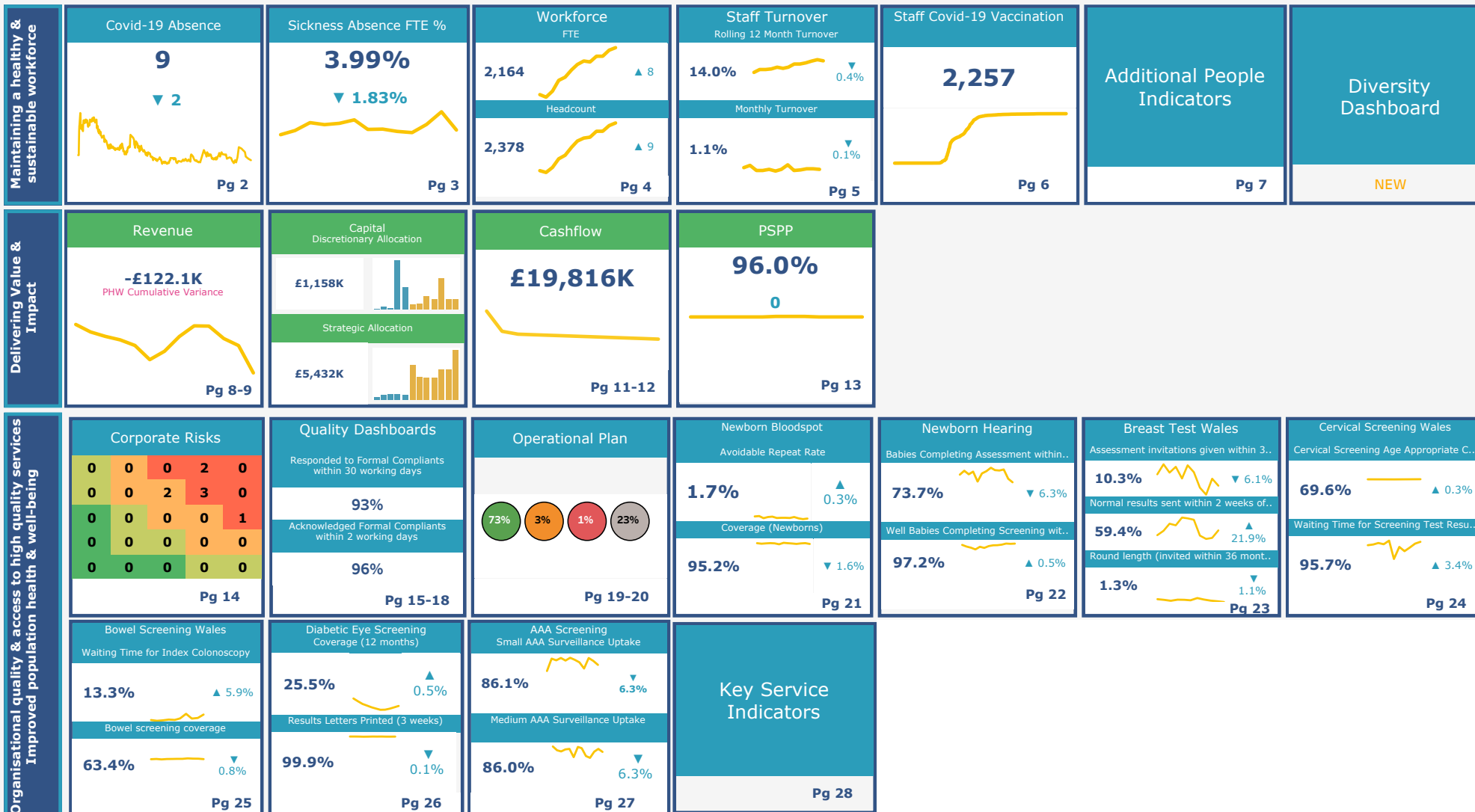
Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---------------|---|---|--|---|
| 4. | Detail of changes to strategic decision-making processes to ensure items 1-3 above are considered as standard. | <p>Through the delivery of our Strategic Plan, we will undertake work in support of the wider system, particularly through informing sustainable investment in population health and prevention, and by embedding the foundation economy principles within our approach to value and innovation. In addition, during 2022/23 we will seek to embed the foundational economy principles in our strategic decision-making processes to ensure that they are considered when making decisions and changes to our services.</p> <p>PHW will build on this further during 2022/23 by embedding it within the review of our long-term strategy so we are able to further understand our role in relation to the foundational economy. This will be a key underpinning enabler to the delivery of our revised strategy and priorities and we will seek to embed it within our governance arrangements, along with how we will work with, and for, communities, stakeholders and the public.</p> <p>NWSSP Procurement Services have adopted a targeted and centralised approach to increasing the value of NHS Wales non-pay expenditure within the Welsh economy. This work has already recorded £38 million of additional/new</p> | <p>Strategic Plan milestones included in section 1.</p> <p>Competing priorities such as the potential tension between cash releasing</p> | <p>Strategic Plan milestones included in section 1.</p> <p>Additional expenditure delivered as stated in the key actions.</p> |

Appendix : NHS Wales Performance Framework 2022/23
Embedding Foundational Economy Principles

| Area of Focus | | Key Actions Taken During the Reporting Period | Risks to Delivery, Corrective Actions & By When | Outcome/What Was Achieved |
|---------------|--|--|--|---------------------------|
| | | <p>expenditure during the 21/22 f/y and £5.3 million f/y to date. The activity is focused on using social value criteria as a mandatory aspect of supplier selection decisions and promoting greater access and opportunities for Welsh SMEs and Social Enterprises to be successful in supplying goods and services to NHS Wales.</p> <p>This Procurement approach has resulted in Public Health Wales awarding contracts to a number of Welsh SME's including:</p> <ul style="list-style-type: none"> ➤ Our Hapus website development contract (£35k) ➤ Switching over PHW's Confidential Waste Shredding Services (£15k) to a Welsh based firm who are a social enterprise set up by a charity working with disabled and disadvantaged people to support these individuals into paid employment | <p>savings and higher costs that may be attributable to local supply arrangements will in part determine the level of Foundational Economy expenditure which can be realised – this will be a consideration for our stakeholders to determine on a contract-by-contract basis.</p> | |

Headline Figures



Data Source: Response & Recovery Headline Figures, Dashboard Updated on:22-Sep-22, Data Source Rating: Silver

Directorate
All

Select Staff Category
All

COVID-19 absence category
Multiple values

Select Home Working
(All)



Covid-19 related absence

9

Latest number of COVID-19 related absence

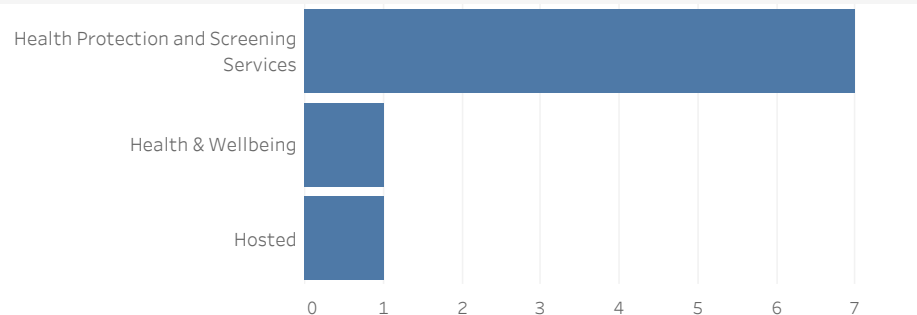
Covid-19 related absence trend



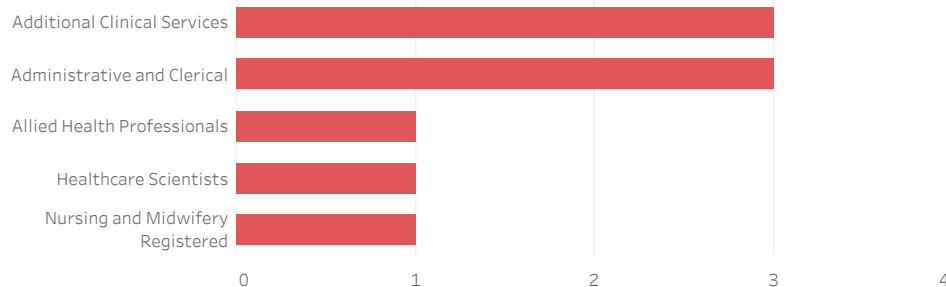
Work location of Covid-19 related absence



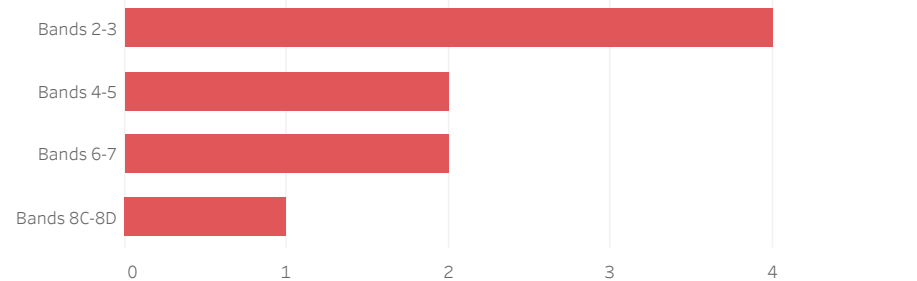
Covid-19 related absence by Directorate



Covid-19 related absence by Staff Group



Covid-19 related absence by Pay Grade



Data Source: [ESR], Data Updated on: 04-Sep-22, Data Source Rating: [Gold]

*Data reported from ESR denotes the latest available information

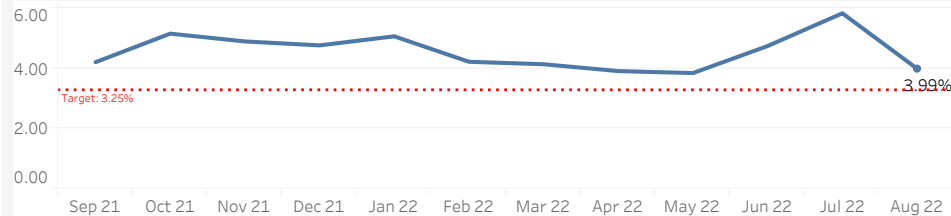


Sickness Absence: Key Metrics

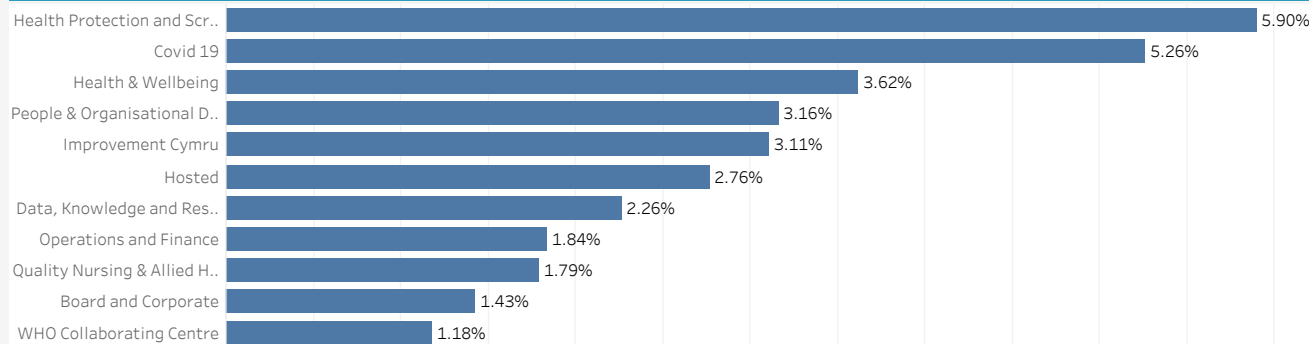
4.56%
12-months Rolling
Sickness Absence FTE %

3.99%
Sickness Absence FTE for
August 2022

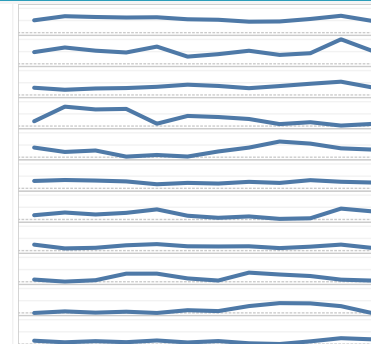
Monthly Sickness Absence Timeline



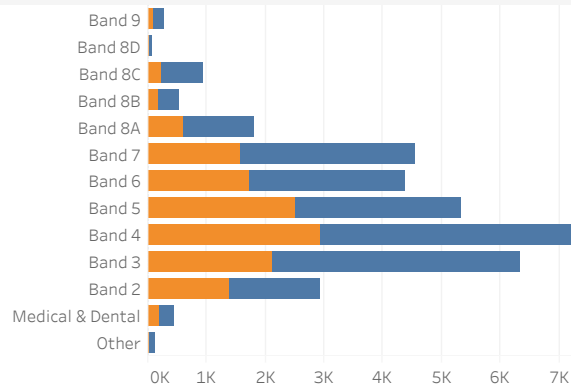
Sickness Absence by Directorate - Rolling 12 months



12 month trend

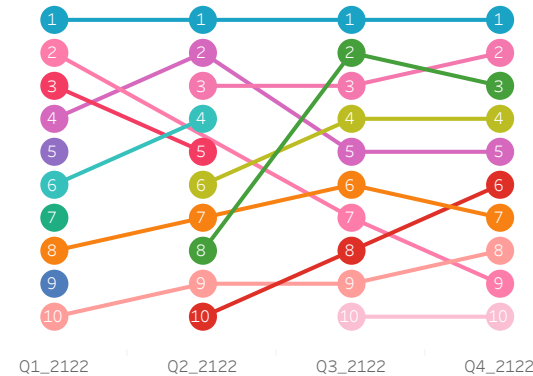


Sickness Absence by Pay Grade (FTE Days Lost)



Top 10 Sickness Absence Reasons by Quarter

- Anxiety/stress/depression/other psychiatric illnesses
- Other known causes - not elsewhere classified
- Injury, fracture
- Other musculoskeletal problems
- Pregnancy related disorders
- Back Problems
- Benign and malignant tumours, cancers
- Gastrointestinal problems
- Unknown causes / Not specified
- Headache / migraine



Data Source: [ESR-Sickness Absence], Data Updated on:31-Aug-22, Data Source Rating: [Gold]

WORKFORCE OVERVIEW |



2,378

headcount

2,164

FTE

72%

FULL TIME

90%

PERMANENT

FILTERS

REPORT DATE
8/31/2022

MEASURE SELECTED
Headcount

COLOUR BAR CHARTS BY
None

RESET

EXPORT PDF

HEADCOUNT BY HIERARCHY

FULLTIME or PERMANENT members of staff

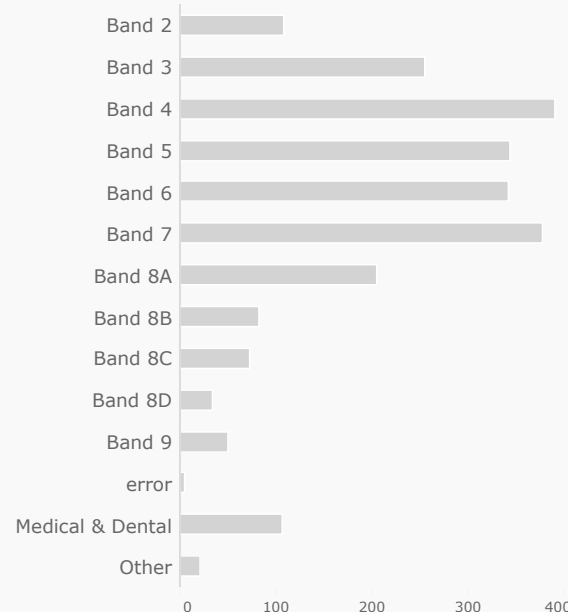
Filters:



HEADCOUNT BY PAY GRADE

FULLTIME or PERMANENT members of staff

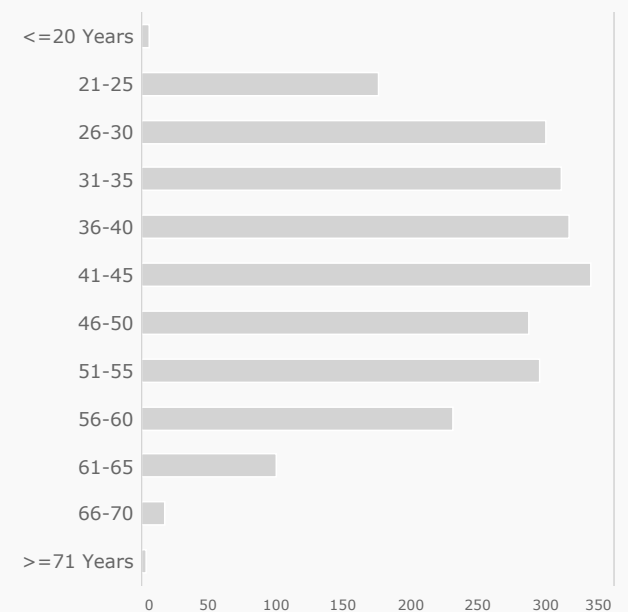
Filters:



HEADCOUNT BY AGE BAND

FULLTIME or PERMANENT members of staff

Filters:



Overview |



Leavers Trend: **Permanent Contract** | **Fixed Term Contract**

FILTERS

Report Date
8/31/2022

Number of months
12

Assignment Category
All

RESET

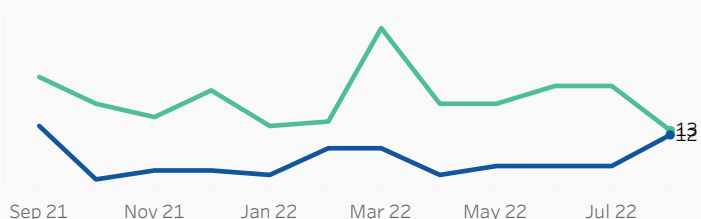
EXPORT PDF

14.0%

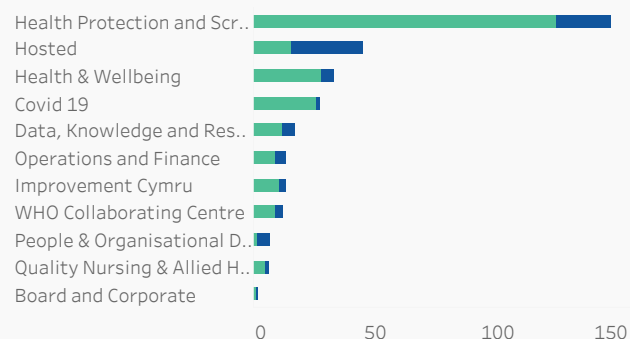
12 MONTH TURNOVER

1.1%

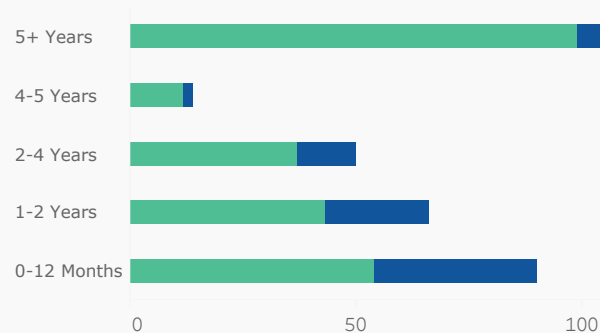
MONTHLY TURNOVER



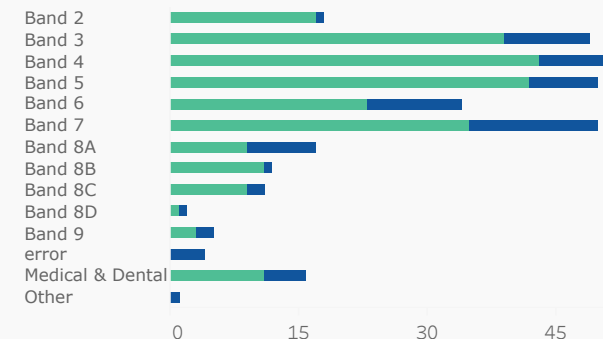
SUM OF LEAVERS BY DIRECTORATE



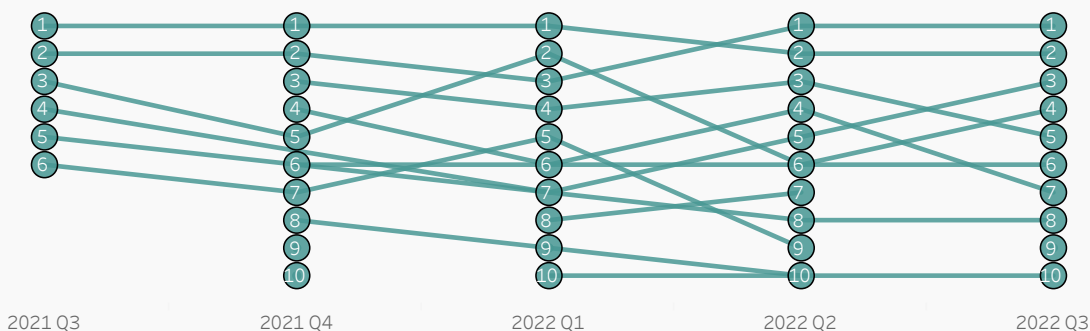
SUM OF LEAVERS BY LENGTH OF SERVICE



SUM OF LEAVERS BY PAY BAND



TOP 10 LEAVING REASONS BY QUARTER



Latest Quarter to selected Report Date

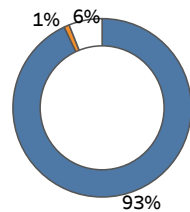
| |
|--|
| Other/Not Known |
| Promotion |
| End of Fixed Term Contract |
| Retirement Age |
| Relocation |
| To undertake further education or training |
| Work Life Balance |
| Better Reward Package |
| Completion of Training Scheme |
| Other |

Data Source: [ESR-Workforce Profile], Data Updated on:31-Aug-22, Data Source Rating: [Gold]

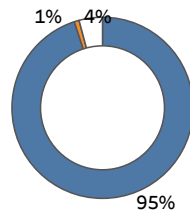


Fully Vaccinated, Received 1st Dose only & Not Vaccinated

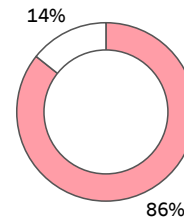
All PHW Staff



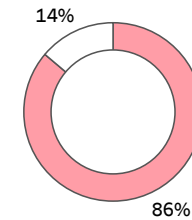
Front-line Staff



Booster - All PHW Staff

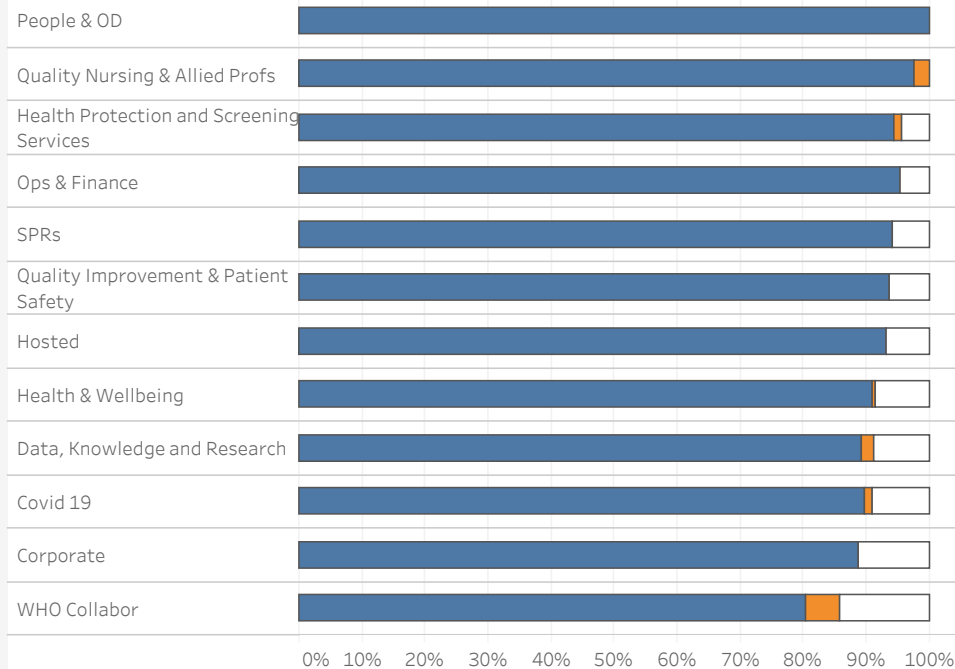


Booster - Front-line Staff



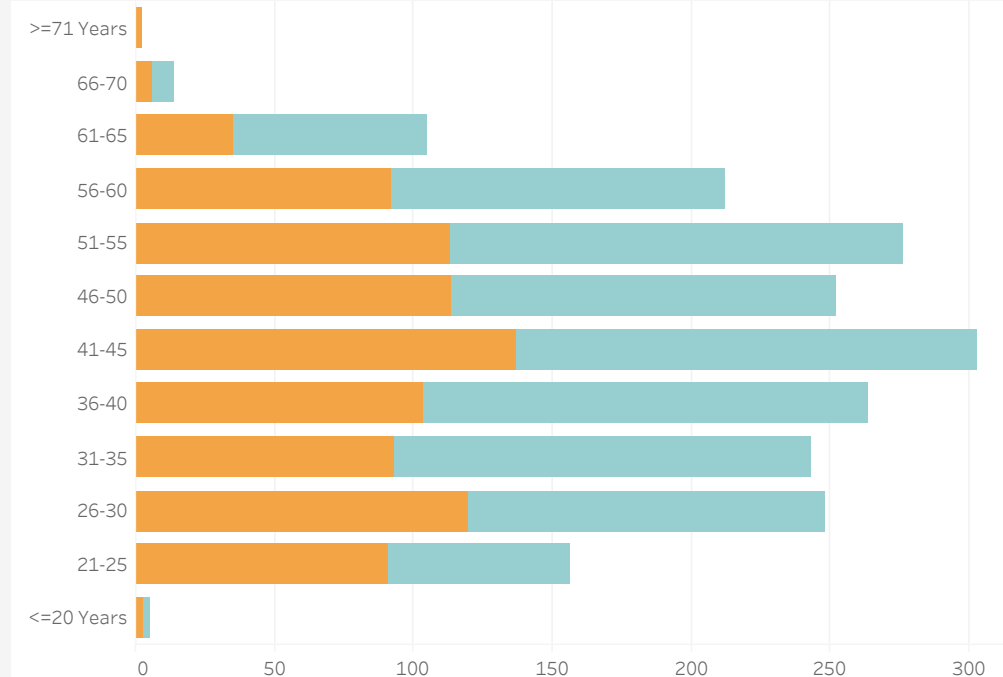
Percentage of staff vaccinated by Directorate

(click on a directorate to see a breakdown by Division)



PHW Staff who have received the Booster by Age Category

(Front-line or Not Front-line)



Data Source: **ESR and WIS** Data Updated on: **06-JUN-2022**, Data Source Rating: **Silver**

People Indicators

People & OD Additional Indicators

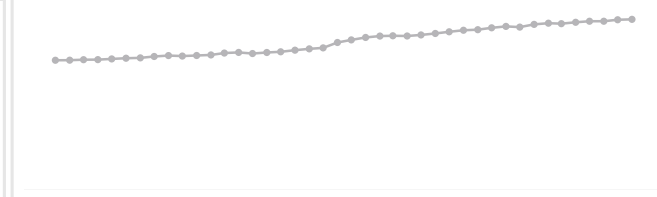
■ >10% outside target
 ■ Within 10% of target
 ■ On target
 Not applicable

| Indicator | Timeframe | | | | Target Source (as relevant) |
|---|-----------|--------|--------|---------------|--------------------------------|
| | Target | Jun-22 | Jul-22 | Aug-22 | |
| Time to Hire | | | | | |
| Time from vacancy requested to conditional offer letter issued (days) | 44 | 39.4 | 36.3 | Not available | NWSSP Target |
| Statutory and Mandatory Training | Target | Jun-22 | Jul-22 | Aug-22 | |
| Training Compliance with core competencies | 95% | 87.7% | 88.0% | 88.4% | Internal Target |
| Training Compliance including extended competencies | | 87.1% | 86.9% | 87.4% | |
| Appraisals | Target | Jun-22 | Jul-22 | Aug-22 | |
| My Contribution Appraisal completed within previous 12 months | 85% | 58.5% | 60.9% | 65.0% | WG Target |
| COVID 19 Workforce Risk Assessment | | Jun-22 | Jul-22 | Aug-22 | |
| Risk Assessment Score recorded in ESR | | 65.2% | 66.9% | 69.6% | |

Dashboard splits out PHW employees by diversity category, highlighting **minority groups** and **unknowns**.

2,451

Total Employees



FILTERS

Select a Month

Aug 22

Directorate

All

RESET

EXPORT



GENDER

Female
74%

Male
26%

DISABILITY

No
74%

Unknown
20%

Yes
5%

RELIGION / BELIEF

Christianity
37%

Atheism
23%

Unknown
23%

Did not disclose
14%

SEXUALITY

Hetrosexual
75%

Unknown
13%

LGB
4%

ETHNICITY

White
79%

No Group
14%

BME
7%

AGE

46-55
24%

36-45
27%

56-65
14%

26-35
26%

<=25
8%

WELSH LANGUAGE

Unknown
12%

Low or No Welsh skills
88%

COMPLETENESS

Complete
69%

Not complete
31%

0%

50%

100%

Directorate
All

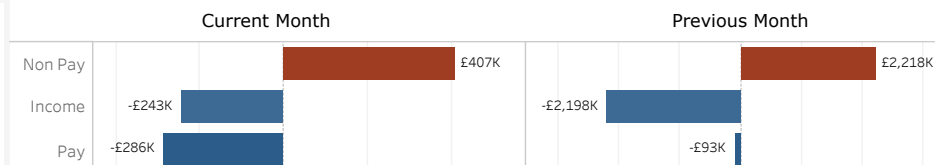
Division
All



Financial Position on August 2022

-£122K Surplus
Cumulative Reported Position
Previous Month Reported Position **-£74K Surplus**

Cumulative Variance By Income, Pay and Non-Pay



Directorate Position

| Directorate1 | Annual Budget £000s | Cumulative Budget £000s | Cumulative Actual £000s | Cumulative Variance £000s |
|---|------------------------|----------------------------|----------------------------|------------------------------|
| Covid 19 | £0K | £0K | £0K | £0K |
| Data, Knowledge and Research | £4,672K | £1,655K | £1,646K | -£9K |
| Improvement Cymru | £6,479K | £1,861K | £1,861K | £0K |
| Hosted | £0K | -£1,282K | -£1,282K | £0K |
| Health Protection and Screening Services | £80,641K | £31,812K | £31,811K | -£1K |
| Board and Corporate | £2,336K | £1,002K | £997K | -£5K |
| Quality Nursing & Allied Health Professionals | £2,551K | £981K | £976K | -£5K |
| WHO Collaborating Centre | £3,343K | £1,191K | £1,179K | -£12K |
| Operations and Finance | £10,101K | £4,618K | £4,605K | -£13K |
| People & Organisational Development | £2,145K | £860K | £845K | -£16K |
| Health & Wellbeing | £25,226K | £8,764K | £8,744K | -£20K |
| Central Budgets | -£137,494K | -£51,462K | -£51,504K | -£42K |

Yearend Forecast Variance

| | Forecast Variance £000s |
|---|----------------------------|
| WHO Collaborating Centre | £0K |
| Quality Nursing & Allied Health Professionals | £0K |
| People & Organisational Development | £0K |
| Operations and Finance | £0K |
| Improvement Cymru | £0K |
| Hosted Directorate | £0K |
| Health Protection & Screening Services | £0K |
| Health & Wellbeing Directorate | £0K |
| Data, Knowledge and Research | £0K |
| Covid 19 | £0K |
| Central Budgets | £0K |
| Board and Corporate | £0K |

Forecast Variance will be available in future months.

Key Financial Risk

| Risk | Likelihood | |
|---|------------|----------|
| Possible additional Covid-19 testing costs based on potential future testing strategy | Medium | £11,905K |
| Risk of wider supply chain increases due to international events (based on 5% of non-pay spend). | Medium | £3,792K |
| Energy prices may further increase above levels included in national cost assessment. Potential for further increases dur.. | High | £519K |

Data Source: **Oracle Qlikview**, Data Updated on: P05-23 , Data Source Rating: **[Gold]**



Directorate1 All

Division1 All



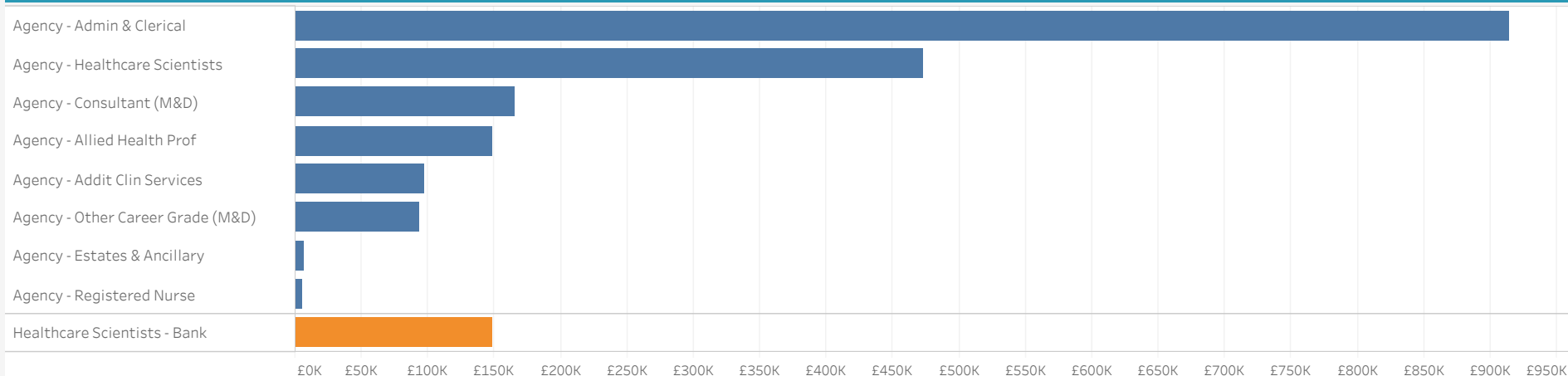
Subjective..

Agency - Admin & ..
Agency - Healthca..

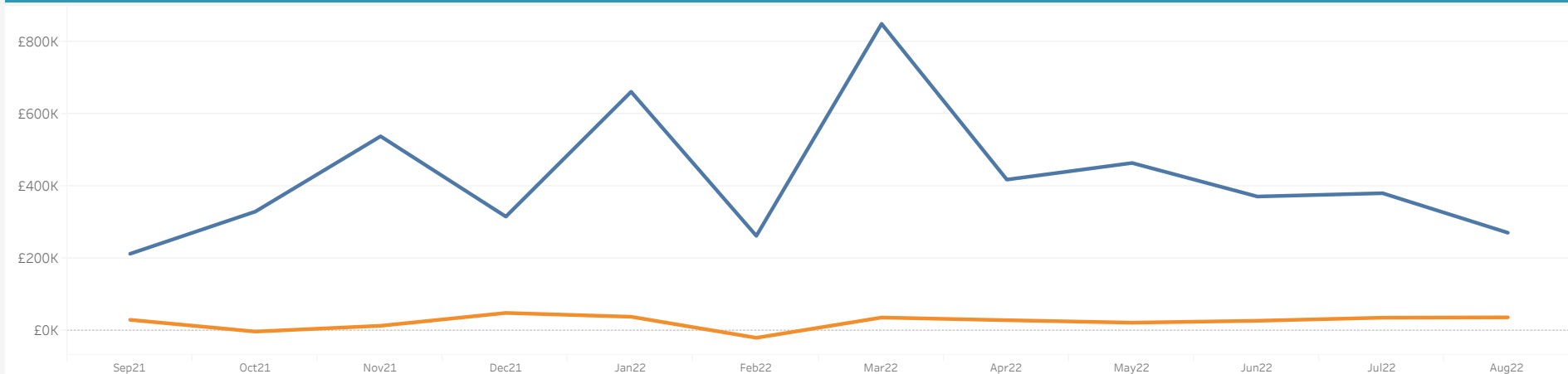
Pay Type1

Bank
Agency

Cumulative Agency & Bank Spend By Staff Group



Agency & Bank Spend 12-Month Trend



Data Source: Excel Spreadsheet, Data Updated on: P05-23 , Data Source Rating: [Silver]

Amount Type
■ Actual ■ Forecast



Capital Allocation

£5,382K

Strategic Allocation

YTD Spend: £519K

£1,158K

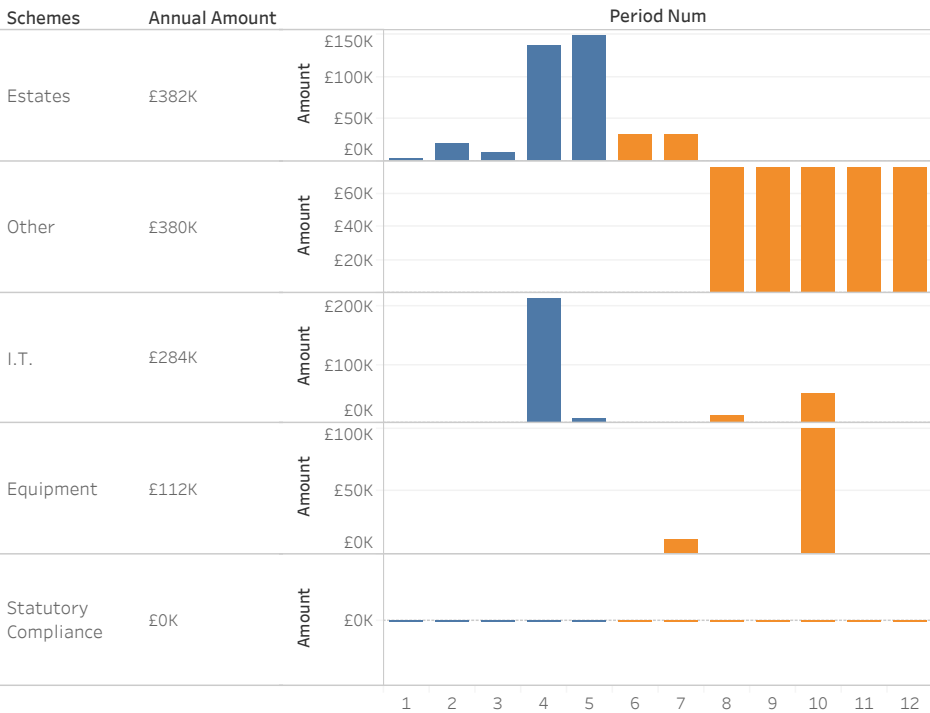
Discretionary Allocation

YTD Spend: £541K

Capital Strategic Schemes



Capital Discretionary Schemes



Data Source: **Excel Spreadsheet**, Data Updated on: P05-23 , Data Source Rating: **[Silver]**



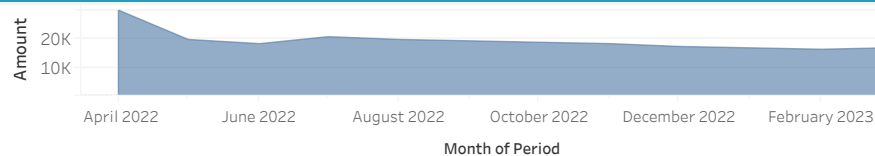
Receipts Interest Receiv.. Other income PDC - Trust only Welsh NHS inco.. WG Fund..
Payments Capital paymen.. Non-pay expend.. Pay expenditure



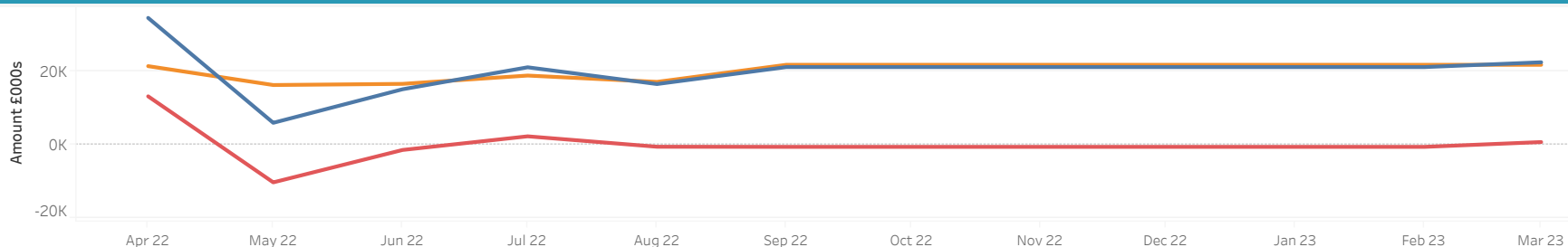
Cash Flow Position August 2022

£19,816K
Balance C/f
Balance b/f £16,791K March 2022

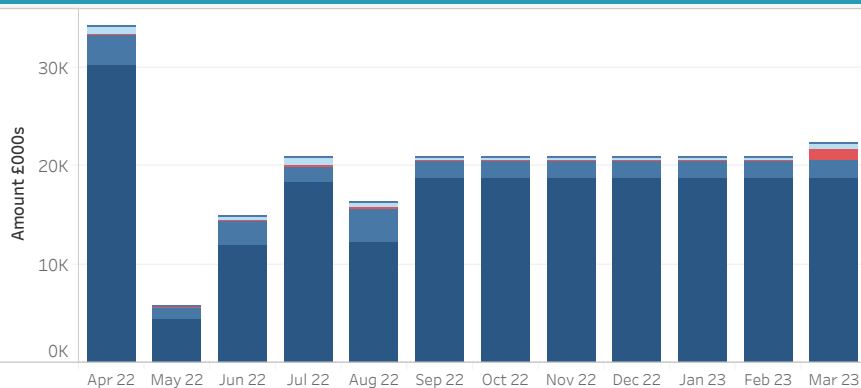
Cash Flow Balances £000s Bal C/F



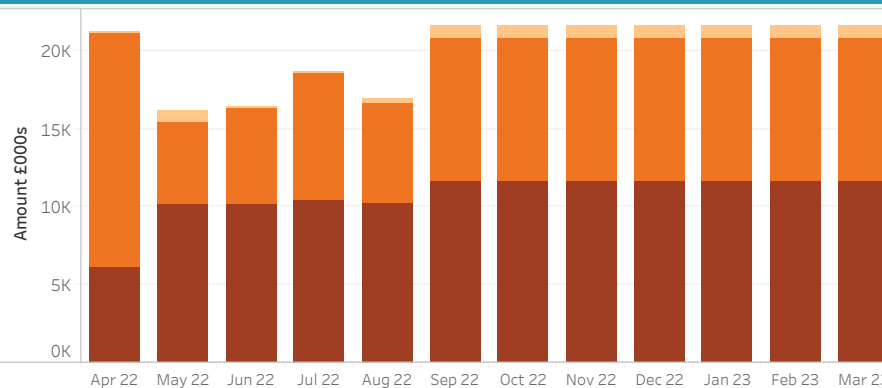
Cash Flow Forecast (Receipts, Payments, Net Cash)



Receipts Sources Breakdown



Payments Breakdown



Data Source: **Financial Accounts Reports**, Data Updated on: P05-23 , Data Source Rating: **[Silver]**

Debtor Type

NHS Debtors Non NHS Debtors WGA Debtors

Aging Bucket

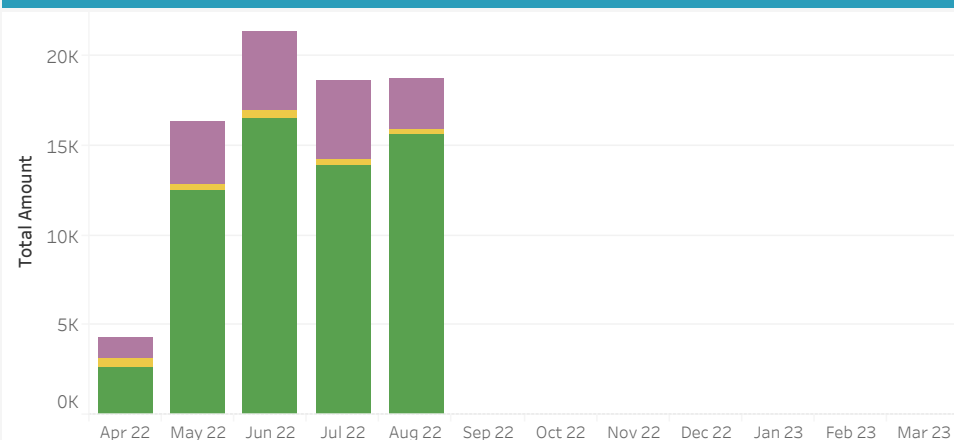
> 15 weeks > 10 weeks < 15 weeks < 10 weeks



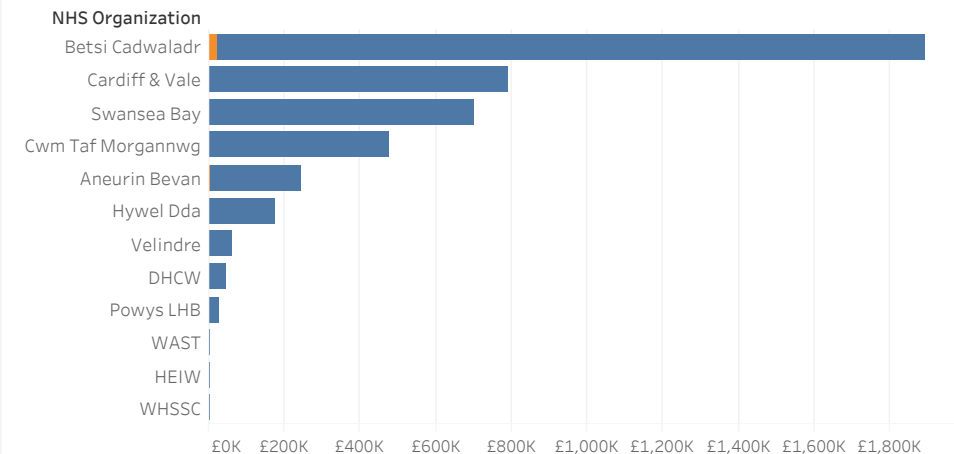
Statement of Financial Position (Balance Sheet)

| Sub-Category | Type | Opening Balance £000s | Movement £000s | Closing Balance £000s |
|---------------------------------------|---------------------------------------|-----------------------|----------------|-----------------------|
| Non-Current Assets | Trade and other receivables | 327 | 3,268 | 327 |
| | Property, plant and equipment | 26,530 | 27,591 | 26,530 |
| | Intangible assets | 3,403 | 3,403 | 3,403 |
| | Non-Current Assets Sub total | 30,260 | 34,261 | 30,260 |
| Current Assets | Inventories | 2,995 | 1,174 | 2,995 |
| | Trade and other receivables | 20,355 | 35,920 | 20,355 |
| | Cash and cash equivalents | 16,791 | 19,816 | 16,791 |
| | Assets Sub total | 40,141 | 56,910 | 40,141 |
| Total Assets | Total Assets | 70,401 | 91,172 | 70,401 |
| Total Assets Less Current Liabilities | Total Assets Less Current Liabilities | 35,355 | 38,608 | 35,355 |
| Total Assets Employed | Total Assets Employed | 31,602 | 31,724 | 31,602 |
| Taxpayer's Equity | PDC | 29,230 | 29,230 | 29,230 |
| | Retained earnings | 1,481 | 1,603 | 1,481 |
| | Revaluation reserve | 891 | 891 | 891 |
| Total Taxpayer's Equity | Total Taxpayer's Equity | 31,602 | 31,724 | 31,602 |

Debtors By Type (NHS, Non-NHS, WGA)



NHS Debtors Current Position



Data Source: Financial Accounts Reports, Data Updated on: P05-23, Data Source Rating: [Silver]



YTD Actual By Number

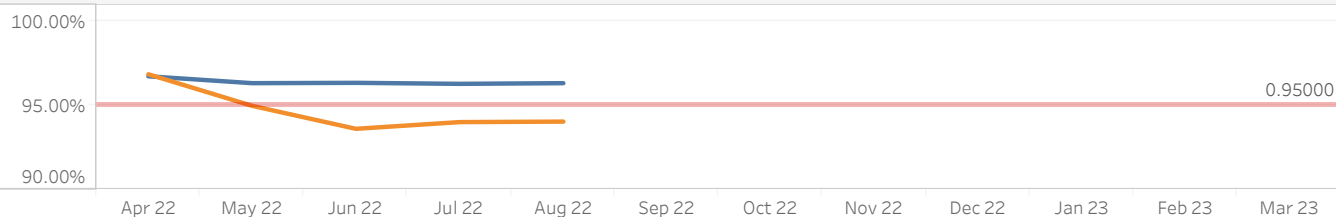
YTD Actual By Value



Non-NHS Invoices Paid Within 30 Days

96.33%
Statutory Target: **95%**
YTD Actual By Number

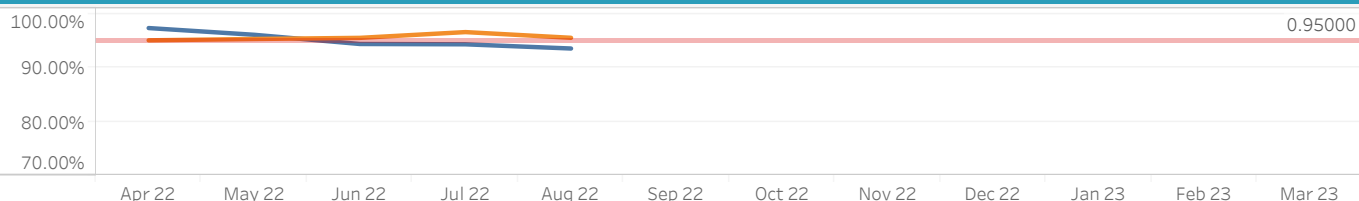
Non-NHS Invoices Paid Within 30 Days



NHS Invoices Paid Within 30 Days

93.55%
Target: **95%**
YTD Actual By Number

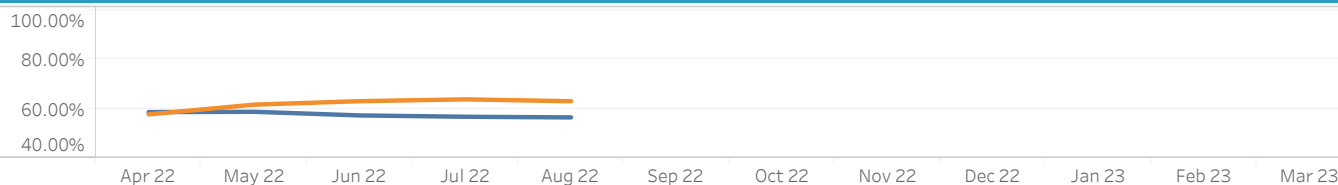
NHS Invoices Paid Within 30 Days



Non-NHS Invoices Paid Within 10 Days

56.41%
YTD Actual By Number

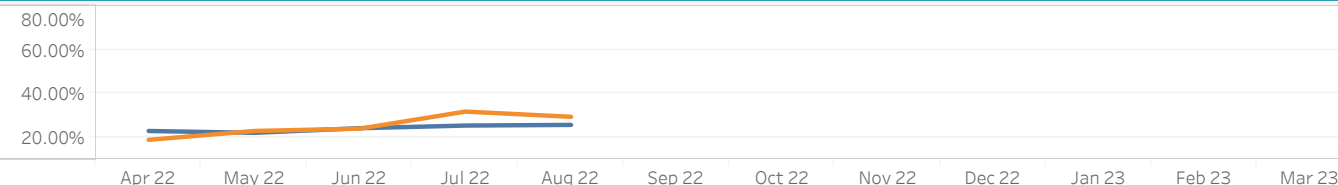
Non-NHS Invoices Paid Within 10 Days



NHS Invoices Paid Within 10 Days

25.79%
YTD Actual By Number

NHS Invoices Paid Within 10 Days



Data Source: **Purchasing Financial Accounts**, Data Updated on: P05-23 , Data Source Rating: **[Silver]**

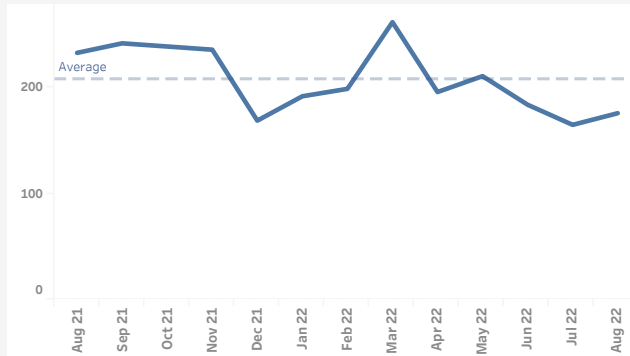


Incidents - Key Metrics

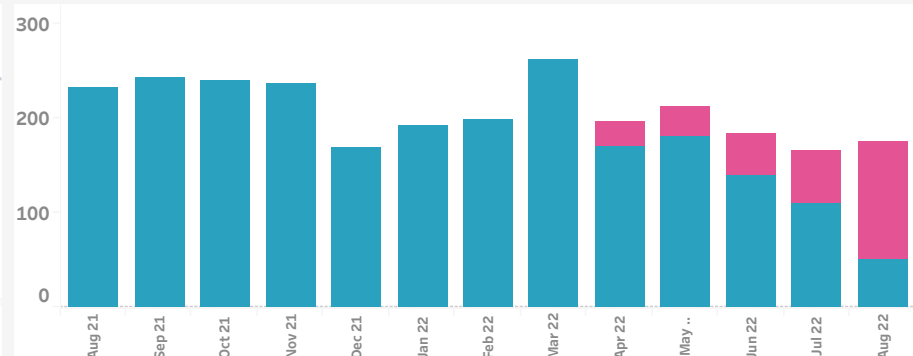
176

Incidents Reported in
August 2022

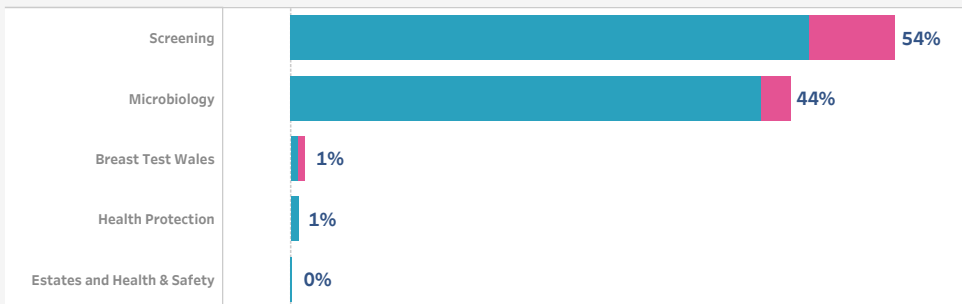
Incidents Overtime



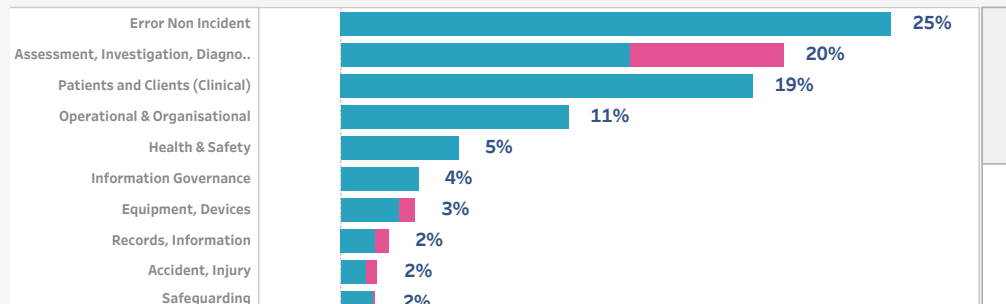
Incidents Overtime Split by Status: Ongoing vs Closed



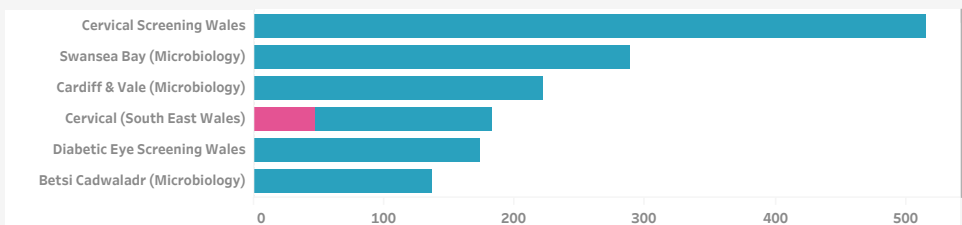
Incidents by Division (Top 5)



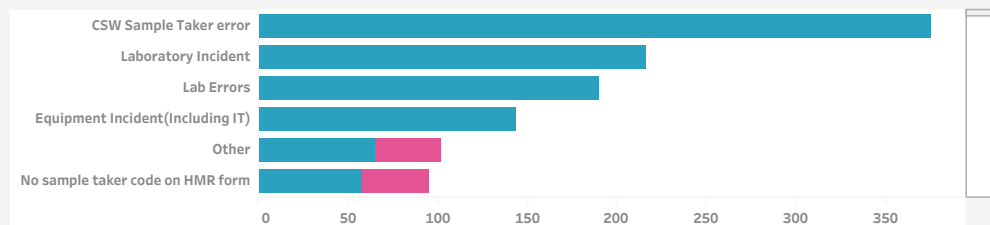
Incidents by Category



Incidents by Team



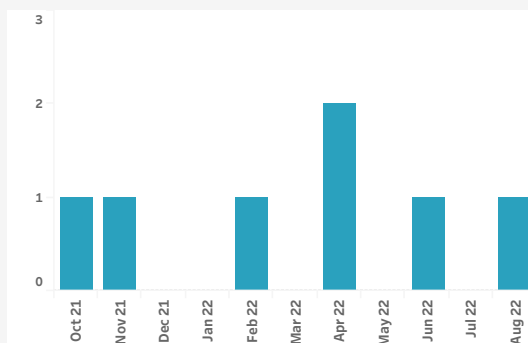
Incidents by Sub Category



Data Source: [Datix], Data Updated on: [06 September 2022], Rating: [Bronze] .When NO filters are selected charts show rolling 12m history

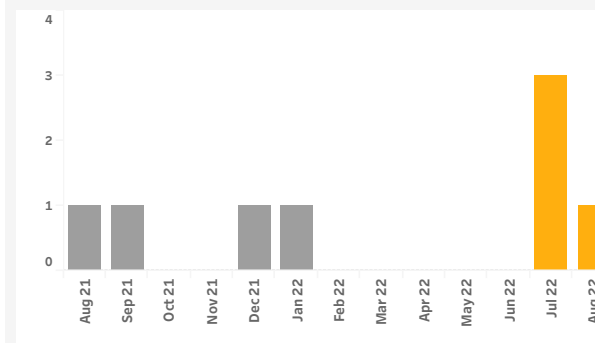
1
No Surprises
Last Month

No Surprises overtime

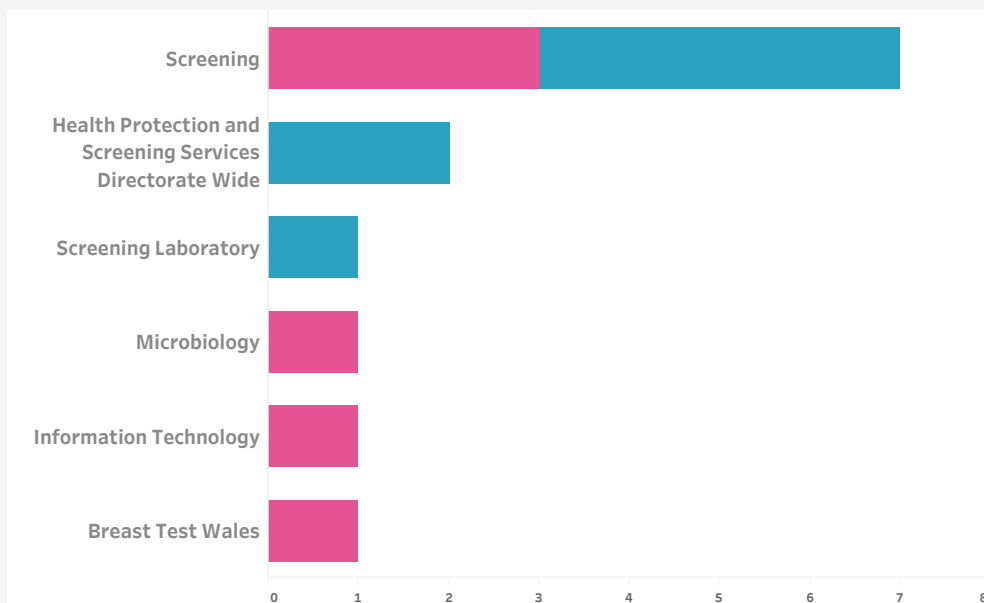


1
Nationally Reportable
Incidents
Last Month

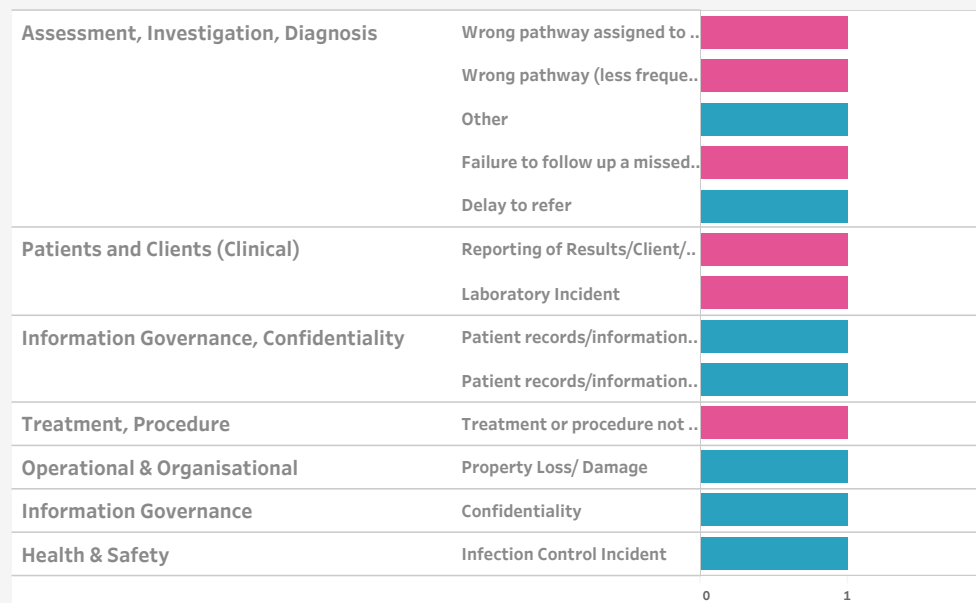
NRIs overtime split Open vs Closed



NRIs and No Surprises split by Division



NRIs and No Surprises split by Category



Data Source: [Datix], Data Updated on: [07 September 2022], Rating: [Bronze] .When NO filters are selected charts show rolling 12m history



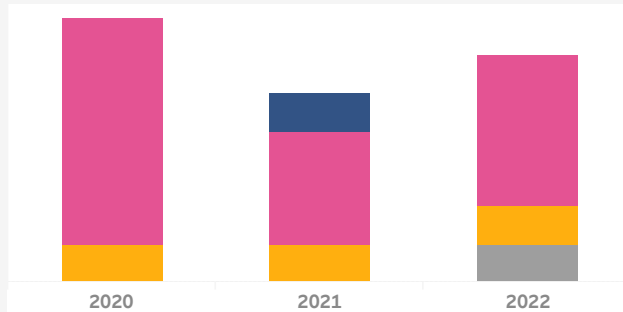
Claims and Redress - Key Metrics

25
Confirmed Claims
Of which, **1** were confirmed in
August 2022

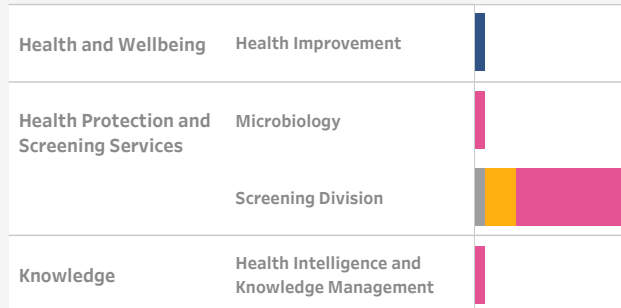
3
Potential Claims
Of which, **0** was raised in
August 2022

0
Redress Cases Received
in **August 2022**

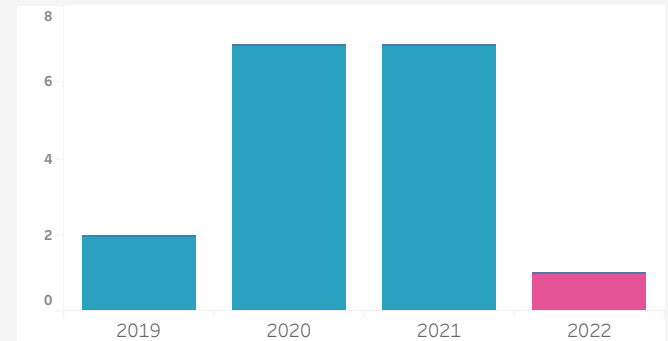
Claims split by year and Approval Status; **Confirmed**, **Potential** and **Withdrawn**.



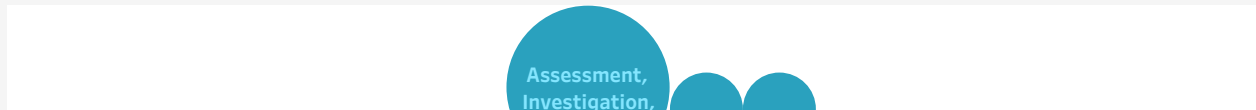
Claims by Location and Type **Confirmed**, **Withdrawn/Rejected** and **Potential**



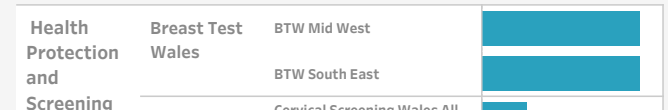
Total Redress by Year split **Open** **Closed**



Claim Types split **Personal Injury** and **Clinical Negligence**

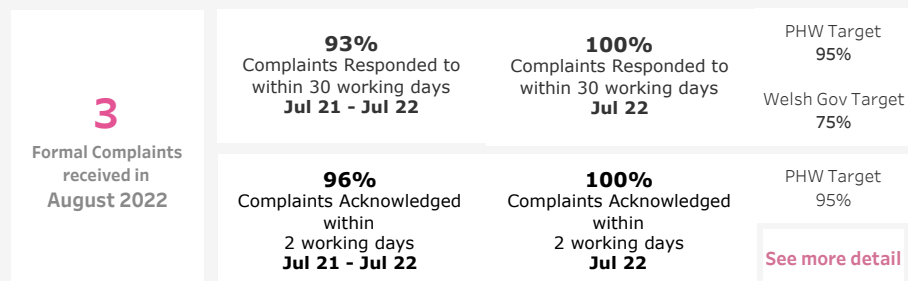


Redress by Location **Open** **Closed**

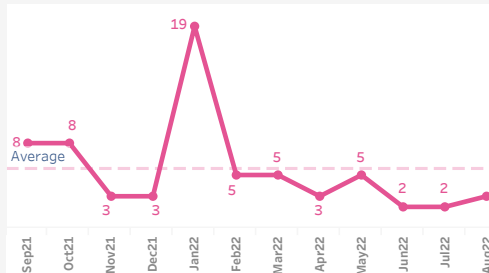


Data Source: [Datix], Data Updated on: [06 September 2022], Rating: [Bronze] .When NO filters are selected charts show rolling 12m history

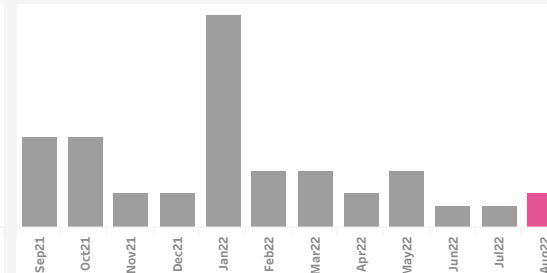
Formal Complaints - Key Metrics



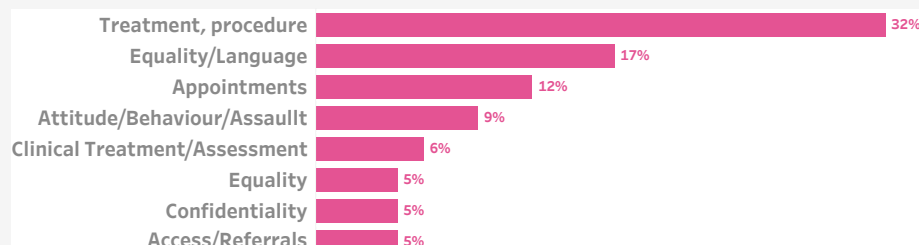
Formal Complaints raised by Month



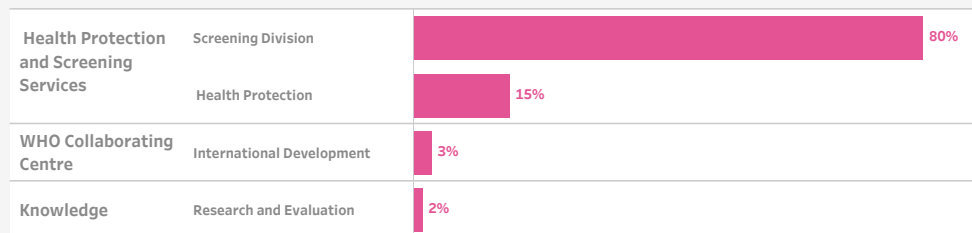
Formal Complaints raised by Month; Open vs Closed



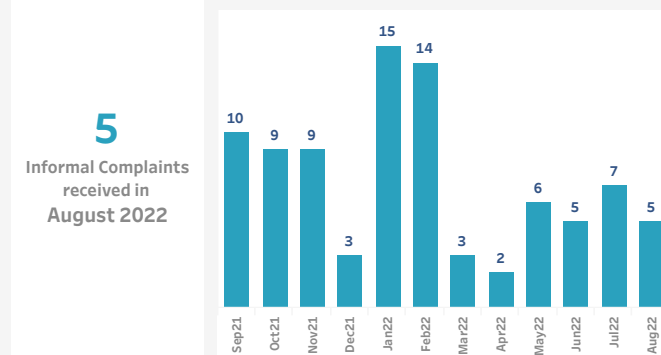
Formal Complaints split by Theme



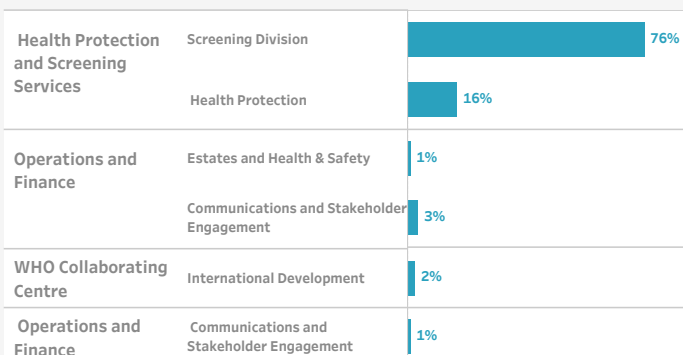
Formal Complaints split by Directorate



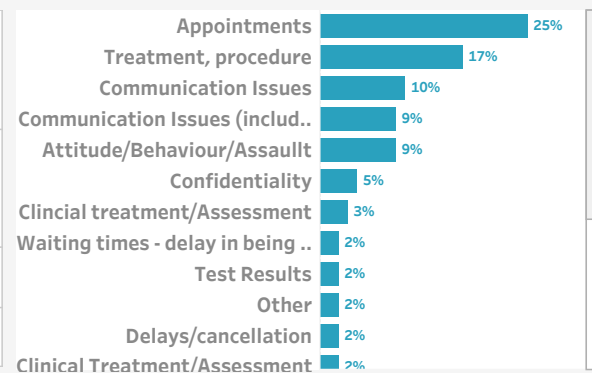
Informal Complaints raised by Month



Informal Complaints split by Directorate



Informal Complaints split by Theme



Data Source: [Datix], Data Updated on: [07 September 2022], Rating: [Bronze] .When NO filters are selected charts show rolling 12m history

Select Indicator

Newborn Bloodspot Coverage (Newborns)

Select Area

Wales



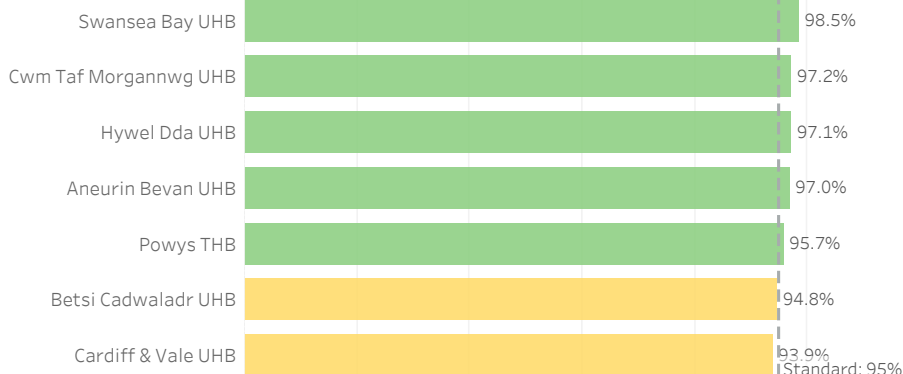
Latest Month

95.2%
August 2022

Previous month

96.8%
July 2022

Latest performance by Health Board



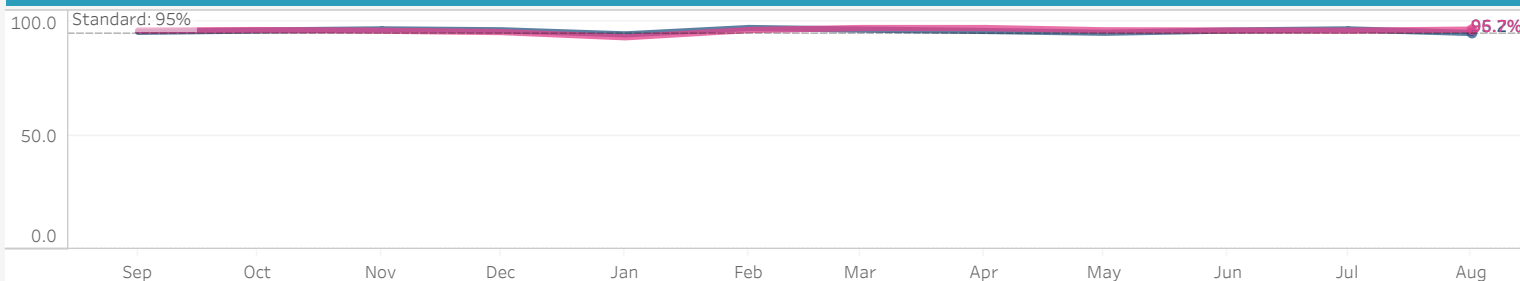
Variance against Standard (12 month avg)



-5.2 2.3

Annual trend (%)

Latest year Previous year



Annual change

▼-1.5%

Data Source: [Screening Informatics], Data Updated on: 13-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Newborn Bloodspot Avoidable Repeat Rate

Select Area

Wales



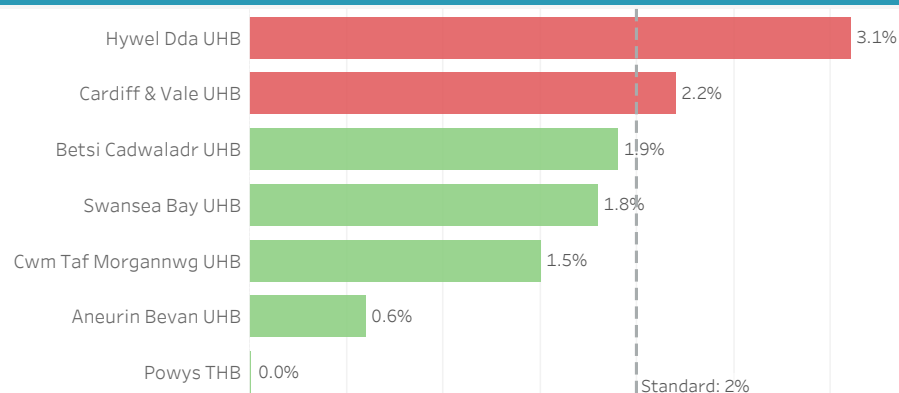
Latest Month

1.7%
August 2022

Previous month

1.4%
July 2022

Latest performance by Health Board



Variance against Standard (12 month avg)



-0.6 0.5

Annual trend (%)

Latest year Previous year

Annual change



▼ -1.1%

Data Source: [Screening Informatics], Data Updated on: 13-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Well Babies Completing Screening within 4 weeks

Select Area

Wales



Latest Month

97.2%
July 2022

Previous month

96.7%
June 2022

Latest performance by Health Board



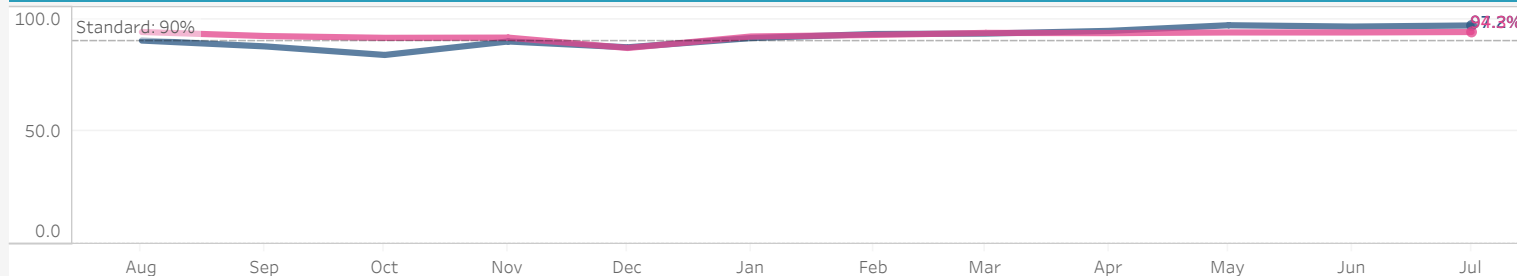
Variance against Standard (12 month avg)



-2.6 6.9

Annual trend (%)

Latest year Previous year



Annual change

▲ 2.9%

Data Source: [Screening Informatics], Data Updated on: 01-Sep-22, Data Source Rating: [Silver/Gold]



Performance & Assurance Dashboard - Newborn Hearing Screening

Corporate Analytics



Select Indicator

Babies Completing Assessment within 3 Months

Select Area

Wales



Latest Month

73.7%
July 2022

Previous month

80.0%
June 2022

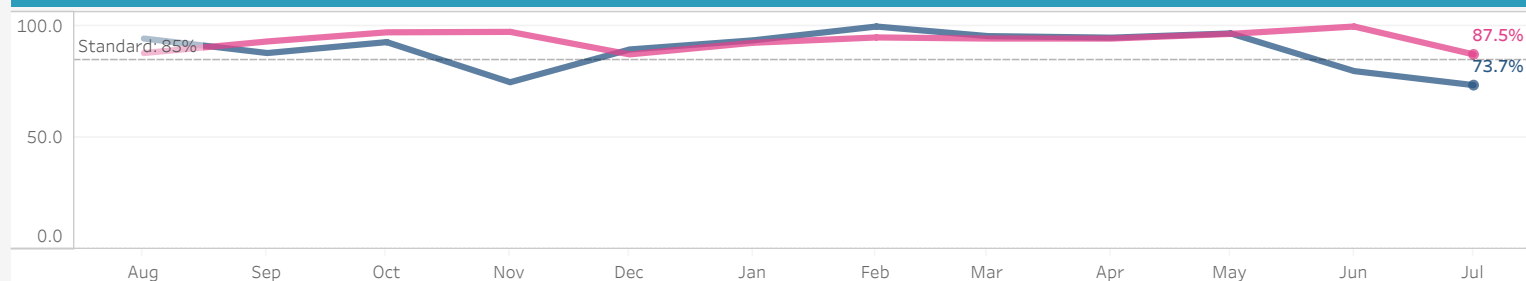
Latest performance by Health Board

Variance against Standard (12 month avg)

Annual trend (%)

Latest year Previous year

Annual change



▼ **-13.8%**

Data Source: [Screening Informatics], Data Updated on: 01-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Assessment invitations given within 3 weeks of screen

Select Area

Wales



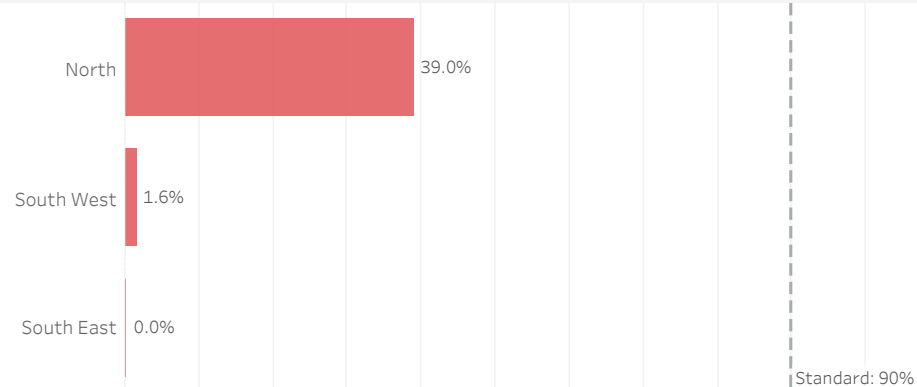
Latest Month

10.3%
August 2022

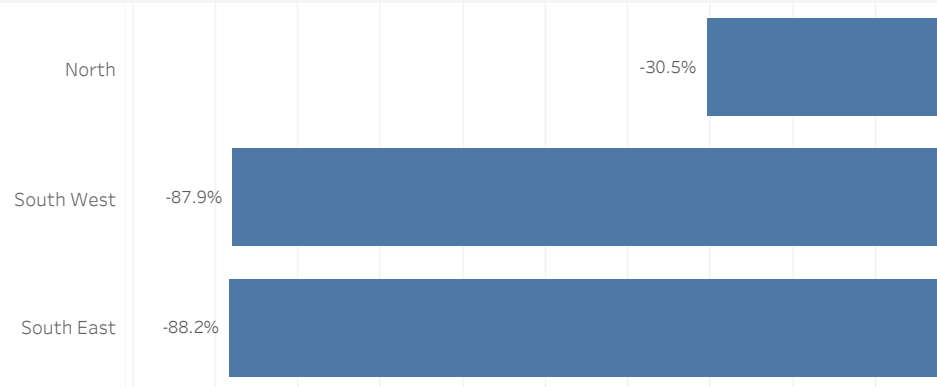
Previous month

16.4%
July 2022

Latest performance by Region

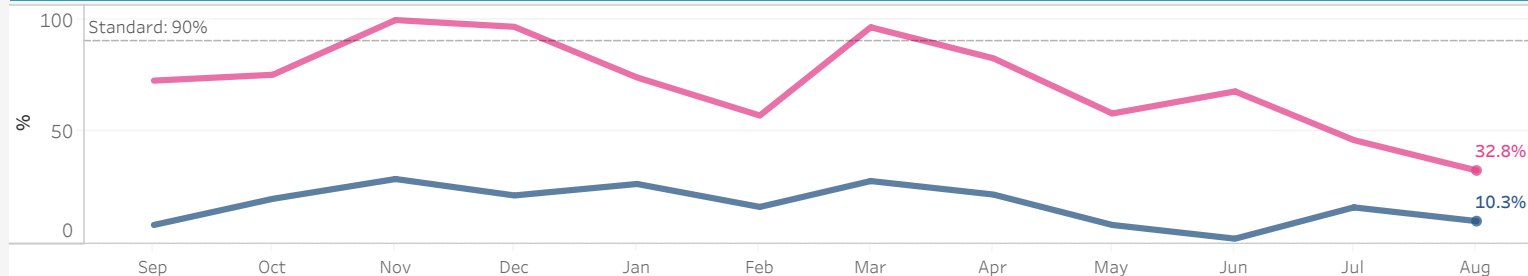


Variance against Standard (12 month avg*)



Annual trend (%)

Latest year Previous year



Annual change

▼ **-22.5%**

Data Source: [Screening Informatics], Data Updated on: 07-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Normal results sent within 2 weeks of screen

Select Area

Wales



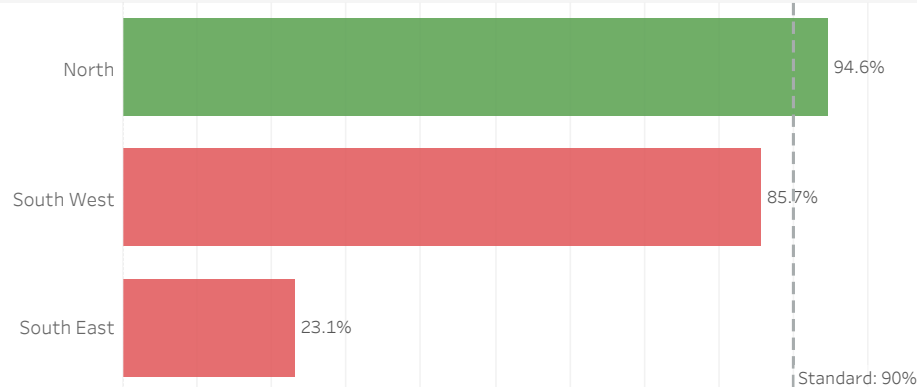
Latest Month

59.4%
August 2022

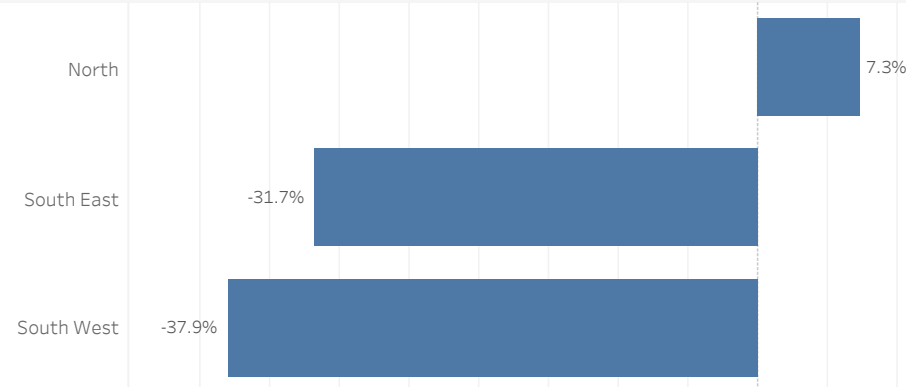
Previous month

37.5%
July 2022

Latest performance by Region

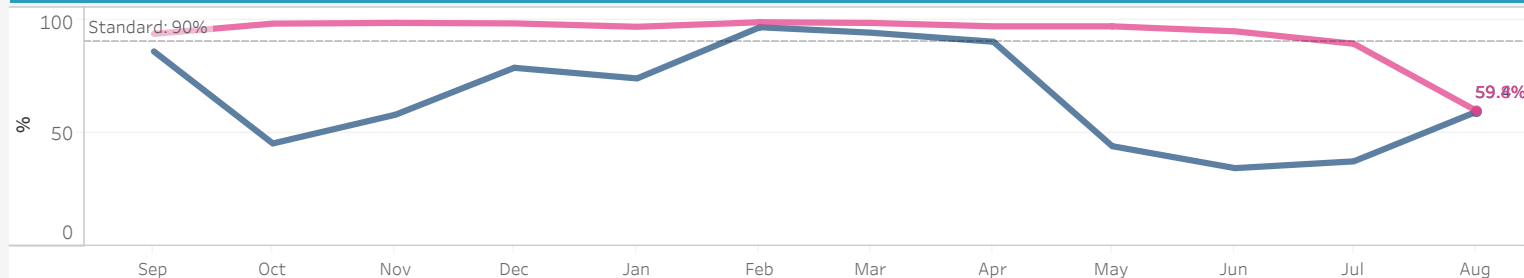


Variance against Standard (12 month avg*)



Annual trend (%)

Latest year Previous year



Annual change

▼ **-0.4%**

Data Source: [Screening Informatics], Data Updated on: 07-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Round length (invited within 36 months)

Select Area

Wales



Latest Month

1.3%
August 2022

Previous month

2.4%
July 2022

Latest performance by Region

North 1.9%

South West 1.7%

South East 0.7%

Standard: 90%

Variance against Standard (12 month avg*)

North -83.4%

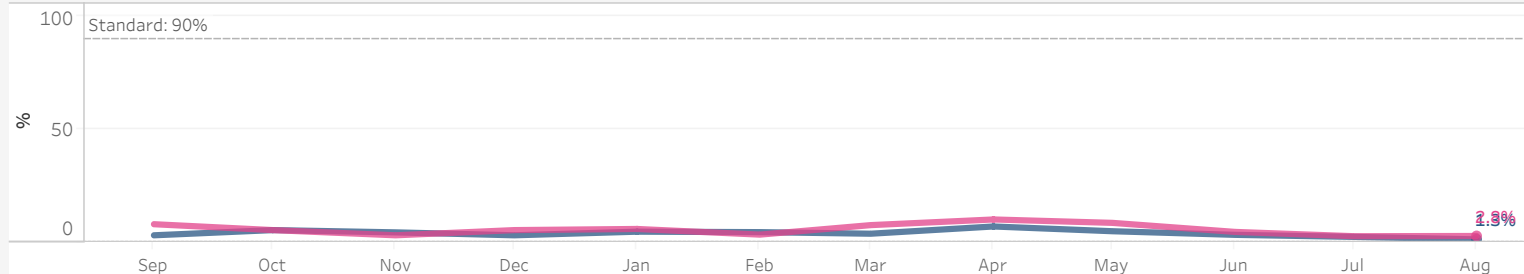
South West -84.2%

South East -88.5%

Annual trend (%)

Latest year Previous year

Annual change



▼-1.5%

Data Source: [Screening Informatics], Data Updated on: 07-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Waiting Time for Screening Test Results (4 Weeks)

Select Area

Wales



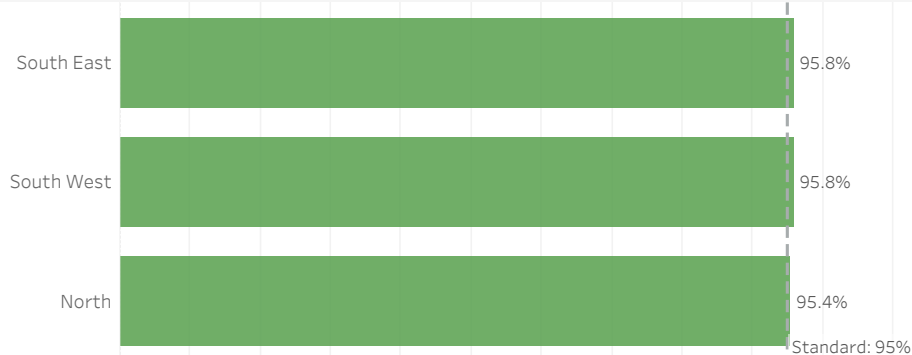
Latest Month

95.7%
August 2022

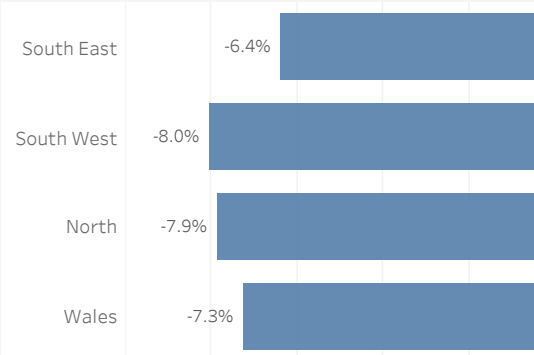
Previous month

92.3%
July 2022

Latest performance by Region

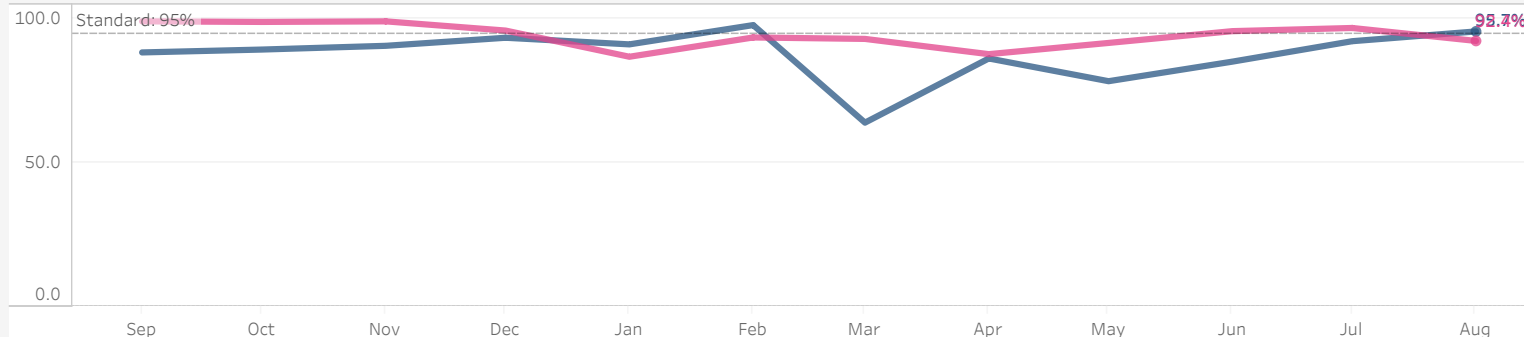


Variance against Standard (12 month avg)



Annual trend (%)

Latest year Previous year



Annual change

▲ 3.3%

Data Source: [Screening Informatics], Data Updated on: 04-Jul-22, Data Source Rating: [Silver/Gold]

Select Indicator

Cervical Screening Age Appropriate Coverage - Combined

Select Area

Wales



Latest Month

69.6%
April 2022

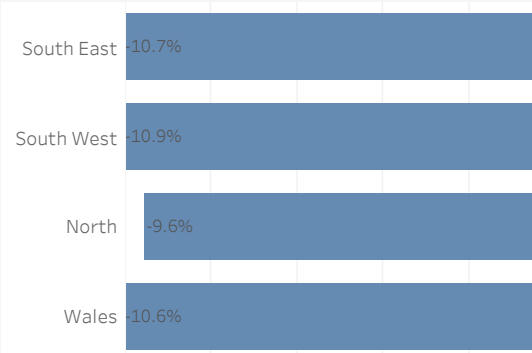
Previous month

69.3%
January 2022

Latest performance by Region

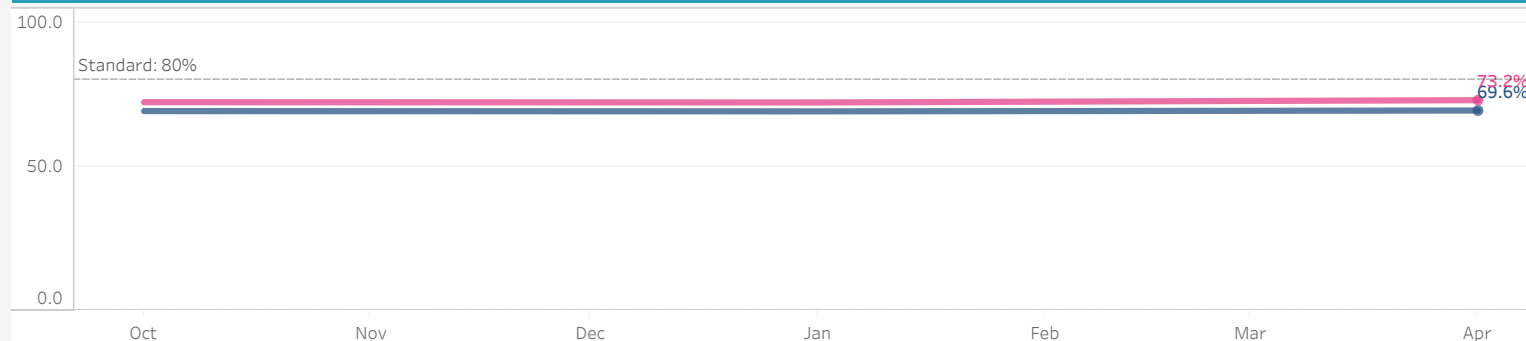


Variance against Standard (12 month avg)



Annual trend (%)

Latest year Previous year



Annual change

▼ **-3.5%**

Data Source: [Screening Informatics], Data Updated on: 04-Jul-22, Data Source Rating: [Silver/Gold]

Select Indicator

Bowel screening coverage

Select Area

Wales



Latest Month

63.4%
August 2022

Previous month

64.2%
July 2022

Latest performance by Health Board



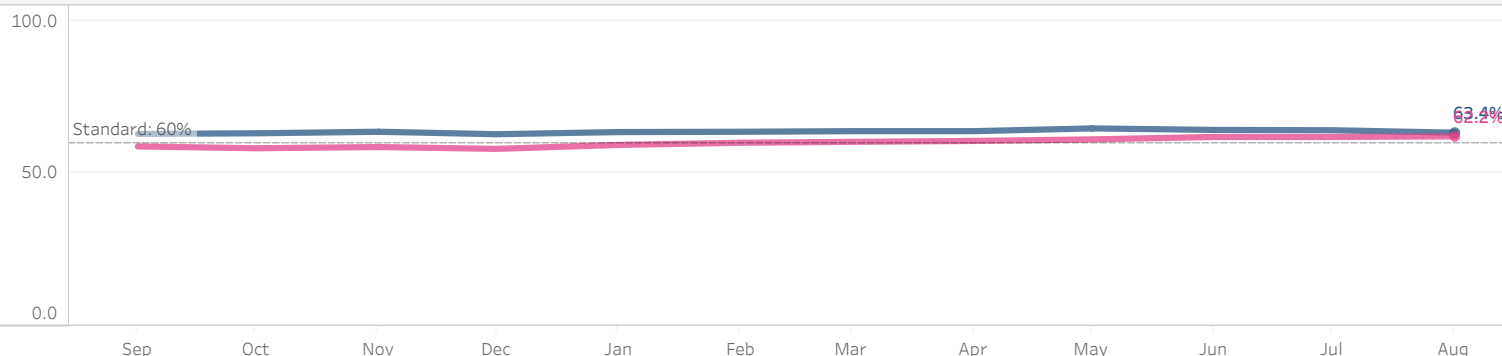
Variance against Standard (12 month avg)



3.3 4.5

Annual trend (%)

Latest year Previous year



Annual change

▲ 1.2%

Data Source: [Screening Informatics], Data Updated on: 08-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Waiting Time for Index Colonoscopy

Select Area

Wales



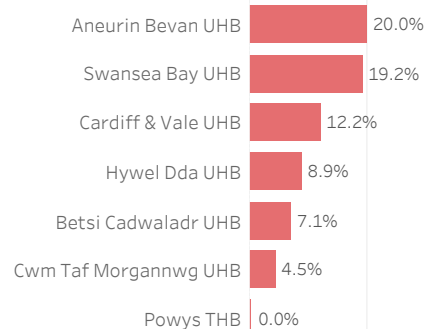
Latest Month

13.3%
July 2022

Previous month

7.4%
June 2022

Latest performance by Health Board



Standard: 90%

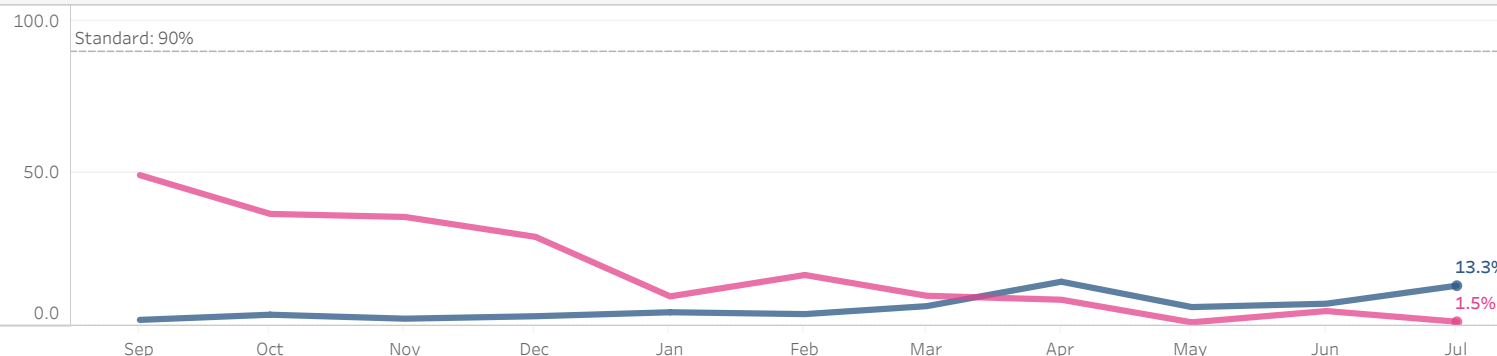
Variance against Standard (12 month avg)



-90.0 -79.9

Annual trend (%)

Latest year Previous year



Annual change

▲ **11.8%**

Data Source: [Screening Informatics], Data Updated on: 08-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator
Results Letters

Select Area
Wales



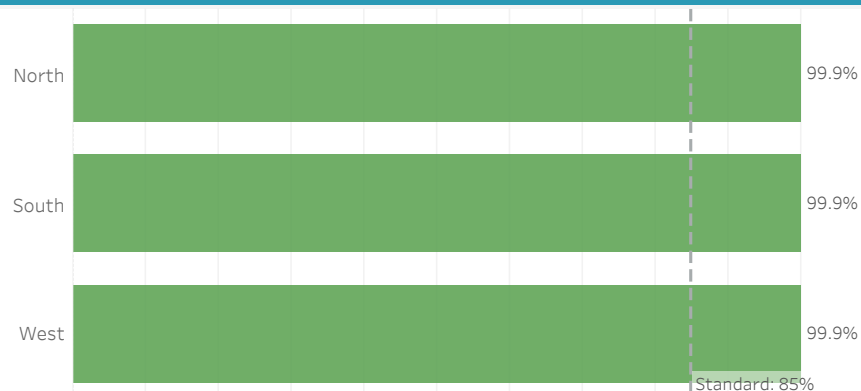
Latest Month

99.9%
August 2022

Previous month

100.0%
July 2022

Latest performance by Region

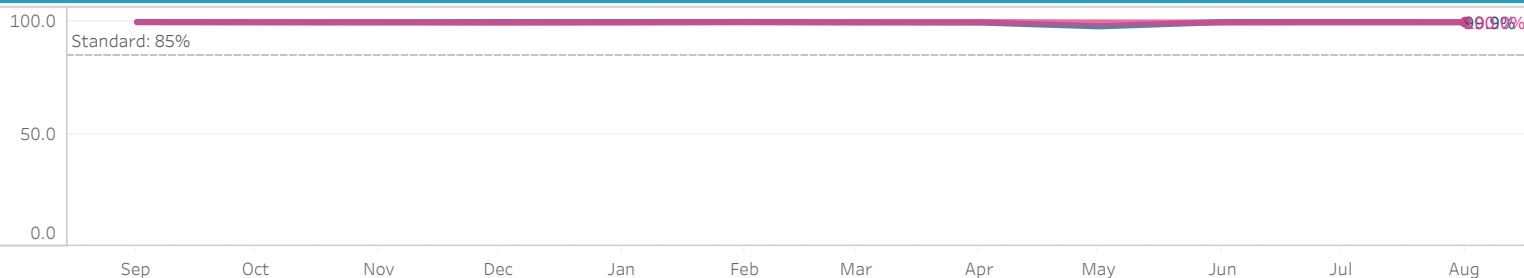


Variance against Standard (12 month avg*)



Annual trend (%)

Latest year Previous year



Annual change

▼ **-0.1%**

Data Source: [Screening Informatics], Data Updated on: 05-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator
Coverage-12 months

Select Area
Wales



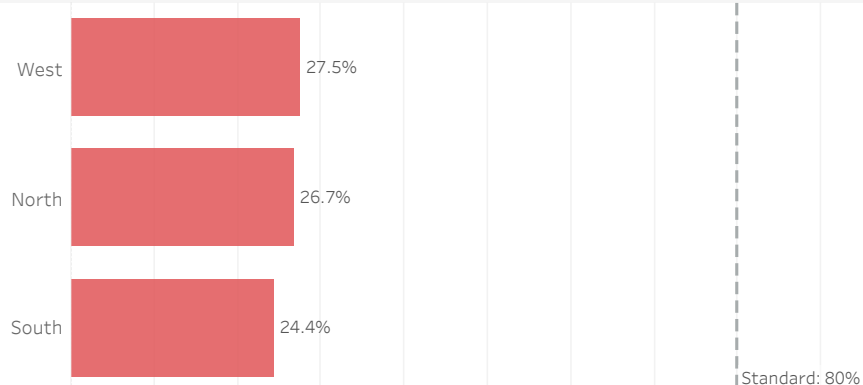
Latest Month

25.5%
August 2022

Previous month

25.0%
July 2022

Latest performance by Region

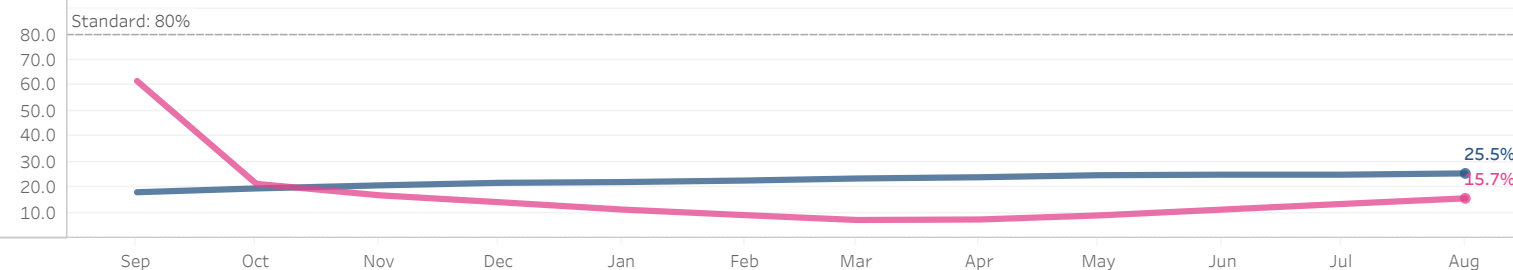


Variance against Standard (12 month avg*)



Annual trend (%)

Latest year Previous year



Annual change

▲ 9.8%

Data Source: [Screening Informatics], Data Updated on: 05-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Small AAA Surveillance Uptake

Select Area

Wales

i

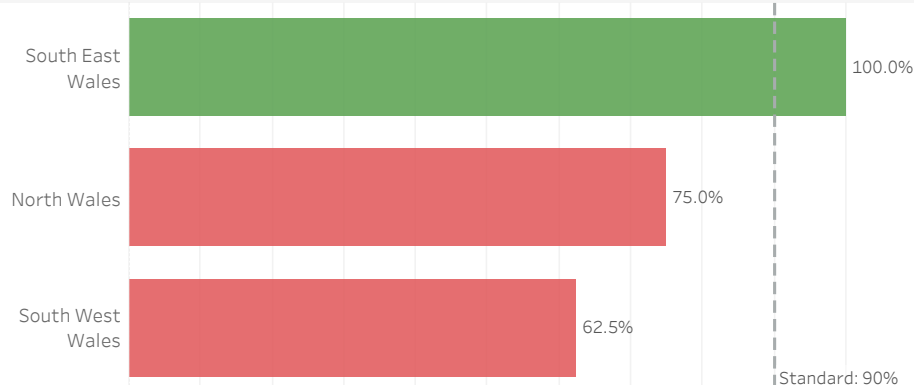
Latest Month

81.0%
August 2022

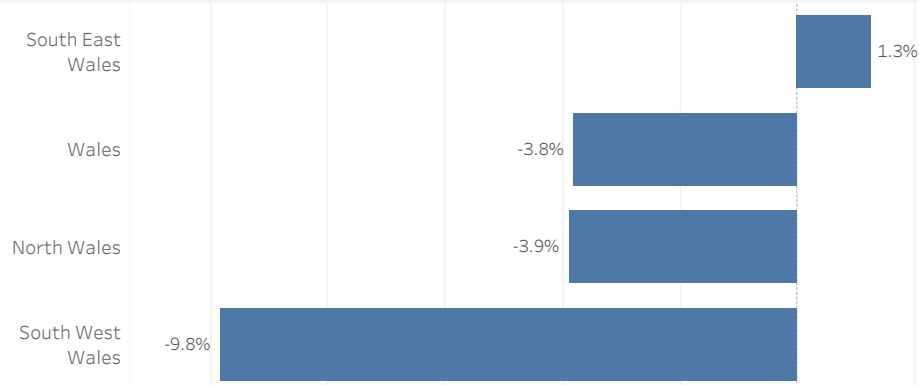
Previous month

87.5%
July 2022

Latest performance by Region

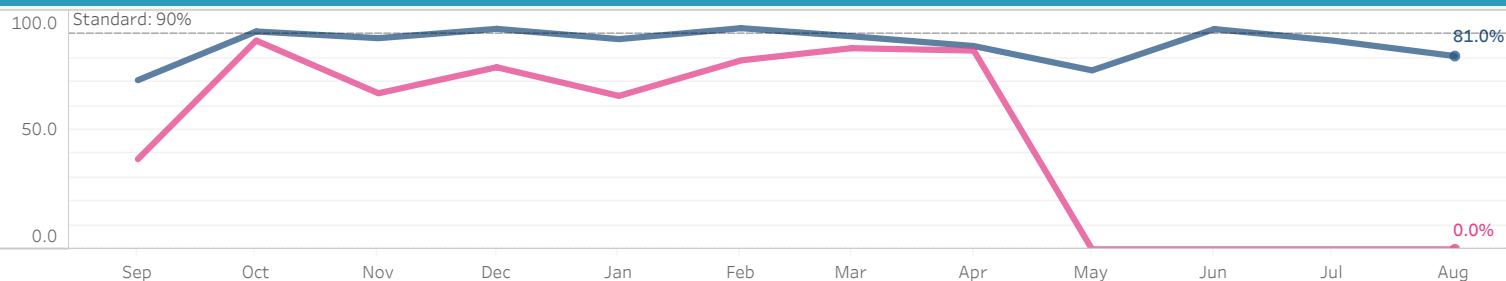


Variance against Standard (12 month avg*)



Annual trend (%)

Latest year Previous year



Annual change

▲ **81.0%**

Data Source: [Screening Informatics], Data Updated on: 08-Sep-22, Data Source Rating: [Silver/Gold]

Select Indicator

Medium AAA Surveillance Uptake

Select Area

Wales



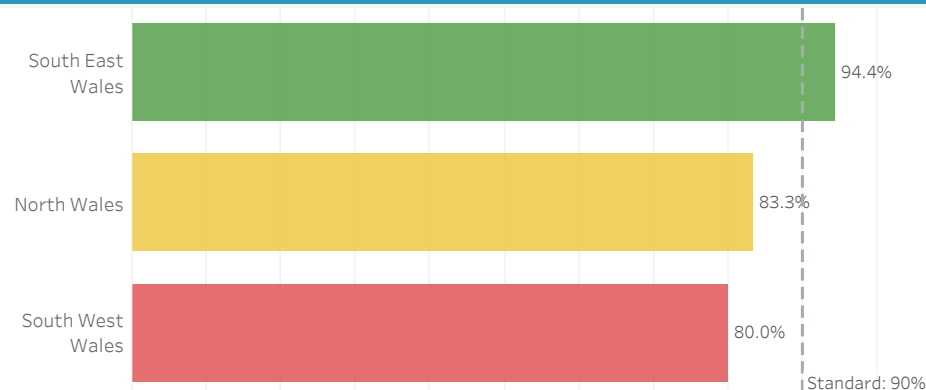
Latest Month

86.0%
August 2022

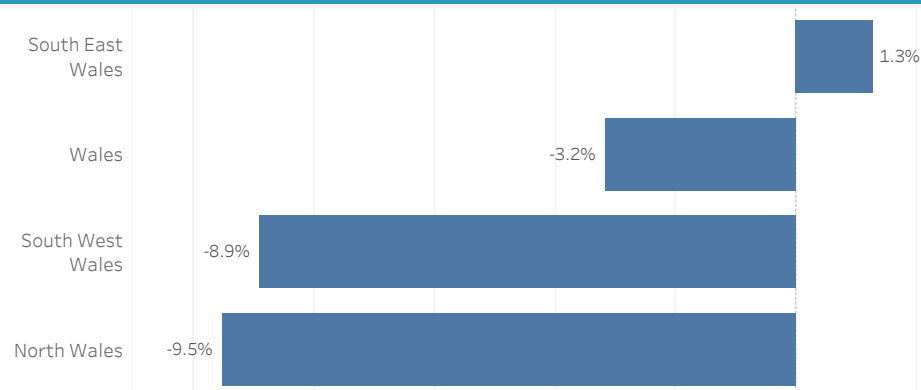
Previous month

92.3%
July 2022

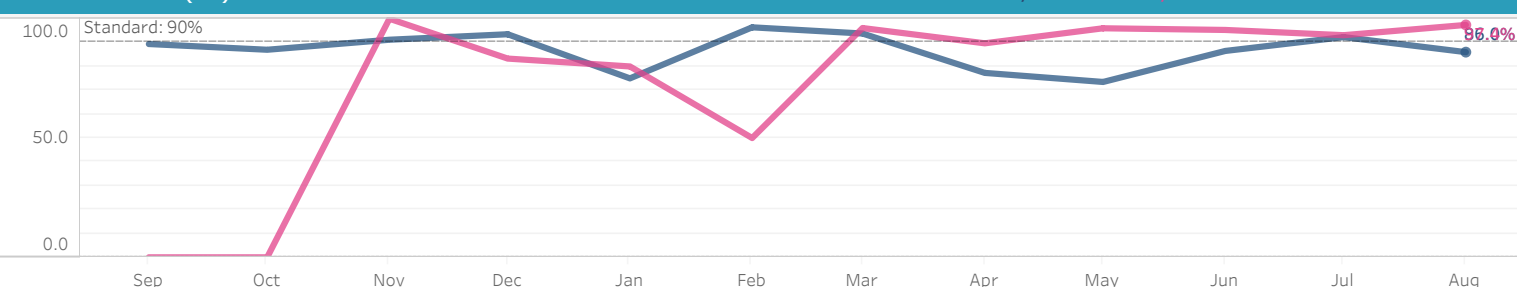
Latest performance by Region



Variance against Standard (12 month avg*)



Annual trend (%)



Annual change

▼ **-11.4%**

Data Source: [Screening Informatics], Data Updated on: 08-Sep-22, Data Source Rating: [Silver/Gold]

Key Service Indicators

| Performance Dashboard - Additional Indicators | | | | |
|---|----------------------|-------------------------|-------------------------|-------------------------|
| ■ >10% outside target ■ Within 10% of target ■ Achieving target ■ Not available | | | | |
| Indicator | Timeframe | | | |
| Vaccination and Immunisation | Target ¹ | Jun | Jul | Aug |
| Influenza vaccination uptake among those aged 65+ | 75% | at 10 Feb 2022 77.5% | at 10 Mar 2022 77.9% | at 26 Apr 2022 78.0% |
| Influenza vaccination uptake among the under 65s in high risk groups | 55% | 47.4% | 48.1% | 48.2% |
| Influenza vaccination uptake among pregnant women | 75% | Reported annually | Reported annually | Reported annually |
| Influenza vaccination uptake among healthcare workers | 60% | 55.3% | 56.0% | 57.2% |
| Influenza vaccination uptake among Public Health Wales staff | N/A | 46.1% | 46.2% | 46.2% |
| Influenza vaccination uptake among Public Health Wales front line staff | 75% | 44.1% | 43.8% | 43.8% |
| Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1 | 95% | Q3 21/22 95.9% | Q4 21/22 94.9% | Q1 22/23 94.0% |
| Percentage of children who received two doses of the MMR vaccine by age 5 | 95% | 90.0% | 90.8% | 90.7% |
| Healthcare Associated Infections | Target ¹ | Jun | Jul | Aug |
| Clostridium difficile rate (per 100,000 population) | 25 | 34.9 | 43.1 | 47.2 |
| Staph aureus bacteraemia rate (per 100,000 population) | 20 | 30.7 | 27.5 | 23.4 |
| E. Coli bacteraemia rate (per 100,000 population) | 67 | 64.9 | 68.4 | 73.6 |
| Klebsiella sp bacteraemia rate (per 100,000 population) | 10% annual reduction | 18.0 | 19.0 | 27.9 |
| P. aeruginosa bacteraemia rate (per 100,000 population) | | 9.2 | 4.1 | 7.8 |
| Microbiology | Target ¹ | Q3 21/22 | Q4 21/22 | Q1 22/23 |
| UKAS status of accreditation to ISO 15189:2012 / ISO 17025:2005 | Accredited | Accredited | Accredited | Accredited |
| EQA performance (Bacteriology) | 97% | 97% | 98% | 96% |
| EQA performance (Virology) | 100% | 95% | 99% | 98% |
| EQA performance (Specialist and reference units) | 100% | 98% | 98% | 99% |
| EQA performance (Food, Water and Environmental Laboratories) | 100% | 99% | 100% | 99% |
| Turnaround time compliance (Bacteriology) | 95% | 90% | 92% | 93% |
| Turnaround time compliance (Virology) | 95% | 94% | 90% | 99% |
| Turnaround time compliance (Specialist and reference units) | 95% | 98% | 99% | 95% |
| Turnaround time compliance (Food, Water and Environmental Labs) | 95% | 98% | 97% | 98% |
| Turnaround time compliance urgent samples (Bacteriology/Virology) | 95% | Reported annually | 88% | Reported annually |

| | | |
|--|---|--|
|  GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales | Name of Meeting Board Date of Meeting 29 September 2022 Agenda item: 4.1d |
|--|---|--|

2022/23 Financial Position

| | |
|------------------------|--|
| Executive lead: | Huw George, Deputy Chief Executive and Executive Defector of Finance and Operations |
| Author: | Angela Fisher, Deputy Director and Head of Finance Ruth Maddern, Head of Financial Management & Business Partnering Suzanne David, Senior Finance Business Partner |

| | |
|---------------------------------|--|
| Approval/Scrutiny route: | Huw George, Deputy Chief Executive and Executive Defector of Finance and Operations Business Executive Team – 20 September 2022 |
|---------------------------------|--|

| |
|---|
| Purpose |
| The purpose of this report is to outline to the Executive Team and the Board the revenue and capital position as at 31 st August 2022 (M5), which includes the position on COVID-19. |

| | | | | |
|--|---|---------------------------------------|-----------------------------------|---------------------------------------|
| Recommendation: | | | | |
| APPROVE <input type="checkbox"/> | CONSIDER <input checked="" type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input type="checkbox"/> |
| The Board is asked to: <ul style="list-style-type: none"> CONSIDER the financial position of Public Health Wales as at 31st August 2022, which includes the position on COVID-19. | | | | |

1. Introduction and Context

The purpose of this report is to outline to the Executive Team and the Board the revenue and capital position for Public Health Wales as at 31st August 2022 (M5). The content of this report is reflected in the Director of Finance commentary that has been submitted to Welsh Government on 13th September 2022 as part of the full financial monitoring return for Month 5. The monitoring returns are included at **Appendix A**

The following table highlights the performance against the key revenue and capital financial targets.

| Target | Current Month | Year to Date | Year-end Forecast |
|---|---------------|--------------|-------------------|
| Revenue financial target Deficit/(Surplus) | (£48K) | (£122k) | Breakeven |
| Capital financial target | £2.725m | £1.060m | Breakeven |
| Public Sector Payment Policy | 96.50% | 96.33% | >95% |

The cumulative reported position for Public Health Wales is a net surplus of £122k.

2. Overview of Financial Performance at Month 5

Financial Performance by Directorate

Table A outlines the Financial Performance by Directorate.

Table A – Overview of Financial Performance by Directorate

| Directorate | Income Cumulative Variance £000s | Pay Cumulative Variance £000s | Non Pay Cumulative Variance £000s | Grand Total £000s |
|---|---|--|--|-------------------------|
| Improvement Cymru | -0 | 0 | -0 | -0 |
| Hosted Directorate | -0 | -0 | -0 | -0 |
| Health Protection and Screening Services | -218 | -273 | 490 | -1 |
| Board and Corporate | -0 | 1 | -6 | -5 |
| Quality Nursing & Allied Health Professionals | 0 | -0 | -6 | -5 |
| Data, Knowledge and Research Directorate | 1 | -0 | -10 | -9 |
| WHO Collaborating Centre | -0 | 0 | -12 | -12 |
| Operations and Finance Directorate | -1 | -33 | 21 | -13 |

| | | | | |
|-------------------------------------|-------------|-------------|------------|-------------|
| People & Organisational Development | 0 | 17 | -33 | -16 |
| Health & Wellbeing Directorate | 0 | 0 | -20 | -20 |
| Central Budgets Directorate | -25 | 10 | -27 | -42 |
| Directorate Total | -243 | -277 | 398 | -122 |
| Covid 19 Directorate | 0 | -9 | 9 | 0 |
| COVID19 Total | 0 | -9 | 9 | 0 |
| Grand Total | -243 | -286 | 407 | -122 |

As the table above indicates, the surplus at Month 5 is a combination of small underspends across a number of Directorates. The Month 5 central budget position includes £43k of bank interest income over and above our forecast for bank interest. The overall forecast outturn remains breakeven for 2022-23.

Budget Scrutiny

As per our financial plan and budget strategy 2022/23 we have removed pay underspends from Directorate positions for quarter 1.

The level of pay underspend in the first quarter was sufficient to fund the non-recurring investment bids as per the financial plan and budget strategy 2022/23.

However, the level of pay underspends were not diminishing. As part of the Quarter 1 financial reviews, revised spending plans were requested to ensure that all Directorate budgets were appropriately utilised as per the IMTP. A report was submitted to the Executive team on 1st September. At the meeting, it was agreed that all Directorates had a robust plan and they would all now be held accountable for a breakeven position.

In month 6, budgets will be re-profiled in line with revised spending plans.

COVID-19

Table C outlines the operational expenditure and funding sources of the Public Health Wales COVID-19 response. Actual costs are shown for April to August 2022 with forecasts for September 2022 through to March 2023.

Table C – COVID-19 actual spend and financial forecast at month 5

| PHW - COVID-19 Summary | Actual | Forecast | TOTAL |
|------------------------|------------------|-----------------|---------|
| | Apr-22 to Aug-22 | Sep-22 - Mar-23 | 2022/23 |
| | £000 | £000 | £000 |

| | | |
|--------------------------------|-----------------------|---------------------|
| Date: 19 September 2022 | Version: Final | Page: 3 of 8 |
|--------------------------------|-----------------------|---------------------|

| | | | |
|---|---------------|----------------|----------------|
| Additional Costs | | | |
| Test Trace Protect | | | |
| COVID-19 Laboratory Testing | 6,574 | 14,201 | 20,775 |
| Genomics Sequencing | 478 | 966 | 1,444 |
| TAT & Resilience - Non COVID-19 Rapid Testing | 231 | 1,813 | 2,044 |
| TAT & Resilience - Platform Maintenance | 203 | 288 | 491 |
| TTP Contact Tracing | 390 | 410 | 800 |
| TOTAL TTP | 7,876 | 17,678 | 25,554 |
| Other | | | |
| Vaccination Programme | 349 | 1,141 | 1,490 |
| PPE | 26 | 36 | 62 |
| Total Gross Additional Cost | 8,251 | 18,855 | 27,106 |
| Funding | | | |
| Assumed Welsh Government Funding | | | |
| COVID-19 Laboratory Testing Non Pay | -6,574 | -14,201 | -20,775 |
| Genomics Sequencing | -478 | -966 | -1,444 |
| TAT & Resilience - Non Pay | -434 | -2,101 | -2,535 |
| TTP Contact Tracing | -390 | -410 | -800 |
| Vaccination programme | -349 | -1,141 | -1,490 |
| PPE | -26 | -36 | -62 |
| Total Funding | -8,251 | -18,855 | -27,106 |

Since the submission of our month 1 return, the figure for Welsh Government funding for Covid-19 has changed from £48.314m to £27.106m reflecting revised forecast costs for 2022/23. The movement can be seen in the table below:

| COVID-19 Spend | Month 1 Plan £000s | Month 5 Forecast £000's | Movement £000's |
|---------------------------------------|-------------------------------|--|----------------------------|
| Testing | | | |
| COVID-19 | 30,381 | 20,775 | -9,606 |
| Non COVID Rapid Testing & Maintenance | 7,509 | 2,534 | -4,975 |
| Genomics Sequencing for COVID-19 | 8,502 | 1,444 | -7,058 |
| Testing TOTAL | 46,392 | 24,753 | -21,639 |
| TTP contact tracing operation | 342 | 800 | +458 |
| Vaccination Programme | 1,490 | 1,490 | 0 |
| PPE | 90 | 63 | -27 |
| | 48,314 | 27,106 | -21,208 |

COVID-19 Testing - £9.606m lower than forecast in month 1. The forecast method has been refined to include volume by testing platform as unit costs vary significantly between platforms.

The full year forecast of £20.775m is based on the forecast testing numbers of 1,500 per day in September, rising to 1,600 in October and November and 2,000 per day from December through to March 2023 as advised by operational colleagues. However, testing numbers to date have been consistently lower than forecast, with 842 average per day for August.

Non-COVID Rapid Testing - £4.975m lower than forecast in month 1. Full roll out has been delayed until October 2022 due to the ongoing verification and validation processes and discussions with Health Boards around clinical pathways. The full-year forecast has also been updated to reflect the latest test prices and forecast volumes. This has resulted in a significant reduction to the full-year forecast from £5.556m in period 4 to £2.534m this month.

Genomics Sequencing for COVID-19 - £7.058m lower than forecast in month 1. The original plan was predicated on maximum capacity of the service. Forecasts have since been updated to recognise the significant reduction in samples sequenced in recent months and profiled in line with COVID-19 testing. A total of 1,640 COVID-19 positive samples were genome sequenced in August.

TTP Contact Tracing - £0.458m higher than forecast in month 1. Welsh Government policy colleagues have confirmed in a meeting on 9th June total funding of £800k will be available to continue Contact Tracing activity in 2022/23.

Capital

Public Health Wales capital funding for 2022/23 totals £6.540m, £1.158m of Discretionary capital and £5.382m of Strategic Capital. £3.069m of Strategic capital relates to Public Health Wales with the remaining £2.313m relating to our Hosted Organisation, namely The NHS Collaborative.

Details of the schemes in Table D.

Table D – Summary of Capital schemes

| Fund | Service Area | Details | 2022/23 Allocation £000s | Year To Date spend 22/23 | Committed via Purchase Order £000s |
|---------------|--------------|-------------|--------------------------------|-----------------------------|--|
| Discretionary | Contingency | Contingency | 380 | 0 | 0 |

| | | |
|--------------------------------|-----------------------|---------------------|
| Date: 19 September 2022 | Version: Final | Page: 5 of 8 |
|--------------------------------|-----------------------|---------------------|

| | | | | | |
|--|--------------|---|--------------|------------|--------------|
| Discretionary | Estates | Additional work to No 18 cathedral Road roof | 10 | 10 | 0 |
| Discretionary | Estates | North Wales Estates - Clwydian House refurbishment | 350 | 304 | 106 |
| Discretionary | Estates | IP5 - Electrical Work | 10 | 0 | 10 |
| Discretionary | IT | Air gapped back ups | 212 | 212 | 0 |
| Discretionary | IT | Clinical System Printers | 22 | 9 | 0 |
| Discretionary | IT | IT equipment for investment posts | 50 | 0 | 0 |
| Discretionary | Microbiology | Benchmark autoclave | 12 | 0 | 12 |
| Discretionary | Microbiology | Replace anaerobic workstation | 100 | 0 | 0 |
| Discretionary | Microbiology | Air Con Unit - Mycology Lab | 6 | 6 | 0 |
| Discretionary | Screening | DESW - replacement doors | 7 | 0 | 0 |
| Discretionary Total | | | 1,158 | 541 | 129 |
| Strategic - PHW | Microbiology | Maldi-Tof MS | 44 | 8 | 0 |
| Strategic - PHW | Screening | Screening Equipment Replacement (BTW Imaging Equip) | 3,025 | 70 | 2,474 |
| Strategic - PHW Total | | | 3,069 | 78 | 2,474 |
| Total Public Health Wales Capital | | | 4,227 | 619 | 2,602 |

| Fund | Service Area | Details | 2022/23 Allocation £000s | Year To Date spend 22/23 | Committed via Purchase Order £000s |
|---------------------------------|---------------|----------------|-----------------------------|--------------------------|------------------------------------|
| Strategic - Hosted | Collaborative | Digital - LINC | 2,054 | 410 | 0 |
| Strategic - Hosted | Collaborative | Digital - RISP | 259 | 31 | 0 |
| Strategic - Hosted Total | | | 2,313 | 441 | 0 |
| Total Hosted Capital | | | 2,313 | 441 | 0 |

Total capital spend at month 5 is £1.060m, which equates to approx. 16% of the overall capital allocation. Total capital committed via Purchase orders at month 5 is £2.602m, which combined with actual spend equates to approx. 56% of overall capital allocation. There remains a clear finance focus to ensure a breakeven position is maintained throughout 2022/23.

BTW Imaging Equipment funding for 22/23 has been reduced by £50k and re-allocated to 23/24 to reflect actual pay costs expected. Following the approval of the Beast Screening Select scheme to be included within the strategic BTW Imaging Equipment spending plan, £300k can now be utilised to cover other PHW capital priorities through discretionary funding.

Balance Sheet

The Balance Sheet, or Statement of Financial Position, reports the assets, liabilities and reserves of the organisation at a specific point in time. Table E provides a summary as at 31st August 2022.

Table E – Balance Sheet as at 31st August 2022

| | Opening Balance 1/4/2022 £000s | Movement £000s | Closing Balance 31/08/22 £000s |
|--|---|-------------------|---|
| Non-Current Assets | | | |
| Property, plant and equipment | 26,530 | 1,061 | 27,591 |
| Intangible assets | 3,403 | (0) | 3,403 |
| Trade and other receivables | 327 | 2,941 | 3,268 |
| Non-Current Assets sub total | 30,260 | 4,001 | 34,261 |
| Current Assets | | | |
| Inventories | 2,995 | (1,821) | 1,174 |
| Trade and other receivables | 20,355 | 15,565 | 35,920 |
| Cash and cash equivalents | 16,791 | 3,025 | 19,816 |
| Current Assets sub total | 40,141 | 16,769 | 56,910 |
| TOTAL ASSETS | 70,401 | 20,770 | 91,172 |
| Current Liabilities | | | |
| Trade and other payables | (30,548) | (19,549) | (50,097) |
| Provisions | (4,498) | 2,031 | (2,467) |
| Current Liabilities sub total | (35,046) | (17,518) | (52,564) |
| NET ASSETS LESS CURRENT LIABILITIES | 35,355 | 3,252 | 38,608 |
| Non-Current Liabilities | | | |
| Trade and other payables | (1,437) | (259) | (1,696) |
| Provisions | (2,316) | (2,871) | (5,187) |
| Non-Current Liabilities sub total | (3,753) | (3,130) | (6,883) |
| TOTAL ASSETS EMPLOYED | 31,602 | 122 | 31,724 |
| FINANCED BY: Taxpayers' Equity | | | |
| PDC | 29,230 | (0) | 29,230 |
| Retained earnings | 1,481 | 122 | 1,603 |
| Revaluation reserve | 891 | 0 | 891 |
| TOTAL TAXPAYERS' EQUITY | 31,602 | 122 | 31,724 |

Non current Assets

Property, plant and equipment has increased by £1.061m due to in year capital purchases in line with approved plans.

| | | |
|--------------------------------|-----------------------|---------------------|
| Date: 19 September 2022 | Version: Final | Page: 7 of 8 |
|--------------------------------|-----------------------|---------------------|

Trade and other receivables has increased by £2.941m due mainly to a clinical negligence case moving from current to non-current. This represents the Welsh Risk Pool debtor for the case.

Current Assets

Inventory has reduced by £1.821m due to usage of COVID-19 testing consumables. Stock replacement has increased in frequency reducing the need to hold larger volumes of stock.

Trade and other receivables has increased by £15.565m. This is predominantly due to £11.070m core income invoice to Welsh Government for September raised in advance as well as an invoice of £1.180m for COVID-19 testing funding. Income accruals have been entered for capital charges funding £1.227m and additional Welsh Government income of £1.728m.

Cash and cash equivalents has increased by £3.025m due to core income received in advance of expenditure incurred.

Current liabilities

Current trade and other payables has increased by £19.549m due mainly to £16.429m of deferred Welsh Government income. £11.070m of which relates to deferred of Core income for September was raised in August. In addition, accruals are included for £2.928m depreciation charges as well as £1.757m in relation to Screening Division LTA's with other NHS Wales organisations.

Current provisions has decreased by £2.031m mainly due to the movement of a clinical negligence case from current to non-current liabilities. The corresponding increase showing in non-current liabilities.

Conclusion

The Board is asked to **note** the following:

- A surplus financial position of £122k reported at month 5;
- Status of the Capital Programme, strategic and discretionary, with a clear finance focus to ensure a breakeven position for 2022/23.
- Balance Sheet, or Statement of Financial Position at month 5.

VALIDATION SUMMARY 2022-23

| | |
|--|--|
| Your organisation is showing as : | PUBLIC HEALTH WALES TRUST |
| Period is showing : | AUG 22 |
| TABLE A : MOVEMENT | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE A1 : UNDERLYING POSITION | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE A2: RISKS | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE B : MONTHLY POSITIONS | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE B2 : PAY & AGENCY/LOCUM | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE B3 : COVID-19 | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE C, C1 & C2 : SAVINGS SCHEMES | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 1 ERRORS FOR THIS TABLE |
| TABLE C3 : TRACKER | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE E : RESOURCE LIMITS | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE E1 : INVOICED INCOME | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE F : STATEMENT OF FINANCIAL POSITION | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE G : MONTHLY CASHFLOW | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE J: CAPITAL IN YEAR SCHEMES | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE K : CAPITAL DISPOSALS | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE L : EFL | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE N : GENERAL MEDICAL SERVICES | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TABLE O : GENERAL DENTAL SERVICES | PUBLIC HEALTH WALES TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE |
| TOTAL ERRORS FOR YOUR AUG 22 RETURN IS | 1 ERRORS ON 1 DIFFERENT TABLE/S |

Public Health Wales Trust

Period : Aug 22

Summary Of Main Financial Performance

Revenue Performance

| | | Actual YTD £'000 | Annual Forecast £'000 |
|---|----------------------------|------------------------|-----------------------------|
| 1 | Under / (Over) Performance | 122 | 0 |

Public Health Wales Trust

Table A - Movement of Opening Financial Plan to Forecast Outturn

Period : Aug 22

This Table is currently showing 0 errors

Line 14 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 14 should not be adjusted after Month 1

| | In Year Effect £'000 | Non Recurring £'000 | Recurring £'000 | FYE of Recurring £'000 |
|--|----------------------------|---------------------------|--------------------|------------------------------|
| 1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value) | 0 | 0 | 0 | 0 |
| 2 Planned New Expenditure (Non Covid-19) (Negative Value) | -31,431 | -6,073 | -25,358 | -25,358 |
| 3 Planned Expenditure For Covid-19 (Negative Value) | -48,314 | -48,314 | 0 | 0 |
| 4 Planned Welsh Government Funding (Non Covid-19) (Positive Value) | 30,340 | 5,038 | 25,302 | 25,302 |
| 5 Planned Welsh Government Funding for Covid-19 (Positive Value) | 48,314 | 48,314 | 0 | 0 |
| 6 Planned Provider Income (Positive Value) | 0 | 0 | | |
| 7 RRL Profile - phasing only (In Year Effect / Column C must be nil) | 0 | 0 | 0 | 0 |
| 8 Planned (Finalised) Savings Plan | 1,091 | 1,035 | 56 | 56 |
| 9 Planned (Finalised) Net Income Generation | 0 | 0 | 0 | 0 |
| 10 Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | 0 | 0 |
| 11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value) | 0 | 0 | | |
| 12 | 0 | 0 | | |
| 13 Planning Assumptions still to be finalised at Month 1 | 0 | 0 | | |
| 14 Opening IMTP / Annual Operating Plan | 0 | 0 | 0 | 0 |
| 15 Reversal of Planning Assumptions still to be finalised at Month 1 | 0 | 0 | 0 | 0 |
| 16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive) | 0 | 0 | | |
| 17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets | 0 | 0 | | |
| 18 Other Movement in Month 1 Planned & In Year Net Income Generation | 0 | 0 | 0 | 0 |
| 19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement | 0 | 0 | 0 | 0 |
| 20 Additional In Year Identified Savings - Forecast | 0 | 0 | 0 | 0 |
| 21 Variance to Planned RRL & Other Income | 0 | 0 | | |
| 22 Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 (Positive Value - additional) | -21,208 | -21,208 | | |
| 23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional) | 0 | 0 | | |
| 24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Positive Value - reduction) | 21,208 | 21,208 | | |
| 25 In Year Accountancy Gains (Positive Value) | 0 | 0 | 0 | 0 |
| 26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately) | 0 | 0 | | |
| 27 | 0 | 0 | | |
| 28 | 0 | 0 | | |
| 29 | 0 | 0 | | |
| 30 | 0 | 0 | | |
| 31 | 0 | 0 | | |
| 32 | 0 | 0 | | |
| 33 | 0 | 0 | | |
| 34 | 0 | 0 | | |
| 35 | 0 | 0 | | |
| 36 Forecast Outturn (- Deficit / + Surplus) | 0 | 0 | 0 | 0 |
| 37 Covid-19 - Forecast Outturn (- Deficit / + Surplus) | 0 | | | |

| | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | YTD £'000 | In Year Effect £'000 |
|----|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------------------|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -2,619 | -13,096 | -31,431 |
| 3 | -2,211 | -3,595 | -3,232 | -3,356 | -3,546 | -3,634 | -4,497 | -4,384 | -5,063 | -5,063 | -4,669 | -5,063 | -15,940 | -48,314 |
| 4 | 2,256 | 2,312 | 2,312 | 2,619 | 2,619 | 2,619 | 2,619 | 2,619 | 2,619 | 2,619 | 2,619 | 2,504 | 12,120 | 30,340 |
| 5 | 2,211 | 3,595 | 3,232 | 3,356 | 3,546 | 3,634 | 4,497 | 4,384 | 5,063 | 5,063 | 4,669 | 5,063 | 15,940 | 48,314 |
| 6 | | | | | | | | | | | | | 0 | 0 |
| 7 | | | | | | | | | | | | 0 | 0 | 0 |
| 8 | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 |
| 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | | | | | | | | | | | | | 0 | 0 |
| 11 | | | | | | | | | | | | | 0 | 0 |
| 12 | | | | | | | | | | | | | 0 | 0 |
| 13 | | | | | | | | | | | | | 0 | 0 |
| 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | -2 | 1 | 0 |
| 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | 0 | 0 | | | | | | | | | | | 0 | 0 |
| 17 | 0 | 0 | | | | | | | | | | | 0 | 0 |
| 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | | | | | | | | | | | | | 0 | 0 |
| 22 | 0 | -1,652 | -1,846 | -1,717 | -2,473 | -1,538 | -1,855 | -1,919 | -2,047 | -2,087 | -1,966 | -2,108 | -7,689 | -21,208 |
| 23 | | | | | | | | | | | | | 0 | 0 |
| 24 | 0 | 1,652 | 1,846 | 1,717 | 2,473 | 1,538 | 1,855 | 1,919 | 2,047 | 2,087 | 1,966 | 2,108 | 7,689 | 21,208 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | 39 | | 22 | 13 | 47 | | | | | | | -121 | 121 | 0 |
| 27 | | | | | | | | | | | | | 0 | 0 |
| 28 | | | | | | | | | | | | | 0 | 0 |
| 29 | | | | | | | | | | | | | 0 | 0 |
| 30 | | | | | | | | | | | | | 0 | 0 |
| 31 | | | | | | | | | | | | | 0 | 0 |
| 32 | | | | | | | | | | | | | 0 | 0 |
| 33 | | | | | | | | | | | | | 0 | 0 |
| 34 | | | | | | | | | | | | | 0 | 0 |
| 35 | | | | | | | | | | | | | 0 | 0 |
| 36 | 39 | 0 | 22 | 13 | 47 | 0 | 0 | 0 | 0 | 0 | 0 | -123 | 122 | 0 |
| 37 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

This table needs completing monthly from Month: 1

This Table is currently showing 0 errors

| Section A - By Spend Area | | IMTP | Full Year Effect of Actions | | Subtotal | NEW. Recurring, Full Year Effect of Unmitigated Pressures (+ve) £'000 | IMTP |
|---------------------------|--|----------------------------|--|---|----------|--|------|
| | | Underlying Position b/f | Recurring Savings (+ve) £'000 | Recurring Allocations / Income (+ve) £'000 | | Underlying Position c/f | |
| | | £'000 | £'000 | £'000 | | £'000 | |
| 1 | Pay - Administrative, Clerical & Board Members | | | | 0 | | 0 |
| 2 | Pay - Medical & Dental | | | | 0 | | 0 |
| 3 | Pay - Nursing & Midwifery Registered | | | | 0 | | 0 |
| 4 | Pay - Prof Scientific & Technical | | | | 0 | | 0 |
| 5 | Pay - Additional Clinical Services | | | | 0 | | 0 |
| 6 | Pay - Allied Health Professionals | | | | 0 | | 0 |
| 7 | Pay - Healthcare Scientists | | | | 0 | | 0 |
| 8 | Pay - Estates & Ancillary | | | | 0 | | 0 |
| 9 | Pay - Students | | | | 0 | | 0 |
| 10 | Non Pay - Supplies and services - clinical | | | | 0 | | 0 |
| 11 | Non Pay - Supplies and services - general | | | | 0 | | 0 |
| 12 | Non Pay - Consultancy Services | | | | 0 | | 0 |
| 13 | Non Pay - Establishment | | | | 0 | | 0 |
| 14 | Non Pay - Transport | | | | 0 | | 0 |
| 15 | Non Pay - Premises | | | | 0 | | 0 |
| 16 | Non Pay - External Contractors | | | | 0 | | 0 |
| 17 | Health Care Provided by other Orgs – Welsh LHBs | | | | 0 | | 0 |
| 18 | Health Care Provided by other Orgs – Welsh Trusts | | | | 0 | | 0 |
| 19 | Health Care Provided by other Orgs – WHSSC | | | | 0 | | 0 |
| 20 | Health Care Provided by other Orgs – English | | | | 0 | | 0 |
| 21 | Health Care Provided by other Orgs – Private / Other | | | | 0 | | 0 |
| 22 | Total | 0 | 0 | 0 | 0 | 0 | 0 |

| Section B - By Directorate | | IMTP | Full Year Effect of Actions | | Subtotal | NEW. Recurring, Full Year Effect of Unmitigated Pressures (+ve) £'000 | IMTP |
|----------------------------|--|----------------------------|--|---|----------|--|------|
| | | Underlying Position b/f | Recurring Savings (+ve) £'000 | Recurring Allocations / Income (+ve) £'000 | | Underlying Position c/f | |
| | | £'000 | £'000 | £'000 | | £'000 | |
| 1 | Primary Care | | | | 0 | | 0 |
| 2 | Mental Health | | | | 0 | | 0 |
| 3 | Continuing HealthCare | | | | 0 | | 0 |
| 4 | Commissioned Services | | | | 0 | | 0 |
| 5 | Scheduled Care | | | | 0 | | 0 |
| 6 | Unscheduled Care | | | | 0 | | 0 |
| 7 | Children & Women's | | | | 0 | | 0 |
| 8 | Community Services | | | | 0 | | 0 |
| 9 | Specialised Services | | | | 0 | | 0 |
| 10 | Executive / Corporate Areas | | | | 0 | | 0 |
| 11 | Support Services (inc. Estates & Facilities) | | | | 0 | | 0 |
| 12 | Total | 0 | 0 | 0 | 0 | 0 | 0 |

This Table is currently showing 0 errors

| Table A2 - Overview Of Key Risks & Opportunities | | FORECAST YEAR END | |
|--|--|-------------------|------------|
| | | £'000 | Likelihood |
| | Opportunities to achieve IMTP/AOP (positive values) | | |
| 1 | Red Pipeline schemes (inc AG & IG) | | |
| 2 | Potential Cost Reduction | | |
| 3 | Total Opportunities to achieve IMTP/AOP | 0 | |
| | Risks (negative values) | | |
| 4 | Under delivery of Amber Schemes included in Outturn via Tracker | | |
| 5 | Continuing Healthcare | | |
| 6 | Prescribing | | |
| 7 | Pharmacy Contract | | |
| 8 | WHSSC Performance | | |
| 9 | Other Contract Performance | | |
| 10 | GMS Ring Fenced Allocation Underspend Potential Claw back | | |
| 11 | Dental Ring Fenced Allocation Underspend Potential Claw back | | |
| 12 | Possible additional Covid-19 testing costs based on potential future surge capacity for te | (11,905) | Medium |
| 13 | Energy prices may further increase above levels included in national cost assessment. P | (519) | High |
| 14 | Risk of wider supply chain increases due to international events (based on 5% of non-pa | (3,792) | Medium |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | Total Risks | (16,216) | |
| | Further Opportunities (positive values) | | |
| 27 | WG Funding for annual impact of National Testing Strategy | 11,905 | Medium |
| 28 | Potential for additional energy cost pressures to be funded by Welsh Government as exc | 519 | High |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| 32 | | | |
| 33 | | | |
| 34 | Total Further Opportunities | 12,424 | |
| 35 | Current Reported Forecast Outturn | 0 | |
| 36 | IMTP / AOP Outturn Scenario | 0 | |
| 37 | Worst Case Outturn Scenario | (3,792) | |
| 38 | Best Case Outturn Scenario | 12,424 | |

Public Health Wales Trust

Table B - Monthly Positions

YTD Months to be completed from Month: 1
Forecast Months to be completed from Month: 1

Period : Aug 22

This Table is currently showing 0 errors

| A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD £'000 | Forecast year-end position £'000 |
|--|---|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|-------------------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | |
| 1 | Revenue Resource Limit | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 2 | Capital Donation / Government Grant Income (Health Board only) | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 3 | Welsh NHS Local Health Boards & Trusts Income | Actual/Fcast | 2,128 | 2,089 | 2,254 | 2,443 | 2,292 | 2,104 | 2,026 | 2,026 | 2,026 | 2,026 | 1,903 | 11,206 | 25,343 |
| 4 | WHSSC Income | Actual/Fcast | | | | | 62 | 21 | 21 | 21 | 21 | 21 | 59 | 62 | 247 |
| 5 | Welsh Government Income (Non RRL) | Actual/Fcast | 14,843 | 14,896 | 14,934 | 17,702 | 15,963 | 18,901 | 18,226 | 17,693 | 18,105 | 17,767 | 21,929 | 78,338 | 208,368 |
| 6 | Other Income | Actual/Fcast | 689 | 504 | 398 | 411 | 588 | 380 | 356 | 356 | 427 | 389 | 387 | 2,590 | 5,266 |
| 7 | Income Total | | 17,660 | 17,489 | 17,586 | 20,556 | 18,905 | 21,406 | 20,629 | 20,096 | 20,579 | 20,203 | 19,843 | 24,272 | 239,224 |
| 8 | Primary Care Contractor (excluding drugs, including non resource limited expenditure) | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 9 | Primary Care - Drugs & Appliances | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 10 | Provided Services - Pay | Actual/Fcast | 10,578 | 10,789 | 10,488 | 10,346 | 10,059 | 11,035 | 11,143 | 10,794 | 10,792 | 10,796 | 10,795 | 52,260 | 128,475 |
| 11 | Provider Services - Non Pay (excluding drugs & depreciation) | Actual/Fcast | 6,759 | 6,416 | 6,232 | 9,719 | 7,800 | 9,773 | 8,881 | 8,697 | 9,182 | 8,802 | 8,443 | 36,926 | 103,636 |
| 12 | Secondary Care - Drugs | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 13 | Healthcare Services Provided by Other NHS Bodies | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 14 | Non Healthcare Services Provided by Other NHS Bodies | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 15 | Continuing Care and Funded Nursing Care | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 16 | Other Private & Voluntary Sector | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 17 | Joint Financing and Other | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 18 | Losses, Special Payments and Irrecoverable Debts | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 19 | Exceptional (Income) / Costs - (Trust Only) | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 20 | Total Interest Receivable - (Trust Only) | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 21 | Total Interest Payable - (Trust Only) | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 22 | DEL Depreciation/Accelerated Depreciation/Impairments | Actual/Fcast | 284 | 284 | 830 | 466 | 1,063 | 586 | 586 | 586 | 586 | 586 | 584 | 2,928 | 7,028 |
| 23 | AME Donated Depreciation/Impairments | Actual/Fcast | 0 | 0 | 14 | 12 | 12 | 12 | 19 | 19 | 19 | 19 | 19 | 38 | 162 |
| 24 | Uncommitted Reserves & Contingencies | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 25 | Profit/Loss Disposal of Assets | Actual/Fcast | | | | | (77) | | | | | | | (77) | (77) |
| 26 | Cost - Total | Actual/Fcast | 17,621 | 17,489 | 17,564 | 20,543 | 18,857 | 21,406 | 20,629 | 20,096 | 20,579 | 20,203 | 19,843 | 24,394 | 239,224 |
| 27 | Net surplus/ (deficit) | Actual/Fcast | 39 | 0 | 22 | 13 | 48 | 0 | 0 | 0 | 0 | 0 | (122) | 122 | 0 |

| B. Cost Total by Directorate | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD £'000 | Forecast year-end position £'000 |
|------------------------------|---|--------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|-------------------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | |
| 28 | Primary Care | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 29 | Mental Health | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 30 | Continuing HealthCare | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 31 | Commissioned Services | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 32 | Scheduled Care | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 33 | Unscheduled Care | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 34 | Children & Women's | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 35 | Community Services | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 36 | Specialised Services | Actual/Fcast | 16,145 | 15,992 | 15,432 | 18,813 | 16,064 | 19,608 | 18,824 | 18,298 | 18,780 | 18,404 | 22,596 | 82,446 | 217,000 |
| 37 | Executive / Corporate Areas | Actual/Fcast | 206 | 197 | 229 | 207 | 206 | 200 | 200 | 200 | 200 | 200 | 200 | 1,045 | 2,445 |
| 38 | Support Services (inc. Estates & Facilities) | Actual/Fcast | 986 | 1,016 | 1,059 | 1,045 | 1,512 | 1,000 | 1,000 | 994 | 994 | 994 | 995 | 5,618 | 12,589 |
| 39 | Reserves | Actual/Fcast | | | | | | | | | | | | 0 | 0 |
| 40 | Cost - Total (Excluding DEL & AME Non-Cash Charges) | Actual/Fcast | 17,337 | 17,205 | 16,720 | 20,065 | 17,782 | 20,808 | 20,024 | 19,492 | 19,974 | 19,598 | 19,238 | 89,109 | 232,034 |

C. Assessment of Financial Forecast Positions

| | | |
|--|-------|---------|
| Year-to-date (YTD) | £'000 | |
| 28 - Actual YTD surplus/ (deficit) | 122 | |
| 29. Actual YTD surplus/ (deficit) last month | 74 | |
| 30. Current month actual surplus/ (deficit) | 48 | |
| 31. Average monthly surplus/ (deficit) YTD | 24 | Trend ▲ |
| 32. YTD /remaining months | 17 | |

| | |
|--|-------|
| Full-year surplus/ (deficit) scenarios | £'000 |
| 33. Extrapolated Scenario | 458 |
| 34. Year to Date Trend Scenario | 293 |

D. DEL/AME Depreciation & Impairments

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Forecast year-end position |
|-----|-----------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|----------------------------|
| | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | |
| DEL | | | | | | | | | | | | | | | |
| 41 | Baseline Provider Depreciation | Actual/F'cast | 190 | 190 | 147 | 176 | 176 | 176 | 176 | 176 | 176 | 176 | 175 | 878 | 2,107 |
| 42 | Strategic Depreciation | Actual/F'cast | 94 | 94 | 684 | 291 | 291 | 291 | 291 | 291 | 291 | 291 | 290 | 1,453 | 3,485 |
| 43 | Accelerated Depreciation | Actual/F'cast | | | | | | | | | | | | 0 | 0 |
| 44 | Impairments | Actual/F'cast | | | | | | | | | | | | 0 | 0 |
| 45 | IFRS 16 Leases | Actual/F'cast | | | | | 597 | 120 | 120 | 120 | 120 | 120 | 119 | 597 | 1,436 |
| 46 | Total | | 284 | 284 | 830 | 466 | 1,063 | 586 | 586 | 586 | 586 | 586 | 584 | 2,928 | 7,028 |
| AME | | | | | | | | | | | | | | | |
| 47 | Donated Asset Depreciation | Actual/F'cast | | | 14 | 12 | 12 | 12 | 19 | 19 | 19 | 19 | 19 | 38 | 162 |
| 48 | Impairments (including Reversals) | Actual/F'cast | | | | | | | | | | | | 0 | 0 |
| 49 | IFRS 16 Leases (Peppercom) | Actual/F'cast | | | | | | | | | | | | 0 | 0 |
| 50 | Total | | 0 | 0 | 14 | 12 | 12 | 12 | 19 | 19 | 19 | 19 | 19 | 38 | 162 |

E. Accountancy Gains

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Forecast year-end position |
|----|-------------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|----------------------------|
| | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | |
| 51 | Accountancy Gains | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

F. Committed Reserves & Contingencies

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Forecast year-end position |
|----|--|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|----------------------------|
| | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | |
| | List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description. | | | | | | | | | | | | | | |
| 52 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 53 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 54 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 55 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 56 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 57 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 58 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 59 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 60 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 61 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 62 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 63 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 64 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 65 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 66 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 67 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 68 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 69 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 70 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 71 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 72 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 73 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 74 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 75 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 76 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 77 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 78 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 79 | Forecast Only | | | | | | | | | | | | | 0 | 0 |
| 80 | Total | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Phasing | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | |

Public Health Wales Trust

Period : Aug 22

YTD Months to be completed from Month: 1

This Table is currently showing 0 errors

Forecast Months to be completed from Month: 1

Table B2 - Pay Expenditure Analysis

A - Pay Expenditure

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|-----------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Forecast |
| REF | TYPE | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | year-end position £'000 |
| 1 | Administrative, Clerical & Board Members | 6,103 | 6,004 | 5,886 | 5,691 | 5,428 | 6,191 | 6,327 | 5,983 | 5,981 | 5,984 | 5,983 | 6,010 | 29,112 | 71,572 |
| 2 | Medical & Dental | 1,373 | 1,504 | 1,555 | 1,484 | 1,467 | 1,494 | 1,464 | 1,464 | 1,464 | 1,464 | 1,464 | 1,464 | 7,383 | 17,661 |
| 3 | Nursing & Midwifery Registered | 391 | 408 | 399 | 397 | 413 | 427 | 429 | 428 | 428 | 428 | 428 | 461 | 2,008 | 5,037 |
| 4 | Prof Scientific & Technical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Additional Clinical Services | 232 | 247 | 230 | 242 | 234 | 236 | 236 | 236 | 236 | 236 | 236 | 236 | 1,185 | 2,837 |
| 6 | Allied Health Professionals | 973 | 1,077 | 939 | 987 | 986 | 1,123 | 1,123 | 1,123 | 1,123 | 1,123 | 1,123 | 1,124 | 4,962 | 12,824 |
| 7 | Healthcare Scientists | 1,493 | 1,562 | 1,474 | 1,544 | 1,530 | 1,564 | 1,564 | 1,560 | 1,560 | 1,560 | 1,560 | 1,562 | 7,603 | 18,530 |
| 8 | Estates & Ancillary | 13 | (13) | 5 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 14 |
| 9 | Students | | | | | | | | | | | | | 0 | 0 |
| 10 | TOTAL PAY EXPENDITURE | 10,578 | 10,789 | 10,488 | 10,346 | 10,059 | 11,035 | 11,143 | 10,794 | 10,792 | 10,796 | 10,795 | 10,858 | 52,260 | 128,475 |
| Analysis of Pay Expenditure | | | | | | | | | | | | | | | |
| 11 | LHB Provided Services - Pay | 10,578 | 10,789 | 10,488 | 10,346 | 10,059 | 11,035 | 11,143 | 10,794 | 10,792 | 10,796 | 10,795 | 10,858 | 52,260 | 128,475 |
| 12 | Other Services (incl. Primary Care) - Pay | | | | | | | | | | | | | 0 | 0 |
| 13 | Total - Pay | 10,578 | 10,789 | 10,488 | 10,346 | 10,059 | 11,035 | 11,143 | 10,794 | 10,792 | 10,796 | 10,795 | 10,858 | 52,260 | 128,475 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

B - Agency / Locum (premium) Expenditure

- Analysed by Type of Staff

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|-----|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Forecast |
| REF | TYPE | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | year-end position £'000 |
| 1 | Administrative, Clerical & Board Members | 206 | 234 | 156 | 201 | 116 | 183 | 183 | 183 | 183 | 183 | 183 | 183 | 913 | 2,191 |
| 2 | Medical & Dental | 55 | 60 | 67 | 51 | 25 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 258 | 619 |
| 3 | Nursing & Midwifery Registered | 0 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 14 |
| 4 | Prof Scientific & Technical | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Additional Clinical Services | 25 | 28 | 12 | 22 | 11 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 98 | 235 |
| 6 | Allied Health Professionals | 0 | 92 | 15 | 15 | 27 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 149 | 358 |
| 7 | Healthcare Scientists | 115 | 63 | 115 | 89 | 91 | 95 | 95 | 95 | 95 | 95 | 95 | 95 | 473 | 1,135 |
| 8 | Estates & Ancillary | 16 | (14) | 4 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 14 |
| 9 | Students | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE | 417 | 464 | 371 | 380 | 271 | 381 | 381 | 381 | 381 | 381 | 381 | 381 | 1,903 | 4,567 |
| 11 | Agency/Locum (premium) % of pay | 3.9% | 4.3% | 3.5% | 3.7% | 2.7% | 3.4% | 3.4% | 3.5% | 3.5% | 3.5% | 3.5% | 3.5% | 3.6% | 3.6% |

C - Agency / Locum (premium) Expenditure

- Analysed by Reason for Using Agency/Locum (premium)

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|-----|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|-------------------------|
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Forecast |
| REF | REASON | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | year-end position £'000 |
| 1 | Vacancy | 372 | 384 | 326 | 335 | 267 | 337 | 337 | 337 | 337 | 337 | 337 | 337 | 1,684 | 4,042 |
| 2 | Maternity/Paternity/Adoption Leave | 9 | 9 | 9 | 9 | 10 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 46 | 110 |
| 3 | Special Leave (Paid) – inc. compassionate leave, interview | | | | | | | | | | | | | 0 | 0 |
| 4 | Special Leave (Unpaid) | | | | | | | | | | | | | 0 | 0 |
| 5 | Study Leave/Examinations | | | | | | | | | | | | | 0 | 0 |
| 6 | Additional Activity (Winter Pressures/Site Pressures) | | | | | | | | | | | | | 0 | 0 |
| 7 | Annual Leave | | | | | | | | | | | | | 0 | 0 |
| 8 | Sickness | | | | | | | | | | | | | 0 | 0 |
| 9 | Restricted Duties | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 25 | 60 |
| 10 | Jury Service | | | | | | | | | | | | | 0 | 0 |
| 11 | WLI | | | | | | | | | | | | | 0 | 0 |
| 12 | Exclusion (Suspension) | | | | | | | | | | | | | 0 | 0 |
| 13 | COVID-19 | 31 | 66 | 31 | 31 | (11) | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 148 | 355 |
| 14 | TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE | 417 | 464 | 371 | 380 | 271 | 381 | 381 | 381 | 381 | 381 | 381 | 381 | 1,903 | 4,567 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |

Public Health Wales Trust

Period : Aug 22

This Table is currently showing 0 errors

Table B3 - COVID-19 Analysis

A - Additional Expenditure

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
|----|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|----------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Forecast |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| A1 | Enter as positive values | | | | | | | | | | | | | |
| 1 | Testing (Additional costs due to C19) enter as positive values - actual/forecast | | | | | | | | | | | | | |
| 2 | Provider Pay (Establishment, Temp & Agency) | | | | | | | | | | | | | |
| 3 | | 6 | 5 | 4 | 4 | 4 | 6 | 6 | 6 | 6 | 6 | 6 | 24 | 69 |
| 4 | | (11) | 10 | 1 | 0 | 0 | | | | | | | 1 | 1 |
| 5 | | | | | | | | | | | | | 0 | 0 |
| 6 | | | | | | | | | | | | | 0 | 0 |
| 7 | | 14 | 4 | 7 | 6 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 36 | 36 |
| 8 | | | | | | | | | | | | | 0 | 0 |
| 9 | | 17 | 18 | 22 | 25 | 18 | 28 | 28 | 28 | 28 | 28 | 28 | 100 | 299 |
| 10 | | | | | | | | | | | | | 0 | 0 |
| 11 | | | | | | | | | | | | | 0 | 0 |
| 12 | | 27 | 37 | 35 | 35 | 26 | 35 | 35 | 35 | 35 | 35 | 35 | 161 | 405 |
| 13 | | | | | | | | | | | | | 0 | 0 |
| 14 | | | | | | | | | | | | | 0 | 0 |
| 15 | | | | | | | | | | | | | 0 | 0 |
| 16 | | 2,051 | 1,666 | 1,197 | 1,409 | 910 | 1,681 | 2,273 | 2,202 | 2,747 | 2,747 | 2,495 | 7,232 | 24,126 |
| 17 | | | 19 | 0 | 56 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 93 | 223 |
| 18 | | | | | | | | | | | | | 0 | 0 |
| 19 | | | | | | | | | | | | | 0 | 0 |
| 20 | | | | | | | | | | | | | 0 | 0 |
| 21 | | | | | | | | | | | | | 0 | 0 |
| 22 | | | | | | | | | | | | | 0 | 0 |
| 23 | | | | | | | | | | | | | 0 | 0 |
| 24 | | | | | | | | | | | | | 0 | 0 |
| 25 | | | | | | | | | | | | | 0 | 0 |
| 26 | | 2,051 | 1,685 | 1,197 | 1,465 | 928 | 1,699 | 2,292 | 2,220 | 2,766 | 2,766 | 2,514 | 7,325 | 24,349 |
| 27 | | 2,078 | 1,722 | 1,232 | 1,500 | 955 | 1,734 | 2,327 | 2,255 | 2,801 | 2,801 | 2,549 | 7,486 | 24,754 |
| 28 | | 2,078 | 3,321 | 2,959 | 3,218 | 3,408 | 3,496 | 4,359 | 4,246 | 4,925 | 4,925 | 4,531 | 14,984 | 46,392 |
| 29 | | 0 | 1,600 | 1,727 | 1,719 | 2,453 | 1,762 | 2,032 | 1,991 | 2,124 | 2,124 | 1,983 | 7,498 | 21,639 |
| A2 | Tracing (Additional costs due to C19) enter as positive values - actual/forecast | | | | | | | | | | | | | |
| 30 | Provider Pay (Establishment, Temp & Agency) | | | | | | | | | | | | | |
| 31 | | 61 | 93 | 60 | 79 | 38 | 59 | 49 | 49 | 49 | 41 | 41 | 331 | 662 |
| 32 | | 12 | 4 | 7 | 1 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 24 | 66 |
| 33 | | 0 | 0 | 0 | 0 | 0 | | | | | | | 0 | 0 |
| 34 | | | | | | | | | | | | | 0 | 0 |
| 35 | | | | | | | | | | | | | 0 | 0 |
| 36 | | (1) | 29 | 7 | (13) | 13 | 5 | 5 | 5 | 5 | 5 | 5 | 33 | 68 |
| 37 | | (1) | 0 | 0 | 0 | 0 | | | | | | | (1) | (1) |
| 38 | | | | | | | | | | | | | 0 | 0 |
| 39 | | | | | | | | | | | | | 0 | 0 |
| 40 | | 71 | 126 | 74 | 67 | 51 | 70 | 60 | 60 | 60 | 52 | 52 | 388 | 796 |
| 41 | | | | | | | | | | | | | 0 | 0 |
| 42 | | | | | | | | | | | | | 0 | 0 |
| 43 | | | | | | | | | | | | | 0 | 0 |
| 44 | | 0 | 4 | (3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 |
| 45 | | | | | | | | | | | | | 0 | 0 |
| 46 | | | | | | | | | | | | | 0 | 0 |
| 47 | | | | | | | | | | | | | 0 | 0 |
| 48 | | | | | | | | | | | | | 0 | 0 |
| 49 | | | | | | | | | | | | | 0 | 0 |
| 50 | | | | | | | | | | | | | 0 | 0 |
| 51 | | | | | | | | | | | | | 0 | 0 |
| 52 | | | | | | | | | | | | | 0 | 0 |
| 53 | | | | | | | | | | | | | 0 | 0 |
| 54 | | 0 | 4 | (3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 |
| 55 | | 71 | 130 | 71 | 67 | 51 | 71 | 61 | 61 | 61 | 52 | 52 | 390 | 800 |
| 56 | | 71 | 135 | 135 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 342 | 342 |
| 57 | | 0 | 6 | 64 | (67) | (51) | (71) | (61) | (61) | (61) | (52) | (52) | (48) | (458) |

| | | | | | | | | | | | | | | | |
|------------|---|------------|------------|------------|------------|------------|--------------|--------------|-------------|-------------|------------|------------|------------|------------|--------------|
| A3 | Mass COVID-19 Vaccination (Additional costs due to C19) enter as positive values - actual/forecast | | | | | | | | | | | | | | |
| 58 | Provider Pay (Establishment, Temp & Agency) | | | | | | | | | | | | | | |
| 59 | Administrative, Clerical & Board Members | 48 | 45 | 41 | 47 | 47 | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 228 | 606 |
| 60 | Medical & Dental | | | | | | | | | | | | | 0 | 0 |
| 61 | Nursing & Midwifery Registered | | | | | | | | | | | | | 0 | 0 |
| 62 | Prof Scientific & Technical | | | | | | | | | | | | | 0 | 0 |
| 63 | Additional Clinical Services | | | | | | | | | | | | | 0 | 0 |
| 64 | Allied Health Professionals | | | | | | | | | | | | | 0 | 0 |
| 65 | Healthcare Scientists | 16 | 17 | 21 | 16 | 12 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 83 | 203 |
| 66 | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| 67 | Students | | | | | | | | | | | | | 0 | 0 |
| 68 | Sub total Mass COVID-19 Vaccination Provider Pay | 64 | 62 | 62 | 63 | 59 | 71 | 71 | 71 | 71 | 71 | 71 | 71 | 311 | 809 |
| 69 | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | 0 | 0 |
| 70 | Primary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 71 | Secondary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 72 | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A6 | (4) | 18 | 14 | 6 | 4 | 215 | 178 | 73 | 78 | 46 | 26 | 26 | 39 | 681 |
| 73 | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 74 | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 75 | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | 0 | 0 |
| 76 | Other Private & Voluntary Sector | | | | | | | | | | | | | 0 | 0 |
| 77 | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | 0 | 0 |
| 78 | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | 0 | 0 |
| 79 | | | | | | | | | | | | | | 0 | 0 |
| 80 | | | | | | | | | | | | | | 0 | 0 |
| 81 | | | | | | | | | | | | | | 0 | 0 |
| 82 | Sub total Mass COVID-19 Vaccination Non Pay | (4) | 18 | 14 | 6 | 4 | 215 | 178 | 73 | 78 | 46 | 26 | 26 | 39 | 681 |
| 83 | TOTAL MASS COVID-19 VACC EXPENDITURE | 61 | 81 | 76 | 69 | 62 | 286 | 249 | 144 | 149 | 117 | 97 | 97 | 349 | 1,490 |
| 84 | PLANNED MASS COVID-19 VACC EXPENDITURE (In Opening Plan) | 61 | 130 | 130 | 130 | 130 | 130 | 130 | 130 | 130 | 130 | 130 | 130 | 581 | 1,490 |
| 85 | MOVEMENT FROM OPENING PLANNED MASS COVID-19 VACC EXPENDITURE | 0 | 49 | 53 | 61 | 68 | (156) | (119) | (14) | (19) | 13 | 33 | 33 | 231 | 0 |
| A4 | Extended Flu Vaccination (Additional costs due to C19) enter as positive values - actual/forecast | | | | | | | | | | | | | | |
| 86 | Provider Pay (Establishment, Temp & Agency) | | | | | | | | | | | | | | |
| 87 | Administrative, Clerical & Board Members | | | | | | | | | | | | | 0 | 0 |
| 88 | Medical & Dental | | | | | | | | | | | | | 0 | 0 |
| 89 | Nursing & Midwifery Registered | | | | | | | | | | | | | 0 | 0 |
| 90 | Prof Scientific & Technical | | | | | | | | | | | | | 0 | 0 |
| 91 | Additional Clinical Services | | | | | | | | | | | | | 0 | 0 |
| 92 | Allied Health Professionals | | | | | | | | | | | | | 0 | 0 |
| 93 | Healthcare Scientists | | | | | | | | | | | | | 0 | 0 |
| 94 | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| 95 | Students | | | | | | | | | | | | | 0 | 0 |
| 96 | Sub total Extended Flu Vaccination Provider Pay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 97 | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | 0 | 0 |
| 98 | Primary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 99 | Secondary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 100 | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A6 | | | | | | | | | | | | | 0 | 0 |
| 101 | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 102 | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 103 | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | 0 | 0 |
| 104 | Other Private & Voluntary Sector | | | | | | | | | | | | | 0 | 0 |
| 105 | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | 0 | 0 |
| 106 | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | 0 | 0 |
| 107 | | | | | | | | | | | | | | 0 | 0 |
| 108 | | | | | | | | | | | | | | 0 | 0 |
| 109 | | | | | | | | | | | | | | 0 | 0 |
| 110 | Sub total Extended Flu Vaccination Non Pay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 111 | TOTAL EXTENDED FLU VACC EXPENDITURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 112 | PLANNED EXTENDED FLU VACC EXPENDITURE (In Opening Plan) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 113 | MOVEMENT FROM OPENING PLANNED EXTENDED FLU VACC EXPENDITURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| A5 | Cleaning Standards (Additional costs due to C19) enter as positive values - actual/forecast | | | | | | | | | | | | | | |
| 114 | Provider Pay (Establishment, Temp & Agency) | | | | | | | | | | | | | | |
| 115 | Administrative, Clerical & Board Members | | | | | | | | | | | | | 0 | 0 |
| 116 | Medical & Dental | | | | | | | | | | | | | 0 | 0 |
| 117 | Nursing & Midwifery Registered | | | | | | | | | | | | | 0 | 0 |
| 118 | Prof Scientific & Technical | | | | | | | | | | | | | 0 | 0 |
| 119 | Additional Clinical Services | | | | | | | | | | | | | 0 | 0 |
| 120 | Allied Health Professionals | | | | | | | | | | | | | 0 | 0 |
| 121 | Healthcare Scientists | | | | | | | | | | | | | 0 | 0 |
| 122 | Estates & Ancillary | | | | | | | | | | | | | 0 | 0 |
| 123 | Students | | | | | | | | | | | | | 0 | 0 |
| 124 | Sub total Cleaning Standards Provider Pay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 125 | Primary Care Contractor (excluding drugs) | | | | | | | | | | | | | 0 | 0 |
| 126 | Primary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 127 | Secondary Care - Drugs | | | | | | | | | | | | | 0 | 0 |
| 128 | Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE - see A6 | | | | | | | | | | | | | 0 | 0 |
| 129 | Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 130 | Non Healthcare Services Provided by Other NHS Bodies | | | | | | | | | | | | | 0 | 0 |
| 131 | Continuing Care and Funded Nursing Care | | | | | | | | | | | | | 0 | 0 |
| 132 | Other Private & Voluntary Sector | | | | | | | | | | | | | 0 | 0 |
| 133 | Joint Financing and Other (includes Local Authority) | | | | | | | | | | | | | 0 | 0 |

| | | | | | | | | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 134 | Other (only use with WG agreement & state SoCNE/I line ref) | | | | | | | | | | | | | | 0 | 0 |
| 135 | | | | | | | | | | | | | | | 0 | 0 |
| 136 | | | | | | | | | | | | | | | 0 | 0 |
| 137 | | | | | | | | | | | | | | | 0 | 0 |
| 138 | Sub total Cleaning Standards Non Pay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 139 | TOTAL CLEANING STANDARDS EXPENDITURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 140 | PLANNED CLEANING STANDARDS EXPENDITURE (In Opening Plan) | | | | | | | | | | | | | | 0 | 0 |
| 141 | MOVEMENT FROM OPENING PLANNED CLEANING STANDARDS EXPENDITURE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

[illegible]

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 1 errors
Some errors will be resolved when complete rows have data or associated tables are completed

| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings |
|----|---|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------|--------------------|-----------------------------|----------------|----------------|------------------------|--------------------|---------------------------------------|
| | | | Apr £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | | YTD variance as %age of YTD | Green £'000 | Amber £'000 | non recurring £'000 | recurring £'000 | £'000 |
| 1 | CHC and Funded Nursing Care | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 2 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 3 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 4 | Commissioned Services | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 5 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 6 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 7 | Medicines Management (Primary & Secondary Care) | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 8 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 9 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 10 | Non Pay | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 0 | 113 | | 113 | 0 | | | |
| 11 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 0 | 113 | 0.00% | 113 | 0 | 113 | 0 | 0 |
| 12 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 13 | Pay | Budget/Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | | 978 | 0 | | | |
| 14 | | Actual/F'cast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | 100.00% | 978 | 0 | 922 | 56 | 56 |
| 15 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |
| 16 | Primary Care | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 17 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 19 | Total | Budget/Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | | 1,091 | 0 | | | |
| 20 | | Actual/F'cast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 89.64% | 1,091 | 0 | 1,035 | 56 | 56 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |
| 22 | Variance in month | | 0.00% | 0.00% | 0.00% | | | | | | | | | 0.00% | 0.00% | | | | | | | |
| 23 | In month achievement against FY forecast | | 33.30% | 28.17% | 28.17% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 10.36% | | | | | | | |

Table C1- Savings Schemes Pay Analysis

| | | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 |
|----|-----------------------------------|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|---|-------------|-------------|-----------------------|-----------------|---|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | YTD variance as %age of YTD Budget/Plan | Green £'000 | Amber £'000 | non recurring £'000 | recurring £'000 | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | £'000 | | | | | |
| 1 | Changes in Staffing Establishment | Budget/Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | | 978 | 0 | | | |
| 2 | | Actual/F'cast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | 100.00% | 978 | 0 | 922 | 56 | 56 |
| 3 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |
| 4 | Variable Pay | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 5 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 6 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 7 | Locum | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 8 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 9 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 10 | Agency / Locum paid at a premium | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 11 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 12 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 13 | Changes in Bank Staff | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 14 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 15 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 16 | Other (Please Specify) | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 17 | | Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 18 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 19 | Total | Budget/Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | | 978 | 0 | | | |
| 20 | | Actual/F'cast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 978 | 978 | 100.00% | 978 | 0 | 922 | 56 | 56 |
| 21 | | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 | | | |

Table C2- Savings Schemes Agency/Locum Paid at a Premium Analysis

| | Month | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total YTD | Full-year forecast | YTD as %age of FY YTD variance as %age of YTD Budget/Plan | Assessment | | Full In-Year forecast | | Full-Year Effect of Recurring Savings £'000 |
|----|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|--------------------|--|----------------|----------------|------------------------|--------------------|--|
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | | Green £'000 | Amber £'000 | non recurring £'000 | recurring £'000 | |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | | | | £'000 | £'000 | £'000 | £'000 | |
| 1 | Reduced usage of Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 2 | Agency/Locums paid at a Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 3 | premium Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 4 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 5 | Non Medical 'off contract' Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 6 | to 'on contract' Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 7 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 8 | Medical - Impact of Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 9 | Agency pay rate caps Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 10 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 11 | Other (Please Specify) Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 12 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 13 | Budget/Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |
| 14 | Total Actual/F'cast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 15 | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | | | |

Table C3 - Tracker

This Table is currently showing 0 errors

| | E'000 | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total YTD | Full-year forecast | Non Recurring | Recurring | FYE Adjustment | Full-year Effect |
|---|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|--------------------|---------------|-----------|----------------|------------------|
| Savings (Cash Releasing & Cost Avoidance) | Month 1 - Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Month 1 - Actual/Forecast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Total Actual/Forecast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Total Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Net Income Generation | Month 1 - Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Month 1 - Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Accountancy Gains | In Year - Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | Month 1 - Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Month 1 - Actual/Forecast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | In Year - Actual/Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Plan | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Total Actual/Forecast | 363 | 307 | 307 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 113 | 978 | 1,091 | 1,035 | 56 | 0 | 56 |
| | Total Variance | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Public Health Wales Trust

Period : Aug 22

Table D - Income/Expenditure Assumptions
Annual Forecast

| | LHB/Trust | Contracted Income | Non Contracted Income | Total Income | Contracted Expenditure | Non Contracted Expenditure | Total Expenditure |
|----|------------------------------|------------------------------|--------------------------------------|-------------------------|-----------------------------------|---|------------------------------|
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| 1 | Swansea Bay University | 0 | 4,100 | 4,100 | 2,132 | 2,671 | 4,803 |
| 2 | Aneurin Bevan University | 0 | 1,624 | 1,624 | 0 | 4,705 | 4,705 |
| 3 | Betsi Cadwaladr University | 4,306 | 1,270 | 5,576 | 0 | 5,012 | 5,012 |
| 4 | Cardiff & Vale University | 5,913 | 1,265 | 7,178 | 3,666 | 3,440 | 7,106 |
| 5 | Cwm Taf Morgannwg University | 1,079 | 1,230 | 2,309 | 2,955 | 771 | 3,726 |
| 6 | Hywel Dda University | 1,798 | 563 | 2,361 | 2,738 | 442 | 3,180 |
| 7 | Powys | 282 | 198 | 480 | 410 | 461 | 871 |
| 8 | Public Health Wales | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Velindre | 133 | 246 | 379 | 3,283 | 369 | 3,652 |
| 10 | NWSSP | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | DHCW | 274 | 0 | 274 | 2,112 | 1,044 | 3,156 |
| 12 | Wales Ambulance Services | 0 | 52 | 52 | 108 | 0 | 108 |
| 13 | WHSSC | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | EASC | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | HEIW | 1,420 | 0 | 1,420 | 0 | 27 | 27 |
| 16 | NHS Wales Executive | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Total | 15,205 | 10,548 | 25,753 | 17,404 | 18,942 | 36,346 |

Table E - Resource Limits

| Table E - Resource Limits | | STATUS OF ISSUED RESOURCE LIMIT ITEMS | | | | Total Revenue Resource Limit £'000 | Recurring (R) or Non Recurring (NR) | Total Revenue Drawing Limit £'000 | Total Capital Resource Limit £'000 | Total Capital Drawing Limit £'000 | WG Contact and Date Item First Entered Into Table |
|--|--|--|------------------------------|----------------------------------|--------------------------------|---|--|--|---|--|--|
| | | HCHS £'000 | Pharmacy £'000 | Dental £'000 | GMS £'000 | | | | | | |
| 1. BASE ALLOCATION | | | | | | | | | | | |
| 1 LATEST ALLOCATION LETTER/SCHEDULE REF: | | | | | | | | | | | |
| 2 Total Confirmed Funding | | | | | | 0 | | | | | |
| 2. ANTICIPATED ALLOCATIONS | | | | | | | | | | | |
| 3 DEL Non Cash Depreciation - Baseline Surplus / Shortfall | | | | | | 0 | | | | | |
| 4 DEL Non Cash Depreciation - Strategic | | | | | | 0 | | | | | |
| 5 DEL Non Cash Depreciation - Accelerated | | | | | | 0 | | | | | |
| 6 DEL Non Cash Depreciation - Impairment | | | | | | 0 | | | | | |
| 7 DEL Non Cash Depreciation - IFRS 16 Leases | | | | | | 0 | | | | | |
| 8 AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn) | | | | | | 0 | | | | | |
| 9 AME Non Cash Depreciation - Donated Assets | | | | | | 0 | | | | | |
| 10 AME Non Cash Depreciation - Impairment | | | | | | 0 | | | | | |
| 11 AME Non Cash Depreciation - Impairment Reversals | | | | | | 0 | | | | | |
| 12 Removal of Donated Assets / Government Grant Receipts | | | | | | 0 | | | | | |
| 13 Total COVID-19 (see below analysis) | | 0 | 0 | 0 | 0 | 0 | | | | | See below analysis |
| 14 Removal of IFRS-16 Leases (Revenue) | | | | | | 0 | | | | | |
| 15 Energy (Price Increase) | | | | | | 0 | | | | | |
| 16 Employers NI Increase (1.25%) | | | | | | 0 | | | | | |
| 17 Real Living Wage | | | | | | 0 | | | | | |
| 18 | | | | | | 0 | | | | | |
| 19 | | | | | | 0 | | | | | |
| 20 | | | | | | 0 | | | | | |
| 21 | | | | | | 0 | | | | | |
| 22 | | | | | | 0 | | | | | |
| 23 | | | | | | 0 | | | | | |
| 24 | | | | | | 0 | | | | | |
| 25 | | | | | | 0 | | | | | |
| 26 | | | | | | 0 | | | | | |
| 27 | | | | | | 0 | | | | | |
| 28 | | | | | | 0 | | | | | |
| 29 | | | | | | 0 | | | | | |
| 30 | | | | | | 0 | | | | | |
| 31 | | | | | | 0 | | | | | |
| 32 | | | | | | 0 | | | | | |
| 33 | | | | | | 0 | | | | | |
| 34 | | | | | | 0 | | | | | |
| 35 | | | | | | 0 | | | | | |
| 36 | | | | | | 0 | | | | | |
| 37 | | | | | | 0 | | | | | |
| 38 | | | | | | 0 | | | | | |
| 39 | | | | | | 0 | | | | | |
| 40 | | | | | | 0 | | | | | |
| 41 | | | | | | 0 | | | | | |
| 42 | | | | | | 0 | | | | | |
| 43 | | | | | | 0 | | | | | |
| 44 | | | | | | 0 | | | | | |
| 45 | | | | | | 0 | | | | | |
| 46 | | | | | | 0 | | | | | |
| 47 | | | | | | 0 | | | | | |
| 48 | | | | | | 0 | | | | | |
| 49 | | | | | | 0 | | | | | |
| 50 | | | | | | 0 | | | | | |
| 51 | | | | | | 0 | | | | | |
| 52 | | | | | | 0 | | | | | |
| 53 | | | | | | 0 | | | | | |
| 54 | | | | | | 0 | | | | | |
| 55 | | | | | | 0 | | | | | |
| 56 | | | | | | 0 | | | | | |
| 57 | | | | | | 0 | | | | | |
| 58 Total Anticipated Funding | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| 3. TOTAL RESOURCES & BUDGET RECONCILIATION | | | | | | | | | | | |
| 59 Confirmed Resources Per 1. above | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| 60 Anticipated Resources Per 2. above | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| 61 Total Resources | | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| ANALYSIS OF WG FUNDING FOR COVID-19 INCLUDED ABOVE | | Allocated Total £'000 | Anticipated HCHS £'000 | Anticipated Pharmacy £'000 | Anticipated Dental £'000 | Anticipated GMS £'000 | Total RRL £'000 | WG Contact and date item first entered into table. | | | |
| 62 Testing (inc Community Testing) | | | | | | | 0 | | | | |
| 63 Tracing | | | | | | | 0 | | | | |
| 64 Mass COVID-19 Vaccination | | | | | | | 0 | | | | |
| 65 PPE | | | | | | | 0 | | | | |
| 66 Extended Flu | | | | | | | 0 | | | | |
| 67 Cleaning Standards | | | | | | | 0 | | | | |
| 68 Long Covid | | | | | | | 0 | | | | |
| 69 | | | | | | | 0 | | | | |
| 70 | | | | | | | 0 | | | | |
| 71 | | | | | | | 0 | | | | |
| 72 | | | | | | | 0 | | | | |
| 73 | | | | | | | 0 | | | | |
| 74 | | | | | | | 0 | | | | |
| 75 | | | | | | | 0 | | | | |
| 76 | | | | | | | 0 | | | | |
| 77 | | | | | | | 0 | | | | |
| 78 | | | | | | | 0 | | | | |
| 79 | | | | | | | 0 | | | | |
| 80 | | | | | | | 0 | | | | |
| 81 | | | | | | | 0 | | | | |
| 82 | | | | | | | 0 | | | | |
| 83 | | | | | | | 0 | | | | |
| 84 | | | | | | | 0 | | | | |
| 85 | | | | | | | 0 | | | | |
| 86 | | | | | | | 0 | | | | |
| 87 | | | | | | | 0 | | | | |
| 88 | | | | | | | 0 | | | | |
| 89 | | | | | | | 0 | | | | |
| 90 | | | | | | | 0 | | | | |
| 91 | | | | | | | 0 | | | | |
| 92 Total Funding | | 0 | 0 | 0 | 0 | 0 | 0 | | | | |

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

| | | Swansea Bay ULHB £'000 | Aneurin Bevan ULHB £'000 | Betsi Cadwaladr ULHB £'000 | Cardiff & Vale ULHB £'000 | Cwm Taf Morganwg ULHB £'000 | Hywel Dda ULHB £'000 | Powys LHB £'000 | Public Health Wales NHS Trust £'000 | Welsh Ambulance NHS Trust £'000 | Velindre NHS Trust £'000 | NWSSP £'000 | DHCW £'000 | HEIW £'000 | WG £'000 | EASC £'000 | WHSSC £'000 | Other (please specify) £'000 | Total £'000 | WG Contact, date item first entered into table and whether any invoice has been raised. |
|--|---|------------------------------|--------------------------------|----------------------------------|---|--------------------------------------|----------------------------|--------------------|--|--|--------------------------------|----------------|---------------|---------------|-------------|---------------|----------------|------------------------------------|----------------|--|
| 1 | Agreed full year income Details of Anticipated Income | 4,100 | 1,624 | 5,576 | 7,178 | 2,309 | 2,361 | 480 | 0 | 52 | 379 | 0 | 274 | 1,420 | 186,345 | 0 | 0 | | 212,098 | |
| 2 | DEL Non Cash Depreciation - Baseline Surplus / Shortfall | | | | | | | | | | | | | | (1,296) | | | | (1,296) | Per non-cash submission 30-06-2022 |
| 3 | DEL Non Cash Depreciation - Strategic | | | | | | | | | | | | | | 3,485 | | | | 3,485 | Per non-cash submission 30-06-2022 |
| 4 | DEL Non Cash Depreciation - Accelerated | | | | | | | | | | | | | | | | | | 0 | |
| 5 | DEL Non Cash Depreciation - Impairment | | | | | | | | | | | | | | | | | | 0 | |
| 6 | DEL Non Cash Depreciation - IFRS 16 Leases | | | | | | | | | | | | | | 1,436 | | | | 1,436 | Per CEL 04/07/2022 |
| 7 | AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn) | | | | | | | | | | | | | | | | | | 0 | |
| 8 | AME Non Cash Depreciation - Donated Assets | | | | | | | | | | | | | | | | | | 0 | |
| 9 | AME Non Cash Depreciation - Impairment | | | | | | | | | | | | | | | | | | 0 | |
| 10 | AME Non Cash Depreciation - Impairment Reversals | | | | | | | | | | | | | | | | | | 0 | |
| 11 | Total COVID-19 (see below analysis) | | | | | | | | | | | | | | 19,928 | | | | 19,928 | See below analysis |
| 12 | Removal of IFRS-16 Leases (Revenue) | | | | | | | | | | | | | | (1,727) | | | | (1,727) | Per CEL 04/07/2022 |
| 13 | Energy (Price Increase) | | | | | | | | | | | | | | 519 | | | | 519 | Excess increase above original estimate of £0.250m |
| 14 | Employers NI Increase (1.25%) | | | | | | | | | | | | | | | | | | 0 | |
| 15 | Real Living Wage | | | | | | | | | | | | | | | | | | 0 | |
| 16 | Welsh Risk Pool Risk Share 2022-23 | | | | | | | | | | | | | | (339) | | | | (339) | Per updated figure received from NWSSP (21/07/22) |
| 17 | Band 1 - 2 recurring pay increase (22/23) | | | | | | | | | | | | | | 17 | | | | 17 | Per Andrea Hughes e-mail 07-06-2022 |
| 18 | | | | | | | | | | | | | | | | | | | 0 | |
| 19 | | | | | | | | | | | | | | | | | | | 0 | |
| 20 | | | | | | | | | | | | | | | | | | | 0 | |
| 21 | | | | | | | | | | | | | | | | | | | 0 | |
| 22 | | | | | | | | | | | | | | | | | | | 0 | |
| 23 | | | | | | | | | | | | | | | | | | | 0 | |
| 24 | | | | | | | | | | | | | | | | | | | 0 | |
| 25 | | | | | | | | | | | | | | | | | | | 0 | |
| 26 | | | | | | | | | | | | | | | | | | | 0 | |
| 27 | | | | | | | | | | | | | | | | | | | 0 | |
| 28 | | | | | | | | | | | | | | | | | | | 0 | |
| 29 | | | | | | | | | | | | | | | | | | | 0 | |
| 30 | | | | | | | | | | | | | | | | | | | 0 | |
| 31 | | | | | | | | | | | | | | | | | | | 0 | |
| 32 | | | | | | | | | | | | | | | | | | | 0 | |
| 33 | | | | | | | | | | | | | | | | | | | 0 | |
| 34 | | | | | | | | | | | | | | | | | | | 0 | |
| 35 | | | | | | | | | | | | | | | | | | | 0 | |
| 36 | | | | | | | | | | | | | | | | | | | 0 | |
| 37 | Total Income | 4,100 | 1,624 | 5,576 | 7,178 | 2,309 | 2,361 | 480 | 0 | 52 | 379 | 0 | 274 | 1,420 | 208,368 | 0 | 0 | 0 | 234,121 | |
| ANALYSIS OF WG FUNDING DUE FOR COVID-19 INCLUDED ABOVE | | Allocated £'000 | Anticipated £'000 | Total £'000 | WG Contact, date item first entered into table and whether any invoice has been raised. | | | | | | | | | | | | | | | |
| 38 | Testing (Inc Community Testing) | 5,684 | 15,090 | 20,775 | First entered P01 - invoices raised P01-P04 | | | | | | | | | | | | | | | |
| 39 | Tracing | 339 | 461 | 800 | First entered P01 - invoices raised P01-P04 | | | | | | | | | | | | | | | |
| 40 | Mass COVID-19 Vaccination | 287 | 1,203 | 1,490 | First entered P01 - invoices raised P01-P04 | | | | | | | | | | | | | | | |
| 41 | PPE | 21 | 42 | 63 | First entered P01 - invoices raised P01-P04 | | | | | | | | | | | | | | | |
| 42 | Extended Flu | | | 0 | | | | | | | | | | | | | | | | |
| 43 | Cleaning Standards | | | 0 | | | | | | | | | | | | | | | | |
| 44 | Long Covid | | | 0 | | | | | | | | | | | | | | | | |
| 45 | A2: Increased bed capacity specifically related to COVID-19 | | | 0 | | | | | | | | | | | | | | | | |

| | | | | | |
|----|--|-------|--------|--------|---|
| 46 | A3: Other Capacity & facilities costs (exclude contract cleaning) | | | 0 | |
| 47 | B1: Prescribing charges directly related to COVID symptoms | | | 0 | |
| 48 | C1: Increased workforce costs as a direct result of the COVID response and IP&C guidance | | | 0 | |
| 49 | D1: Discharge support | | | 0 | |
| 50 | D4: Support for National Programmes through Shared Service | | | 0 | |
| 51 | D5: Other services that support the ongoing COVID response | | | 0 | |
| 52 | E1: Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income | | | 0 | |
| 53 | COVID-19 Genomics Sequencing | 452 | 992 | 1,445 | First entered P01 - invoices raised P01-P04 |
| 54 | TAT & Resilience Non Pay - Rapid Testing & Maintenance | 395 | 2,139 | 2,534 | First entered P01 - invoices raised P01-P04 |
| 55 | | | | 0 | |
| 56 | | | | 0 | |
| 57 | | | | 0 | |
| 58 | | | | 0 | |
| 59 | | | | 0 | |
| 60 | | | | 0 | |
| 61 | | | | 0 | |
| 62 | | | | 0 | |
| 63 | | | | 0 | |
| 64 | | | | 0 | |
| 65 | | | | 0 | |
| 66 | | | | 0 | |
| 67 | | | | 0 | |
| 68 | Total Funding | 7,179 | 19,928 | 27,106 | |

Public Health Wales Trust

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Period : Aug 22

Table G - Monthly Cashflow Forecast

| | | April £'000 | May £'000 | June £'000 | July £'000 | Aug £'000 | Sept £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £,000 | Total £,000 |
|----|--|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| | RECEIPTS | | | | | | | | | | | | | |
| 1 | WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only | | | | | | | | | | | | | 0 |
| 2 | WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only | | | | | | | | | | | | | 0 |
| 3 | WG Revenue Funding - Other (e.g. invoices) | 30,353 | 4,434 | 11,933 | 18,289 | 12,292 | 18,724 | 18,724 | 18,724 | 18,724 | 18,724 | 18,724 | 18,724 | 208,368 |
| 4 | WG Capital Funding - Cash Limit - LHB & SHA only | | | | | | | | | | | | | 0 |
| 5 | Income from other Welsh NHS Organisations | 3,043 | 1,219 | 2,522 | 1,824 | 3,501 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 1,891 | 25,343 |
| 6 | Short Term Loans - Trust only | | | | | | | | | | | | | 0 |
| 7 | PDC - Trust only | | | | | | | | | | | | 1,154 | 1,154 |
| 8 | Interest Receivable - Trust only | 12 | 9 | 18 | 19 | 24 | | | | | | | | 82 |
| 9 | Sale of Assets | | | | | | | | | | | | | 0 |
| 10 | Other - (Specify in narrative) | 862 | 227 | 493 | 776 | 562 | 350 | 350 | 350 | 350 | 350 | 350 | 494 | 5,513 |
| 11 | TOTAL RECEIPTS | 34,271 | 5,890 | 14,967 | 20,908 | 16,378 | 20,964 | 20,964 | 20,964 | 20,964 | 20,964 | 20,964 | 22,262 | 240,461 |
| | PAYMENTS | | | | | | | | | | | | | |
| 12 | Primary Care Services : General Medical Services | | | | | | | | | | | | | 0 |
| 13 | Primary Care Services : Pharmacy Services | | | | | | | | | | | | | 0 |
| 14 | Primary Care Services : Prescribed Drugs & Appliances | | | | | | | | | | | | | 0 |
| 15 | Primary Care Services : General Dental Services | | | | | | | | | | | | | 0 |
| 16 | Non Cash Limited Payments | | | | | | | | | | | | | 0 |
| 17 | Salaries and Wages | 6,090 | 10,078 | 10,099 | 10,405 | 10,199 | 11,658 | 11,658 | 11,658 | 11,658 | 11,658 | 11,658 | 11,658 | 128,475 |
| 18 | Non Pay Expenditure | 15,022 | 5,333 | 6,308 | 8,247 | 6,430 | 9,158 | 9,158 | 9,158 | 9,158 | 9,158 | 9,158 | 9,155 | 105,446 |
| 19 | Short Term Loan Repayment - Trust only | | | | | | | | | | | | | 0 |
| 20 | PDC Repayment - Trust only | | | | | | | | | | | | | 0 |
| 21 | Capital Payment | 106 | 700 | 17 | 21 | 333 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 6,540 |
| 22 | Other items (Specify in narrative) | | | | | | | | | | | | | 0 |
| 23 | TOTAL PAYMENTS | 21,218 | 16,111 | 16,424 | 18,673 | 16,962 | 21,582 | 21,582 | 21,582 | 21,582 | 21,582 | 21,582 | 21,579 | 240,461 |
| 24 | Net cash inflow/outflow | 13,053 | (10,221) | (1,457) | 2,235 | (584) | (618) | (618) | (618) | (618) | (618) | (618) | 683 | |
| 25 | Balance b/f | 16,791 | 29,844 | 19,623 | 18,165 | 20,400 | 19,816 | 19,198 | 18,580 | 17,962 | 17,344 | 16,726 | 16,108 | |
| 26 | Balance c/f | 29,844 | 19,623 | 18,165 | 20,400 | 19,816 | 19,198 | 18,580 | 17,962 | 17,344 | 16,726 | 16,108 | 16,791 | |

Table H - PSPP

This table needs completing on a quarterly basis
NOTE: Data to 1 decimal place

| 30 DAY COMPLIANCE | | | ACTUAL Q1 | | ACTUAL Q2 | | ACTUAL Q3 | | ACTUAL Q4 | | YEAR TO DATE | | FORECAST YEAR END | |
|-------------------|---|----------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|--------------|------------|-------------------|------------|
| | | Target % | Actual % | Variance % | Actual % | Variance % | Actual % | Variance % | Actual % | Variance % | Actual % | Variance % | Forecast % | Variance % |
| | PROMPT PAYMENT OF INVOICE PERFORMANCE | | | | | | | | | | | | | |
| 1 | % of NHS Invoices Paid Within 30 Days - By Value | 95.0% | 95.5% | 0.5% | 0.0% | -95.0% | 0.0% | -95.0% | 0.0% | -95.0% | 95.5% | 0.5% | 95.0% | 0.0% |
| 2 | % of NHS Invoices Paid Within 30 Days - By Number | 95.0% | 94.4% | -0.6% | 0.0% | -95.0% | 0.0% | -95.0% | 0.0% | -95.0% | 94.4% | -0.6% | 95.0% | 0.0% |
| 3 | % of Non NHS Invoices Paid Within 30 Days - By Value | 95.0% | 93.6% | -1.4% | 0.0% | -95.0% | 0.0% | -95.0% | 0.0% | -95.0% | 93.6% | -1.4% | 96.0% | 1.0% |
| 4 | % of Non NHS Invoices Paid Within 30 Days - By Number | 95.0% | 96.4% | 1.4% | 0.0% | -95.0% | 0.0% | -95.0% | 0.0% | -95.0% | 96.4% | 1.4% | 96.0% | 1.0% |
| 10 DAY COMPLIANCE | | | ACTUAL Q1 | | ACTUAL Q2 | | ACTUAL Q3 | | ACTUAL Q4 | | YEAR TO DATE | | FORECAST YEAR END | |
| | | | Actual % | | Actual % | | Actual % | | Actual % | | Actual % | | Actual % | |
| | PROMPT PAYMENT OF INVOICE PERFORMANCE | | | | | | | | | | | | | |
| 5 | % of NHS Invoices Paid Within 10 Days - By Value | | 24.1% | | 0.0% | | 0.0% | | 0.0% | | 24.1% | | 50.0% | |
| 6 | % of NHS Invoices Paid Within 10 Days - By Number | | 24.3% | | 0.0% | | 0.0% | | 0.0% | | 24.3% | | 50.0% | |
| 7 | % of Non NHS Invoices Paid Within 10 Days - By Value | | 63.0% | | 0.0% | | 0.0% | | 0.0% | | 63.0% | | 60.0% | |
| 8 | % of Non NHS Invoices Paid Within 10 Days - By Number | | 57.2% | | 0.0% | | 0.0% | | 0.0% | | 57.2% | | 60.0% | |

Public Health Wales Trust

Period : Aug 22

This Table is currently showing 0 errors

Table I - 2022-23 Capital Resource / Expenditure Limit Management

£'000 6,540
Approved CRL / CEL issued at : 9/8/22

| Ref: | Performance against CRL / CEL | Year To Date | | | Forecast | | |
|------|--|---------------|-----------------|-------------------|---------------|-----------------|-------------------|
| | | Plan £'000 | Actual £'000 | Variance £'000 | Plan £'000 | F'cast £'000 | Variance £'000 |
| | Gross expenditure | | | | | | |
| | All Wales Capital Programme: | | | | | | |
| | Schemes: | | | | | | |
| 1 | PHW Capital Schemes: | | | 0 | | | 0 |
| 2 | Screening Equipment Replacement (BTW Imaging Equipment) | 70 | 70 | 0 | 3,025 | 3,025 | 0 |
| 3 | MALDI- TOF MS | 8 | 8 | 0 | 44 | 44 | 0 |
| 4 | Hosted (NHS Wales Health Collaborative) Capital Schemes: | | | 0 | | | 0 |
| 5 | Digital - LINC | 410 | 410 | 0 | 2,054 | 2,054 | 0 |
| 6 | Digital - RISP | 31 | 31 | 0 | 259 | 259 | 0 |
| 7 | | | | 0 | | | 0 |
| 8 | | | | 0 | | | 0 |
| 9 | | | | 0 | | | 0 |
| 10 | | | | 0 | | | 0 |
| 11 | | | | 0 | | | 0 |
| 12 | | | | 0 | | | 0 |
| 13 | | | | 0 | | | 0 |
| 14 | | | | 0 | | | 0 |
| 15 | | | | 0 | | | 0 |
| 16 | | | | 0 | | | 0 |
| 17 | | | | 0 | | | 0 |
| 18 | | | | 0 | | | 0 |
| 19 | | | | 0 | | | 0 |
| 20 | | | | 0 | | | 0 |
| 21 | | | | 0 | | | 0 |
| 22 | | | | 0 | | | 0 |
| 23 | | | | 0 | | | 0 |
| 24 | | | | 0 | | | 0 |
| 25 | | | | 0 | | | 0 |
| 26 | | | | 0 | | | 0 |
| 27 | | | | 0 | | | 0 |
| 28 | | | | 0 | | | 0 |
| 29 | | | | 0 | | | 0 |
| 30 | | | | 0 | | | 0 |
| 31 | | | | 0 | | | 0 |
| 32 | | | | 0 | | | 0 |
| 33 | | | | 0 | | | 0 |
| 34 | | | | 0 | | | 0 |
| 35 | | | | 0 | | | 0 |
| 36 | | | | 0 | | | 0 |
| 37 | | | | 0 | | | 0 |
| 38 | | | | 0 | | | 0 |
| 39 | | | | 0 | | | 0 |
| 40 | | | | 0 | | | 0 |
| 41 | | | | 0 | | | 0 |
| 42 | Sub Total | 519 | 519 | 0 | 5,382 | 5,382 | 0 |
| | Discretionary: | | | | | | |
| 43 | I.T. | 221 | 221 | 0 | 284 | 284 | 0 |
| 44 | Equipment | 0 | 0 | 0 | 112 | 112 | 0 |
| 45 | Statutory Compliance | 0 | 0 | 0 | 0 | 0 | 0 |
| 46 | Estates | 320 | 320 | 0 | 382 | 382 | 0 |
| 47 | Other | 0 | 0 | 0 | 380 | 380 | 0 |
| 48 | Sub Total | 541 | 541 | 0 | 1,158 | 1,158 | 0 |

| | | | | | | | |
|----|--|-------|---------|---|-------|-------|---|
| | Other (Including IFRS 16 Leases) Schemes: | | | | | | |
| 49 | | | | 0 | | | 0 |
| 50 | | | | 0 | | | 0 |
| 51 | | | | 0 | | | 0 |
| 52 | | | | 0 | | | 0 |
| 53 | | | | 0 | | | 0 |
| 54 | | | | 0 | | | 0 |
| 55 | | | | 0 | | | 0 |
| 56 | | | | 0 | | | 0 |
| 57 | | | | 0 | | | 0 |
| 58 | | | | 0 | | | 0 |
| 59 | | | | 0 | | | 0 |
| 60 | | | | 0 | | | 0 |
| 61 | | | | 0 | | | 0 |
| 62 | | | | 0 | | | 0 |
| 63 | | | | 0 | | | 0 |
| 64 | | | | 0 | | | 0 |
| 65 | | | | 0 | | | 0 |
| 66 | | | | 0 | | | 0 |
| 67 | | | | 0 | | | 0 |
| 68 | | | | 0 | | | 0 |
| 69 | Sub Total | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Total Expenditure | 1,060 | 1,060 | 0 | 6,540 | 6,540 | 0 |
| | Less: | | | | | | |
| | Capital grants: | | | | | | |
| 71 | | | | 0 | | | 0 |
| 72 | | | | 0 | | | 0 |
| 73 | | | | 0 | | | 0 |
| 74 | | | | 0 | | | 0 |
| 75 | | | | 0 | | | 0 |
| 76 | Sub Total | 0 | 0 | 0 | 0 | 0 | 0 |
| | Donations: | | | | | | |
| 77 | | | | 0 | | | 0 |
| 78 | Sub Total | 0 | 0 | 0 | 0 | 0 | 0 |
| | Asset Disposals: | | | | | | |
| 79 | | | | 0 | | | 0 |
| 80 | | | | 0 | | | 0 |
| 81 | | | | 0 | | | 0 |
| 82 | | | | 0 | | | 0 |
| 83 | | | | 0 | | | 0 |
| 84 | | | | 0 | | | 0 |
| 85 | | | | 0 | | | 0 |
| 86 | | | | 0 | | | 0 |
| 87 | | | | 0 | | | 0 |
| 88 | | | | 0 | | | 0 |
| 89 | | | | 0 | | | 0 |
| 90 | Sub Total | 0 | 0 | 0 | 0 | 0 | 0 |
| 91 | Technical Adjustments | | | 0 | | | 0 |
| 92 | CHARGE AGAINST CRL / CEL | 1,060 | 1,060 | 0 | 6,540 | 6,540 | 0 |
| 93 | PERFORMANCE AGAINST CRL / CEL (Under)/Over | | (5,480) | | | (0) | |

Public Health Wales Trust

Period : Aug 22

This table needs completing monthly from Month: 3

This Table is currently showing 0 errors

Table F - Statement of Financial Position For Monthly Period

| | Opening Balance Beginning of Apr 22 £'000 | Closing Balance End of Aug 22 £'000 | Forecast Closing Balance End of Mar 23 £'000 |
|--|--|--|---|
| Non-Current Assets | | | |
| 1 Property, plant and equipment | 26,530 | 27,591 | 26,530 |
| 2 Intangible assets | 3,403 | 3,403 | 3,403 |
| 3 Trade and other receivables | 327 | 3,268 | 327 |
| 4 Other financial assets | 0 | 0 | 0 |
| 5 Non-Current Assets sub total | 30,260 | 34,261 | 30,260 |
| Current Assets | | | |
| 6 Inventories | 2,995 | 1,174 | 2,995 |
| 7 Trade and other receivables | 20,355 | 35,920 | 20,355 |
| 8 Other financial assets | 0 | 0 | 0 |
| 9 Cash and cash equivalents | 16,791 | 19,816 | 16,791 |
| 10 Non-current assets classified as held for sale | 0 | 0 | 0 |
| 11 Current Assets sub total | 40,141 | 56,910 | 40,141 |
| 12 TOTAL ASSETS | 70,401 | 91,172 | 70,401 |
| Current Liabilities | | | |
| 13 Trade and other payables | 30,548 | 50,097 | 30,548 |
| 14 Borrowings (Trust Only) | 0 | 0 | 0 |
| 15 Other financial liabilities | 0 | 0 | 0 |
| 16 Provisions | 4,498 | 2,467 | 4,498 |
| 17 Current Liabilities sub total | 35,046 | 52,564 | 35,046 |
| 18 NET ASSETS LESS CURRENT LIABILITIES | 35,355 | 38,608 | 35,355 |
| Non-Current Liabilities | | | |
| 19 Trade and other payables | 1,437 | 1,696 | 1,437 |
| 20 Borrowings (Trust Only) | 0 | 0 | 0 |
| 21 Other financial liabilities | 0 | 0 | 0 |
| 22 Provisions | 2,316 | 5,187 | 2,316 |
| 23 Non-Current Liabilities sub total | 3,753 | 6,883 | 3,753 |
| 24 TOTAL ASSETS EMPLOYED | 31,602 | 31,724 | 31,602 |
| FINANCED BY: Taxpayers' Equity | | | |
| 25 General Fund | 0 | 0 | 0 |
| 26 Revaluation Reserve | 891 | 891 | 891 |
| 27 PDC (Trust only) | 29,230 | 29,230 | 29,230 |
| 28 Retained earnings (Trust Only) | 1,481 | 1,603 | 1,481 |
| 29 Other reserve | 0 | 0 | 0 |
| 30 Total Taxpayers' Equity | 31,602 | 31,724 | 31,602 |
| EXPLANATION OF ALL PROVISIONS | Opening Balance Beginning of Apr 22 | Closing Balance End of Aug 22 | Closing Balance End of Mar 23 |
| 31 Clinical negligence | 3,932 | 4,777 | 3,932 |
| 32 Permanent injury | 1,286 | 1,286 | 1,286 |
| 33 Other losses and special payments | 100 | 100 | 100 |
| 34 Defence legal fees and other administration | 131 | 126 | 131 |
| 35 Other provisions | 1,272 | 1,272 | 1,272 |
| 36 Scheme Pays 2019-20 - Reimbursement | 93 | 93 | 93 |
| 37 | | | |
| 38 | | | |
| 39 | | | |
| 40 Total Provisions | 6,814 | 7,654 | 6,814 |
| ANALYSIS OF WELSH NHS RECEIVABLES (current month) | | £'000 | |
| 41 Welsh NHS Receivables Aged 0 - 10 weeks | | 18,232 | |
| 42 Welsh NHS Receivables Aged 11 - 16 weeks | | 164 | |
| 43 Welsh NHS Receivables Aged 17 weeks and over | | 0 | |
| ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing) | £'000 | £'000 | £'000 |
| 44 Capital | 2,626 | 499 | 2,626 |
| 45 Revenue | 29,359 | 51,295 | 29,359 |
| ANALYSIS OF CASH (opening, current & closing) | £'000 | £'000 | £'000 |
| 46 Capital | 1,585 | 858 | 1,585 |
| 47 Revenue | 15,206 | 18,959 | 15,206 |

Public Health Wales Trust

YTD Months to be completed from Month: 2
Forecast Months to be completed from Month: 2

Period : Aug 22

This Table is currently showing 0 errors

Table J - In Year Capital Scheme Profiles

| Ref: | All Wales Capital Programme: Schemes: | Project Manager | In Year Forecast | | Capital Expenditure Monthly Profile | | | | | | | | | | | | YTD £'000 | Total £'000 | Risk Level |
|---|--|--------------------|------------------|-------|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|---------------|
| | | | | | April £'000 | May £'000 | Jun £'000 | Jul £'000 | Aug £'000 | Sep £'000 | Oct £'000 | Nov £'000 | Dec £'000 | Jan £'000 | Feb £'000 | Mar £'000 | | | |
| 1 | PHW Capital Schemes: | PHW | | | | | | | | | | | | | | | 0 | 0 | Low |
| 2 | Screening Equipment Replacement (BTW Imaging Equipm | Bethan James | 3,025 | 3,025 | 8 | 47 | 1 | 8 | 8 | 528 | 246 | 246 | 246 | 413 | 413 | 863 | 70 | 3,025 | Low |
| 3 | MALDI- TOF MS | Julian Rogers | 44 | 44 | 0 | 8 | 0 | 0 | 0 | 0 | 30 | 0 | 0 | 0 | 6 | 0 | 8 | 44 | Low |
| 4 | Hosted (NHS Wales Health Collaborative) Capital Scheme | HOSTED | | | | | | | | | | | | | | | 0 | 0 | Low |
| 5 | Digital - LINC | Judith Bates | 2,054 | 2,054 | 40 | 46 | 119 | 118 | 86 | 234 | 234 | 234 | 234 | 234 | 234 | 240 | 410 | 2,054 | Low |
| 6 | Digital - RISP | Judith Bates | 259 | 259 | 0 | 14 | 0 | 7 | 10 | 32 | 32 | 32 | 32 | 32 | 32 | 36 | 31 | 259 | Low |
| 7 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 8 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 9 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 10 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 11 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 12 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 13 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 14 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 15 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 16 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 17 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 18 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 19 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 20 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 21 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 22 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 23 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 24 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 25 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 26 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 27 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 28 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 29 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 30 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 31 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 32 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 33 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 34 | Sub Total | | 5,382 | 5,382 | 48 | 115 | 120 | 132 | 103 | 794 | 542 | 512 | 512 | 679 | 685 | 1,139 | 519 | 5,382 | |
| | | | | | | | | | | | | | | | | | | | |
| Discretionary: | | | | | | | | | | | | | | | | | | | |
| 35 | I.T. | Ruth Maddern | 284 | 284 | 0 | 0 | 0 | 212 | 9 | 0 | 0 | 13 | 0 | 50 | 0 | 0 | 221 | 284 | Low |
| 36 | Equipment | Ruth Maddern | 112 | 112 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 0 | 0 | 100 | 0 | 0 | 0 | 112 | Low |
| 37 | Statutory Compliance | Ruth Maddern | | | | | | | | | | | | | | | 0 | 0 | |
| 38 | Estates | Ruth Maddern | 382 | 382 | 4 | 21 | 11 | 136 | 148 | 31 | 31 | 0 | 0 | 0 | 0 | 0 | 320 | 382 | Low |
| 39 | Other | Ruth Maddern | 380 | 380 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 76 | 76 | 76 | 76 | 76 | 0 | 380 | Low |
| 40 | Sub Total | | 1,158 | 1,158 | 4 | 21 | 11 | 348 | 157 | 31 | 43 | 89 | 76 | 226 | 76 | 76 | 541 | 1,158 | |
| | | | | | | | | | | | | | | | | | | | |
| Other Schemes (Including IFRS 16 Leases): | | | | | | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 42 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 43 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 44 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 45 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 46 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 47 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 48 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 49 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 50 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 51 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 52 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 53 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 54 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 55 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 56 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 57 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 58 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 59 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 60 | | | | | | | | | | | | | | | | | 0 | 0 | |
| 61 | Sub Total | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | | | | | | | | | | | | | | | | | | |
| 62 | Total Capital Expenditure | | 6,540 | 6,540 | 51 | 136 | 132 | 481 | 260 | 825 | 585 | 601 | 588 | 905 | 761 | 1,215 | 1,060 | 6,540 | |

A: In Year Disposal of Assets

| | Description | Date of Ministerial Approval to Dispose (Land & Buildings only) | Date of Ministerial Approval to Retain Proceeds > £0.5m | Date of Disposal | NBV | Sales Receipts | Cost of Disposals | Gain/ (Loss) | Comments |
|----|--|---|---|----------------------------------|-------|----------------|-------------------|--------------|----------|
| | | MM/YY (text format, e.g. Apr 22) | MM/YY (text format, e.g. Apr 22) | MM/YY (text format, e.g. Feb 23) | £'000 | £'000 | £'000 | £'000 | |
| 1 | P000186 - Mammo Set 3D + Biopsy Llan Mammo Rm 2 | | | 30/04/2022 | 0 | 11 | 1 | 10 | |
| 2 | P000187 - Mammo Set 3D + Biopsy Wrex Mammo Rm 1 | | | 01/04/2022 | 0 | 8 | 0 | 8 | |
| 3 | P000192 - Mammo Set 3D Wrex Mammo Rm 2 | | | 01/04/2022 | 0 | 9 | 0 | 9 | |
| 4 | P000193 - Mammo Set 3D Llan Mammo Rm 1 | | | 24/04/2022 | 0 | 10 | 1 | 9 | |
| 5 | P000184 - Mammo Set 3D + Biopsy Cardiff Mammo Rm 1 | | | 06/06/2022 | 0 | 11 | 1 | 10 | |
| 6 | P000191 - Mammo Set 3D Cardiff Mammo Rm 4 | | | 27/06/2022 | 0 | 9 | 1 | 8 | |
| 7 | P000185 - Mammo Set 3D + Biopsy Cardiff Mammo Rm 2 | | | 18/07/2022 | 0 | 9 | 1 | 8 | |
| 8 | P000190 - Mammo Set 3D Cardiff Mammo Rm 3 | | | 01/08/2022 | 0 | 15 | 1 | 14 | |
| 9 | | | | | | | | 0 | |
| 10 | | | | | | | | 0 | |
| 11 | | | | | | | | 0 | |
| 12 | | | | | | | | 0 | |
| 13 | | | | | | | | 0 | |
| 14 | | | | | | | | 0 | |
| 15 | | | | | | | | 0 | |
| 16 | | | | | | | | 0 | |
| 17 | | | | | | | | 0 | |
| 18 | | | | | | | | 0 | |
| 19 | | | | | | | | 0 | |
| | Total for in-year | | | | 0 | 82 | 5 | 77 | |

B: Future Years Disposal of Assets

| | Description | Date of Ministerial Approval to Dispose (Land & Buildings only) | Date of Ministerial Approval to Retain Proceeds > £0.5m | Date of Disposal | NBV | Sales Receipts | Cost of Disposals | Gain/ (Loss) | Comments |
|----|-------------|---|---|----------------------------------|-------|----------------|-------------------|--------------|----------|
| | | MM/YY (text format, e.g. Apr 23) | MM/YY (text format, e.g. Apr 23) | MM/YY (text format, e.g. Feb 24) | £'000 | £'000 | £'000 | £'000 | |
| 20 | | | | | | | | 0 | |
| 21 | | | | | | | | 0 | |
| 22 | | | | | | | | 0 | |
| 23 | | | | | | | | 0 | |
| 24 | | | | | | | | 0 | |
| 25 | | | | | | | | 0 | |
| 26 | | | | | | | | 0 | |
| 27 | | | | | | | | 0 | |
| 28 | | | | | | | | 0 | |
| 29 | | | | | | | | 0 | |
| 30 | | | | | | | | 0 | |
| 31 | | | | | | | | 0 | |
| 32 | | | | | | | | 0 | |
| 33 | | | | | | | | 0 | |
| 34 | | | | | | | | 0 | |

| | | | | | | | | |
|----|------------------------|--|--|--|---|---|---|---|
| 35 | | | | | | | | 0 |
| 36 | | | | | | | | 0 |
| 37 | | | | | | | | 0 |
| 38 | | | | | | | | 0 |
| | Total for future years | | | | 0 | 0 | 0 | 0 |

Public Health Wales Trust

Period : Aug 22

This Table is currently showing 0 errors

This table needs completing monthly from Month: 3

Table L: EXTERNAL FINANCING LIMIT

| | | Full Year Per WG £'000 | Full Year Per Trust £'000 | Planning Variance £'000 | Actual to date £'000 |
|-----|---|------------------------------|---------------------------------|-------------------------------|----------------------------|
| REF | NET FINANCIAL CHANGE | A | B | C | D |
| 1 | Retained surplus/(deficit) for period | | 0 | 0 | 122 |
| 2 | Depreciation | 4,839 | 7,028 | 2,189 | 2,928 |
| 3 | Depreciation on Donated Assets | | 162 | 162 | 38 |
| 4 | DEL and AME Impairments | | 0 | 0 | 0 |
| 5 | Net gain/loss on disposal of assets | | (77) | (77) | (77) |
| 6 | Profit/loss on sale term of disc ops | | 0 | 0 | 0 |
| 7 | Proceeds of Capital Disposals | | | 0 | |
| 8 | Other Income (specify) | | | 0 | |
| 9 | APPLICATION OF FUNDS | | | | |
| 10 | Capital Expenditure | (6,540) | (6,540) | 0 | (1,060) |
| 11 | Other Expenditure | (1,727) | (1,727) | 0 | |
| | MOVEMENTS IN WORKING CAPITAL | | | | |
| 12 | Inventories | | | 0 | 1,821 |
| 13 | Current assets - Trade and other receivables | | | 0 | (15,565) |
| 14 | Current liabilities - Trade and other payables | | | 0 | 19,549 |
| 15 | Non current liabilities - Trade and other payables | | | 0 | 259 |
| 16 | Provisions | | | 0 | 840 |
| 17 | Sub total - movement in working capital | 0 | 0 | 0 | 6,904 |
| 18 | NET FINANCIAL CHANGE | (3,428) | (1,154) | 2,274 | 8,854 |
| | EFL REQUIREMENT TO BE MET BY | | | | |
| 19 | Increase in Public Dividend Capital | 3,428 | 1,154 | (2,274) | |
| 20 | Net change in temporary borrowing | | | 0 | |
| 21 | Change in bank deposits and interest bearing securities | | | 0 | (3,025) |
| 22 | Net change in finance lease payables | | | 0 | |
| 23 | TOTAL EXTERNAL FINANCE | 3,428 | 1,154 | (2,274) | (3,025) |

Public Health Wales Trust

Period : Aug 22

Table N - General Medical Services
Table to be completed from Q2 / Month:

6

This Table is currently showing 0 errors

Operating Expenditure - ring fenced GMS budget

| SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION | | WG Allocation | Current Plan | Forecast Outturn | Variance | Year to Date |
|--|----------|---------------|--------------|------------------|----------|--------------|
| | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| Global Sum | 1 | | | | | |
| Practice support payment | 2 | | | | | |
| Total Global Sum and MPIG | 3 | | | | 0 | 0 |
| QAIF Aspiration Payments | 4 | | | | | |
| QAIF Achievement Payments | 5 | | | | | |
| QAIF - Access Achievement Payments | 6 | | | | | |
| Total Quality | 7 | | | | 0 | 0 |
| Direct Enhanced Services (To equal data in Section A (i) Line 31) | 8 | | | | 0 | |
| National Enhanced Services (To equal data in Section A (ii) Line 41) | 9 | | | | 0 | |
| Local Enhanced Services (To equal data in Section A (iii) Line 94) | 10 | | | | 0 | |
| Total Enhanced Services (To equal data in section A Line 95) | 11 | | 0 | 0 | 0 | 0 |
| LHB Administered (To equal data in Section B Line 109) | 12 | | | | 0 | |
| Premises (To equal data in section C Line 138) | 13 | | | | 0 | |
| IM & T | 14 | | | | 0 | |
| Out of Hours (including OOHDF) | 15 | | | | 0 | |
| Dispensing (To equal data in Line 154) | 16 | | | | 0 | |
| Total | 17 | 0 | 0 | 0 | 0 | 0 |
| SUPPLEMENTARY INFORMATION | | | | | | |
| Directed Enhanced Services Section A (i) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| Learning Disabilities | 18 | | | | 0 | |
| Childhood Immunisation Scheme | 19 | | | | 0 | |
| Mental Health | 20 | | | | 0 | |
| Influenza & Pneumococcal Immunisations Scheme | 21 | | | | 0 | |
| Services for Violent Patients | 22 | | | | 0 | |
| Minor Surgery Fees | 23 | | | | 0 | |
| MENU of Agreed DES | | | | | | |
| Asylum Seekers & Refugees | 24 | | | | 0 | |
| Care of Diabetes | 25 | | | | 0 | |
| Care Homes | 26 | | | | 0 | |
| Extended Surgery Opening | 27 | | | | 0 | |
| Gender Identity | 28 | | | | 0 | |
| Homeless | 29 | | | | 0 | |
| Oral Anticoagulation with Warfarin | 30 | | | | 0 | |
| TOTAL Directed Enhanced Services (must equal line 8) | 31 | | 0 | 0 | 0 | 0 |
| | | | | | | |
| National Enhanced Services A (ii) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| INR Monitoring | 32 | | | | 0 | |
| Shared care drug monitoring (Near Patient Testing) | 33 | | | | 0 | |
| Drug Misuse | 34 | | | | 0 | |
| IUCD | 35 | | | | 0 | |
| Alcohol misuse | 36 | | | | 0 | |
| Depression | 37 | | | | 0 | |
| Minor injury services | 38 | | | | 0 | |
| Diabetes | 39 | | | | 0 | |
| Services to the homeless | 40 | | | | 0 | |
| TOTAL National Enhanced Services (must equal line 9) | 41 | | 0 | 0 | 0 | 0 |

| Local Enhanced Services | A (iii) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|----------------|-----------------|---------------|---------------|---------------|---------------|---------------|
| ADHD | | 42 | | | | 0 | |
| Asylum Seekers & Refugees | | 43 | | | | 0 | |
| Cardiology | | 44 | | | | 0 | |
| Care Homes | | 45 | | | | 0 | |
| Care of Diabetes | | 46 | | | | 0 | |
| Chiropody | | 47 | | | | 0 | |
| Counselling | | 48 | | | | 0 | |
| Depo - Provera (including Implanon & Nexplanon) | | 49 | | | | 0 | |
| Dermatology | | 50 | | | | 0 | |
| Dietetics | | 51 | | | | 0 | |
| DOAC/NOAC | | 52 | | | | 0 | |
| Drugs Misuse | | 53 | | | | 0 | |
| Extended Minor Surgery | | 54 | | | | 0 | |
| Gonaderlins | | 55 | | | | 0 | |
| Homeless | | 56 | | | | 0 | |
| HPV Vaccinations | | 57 | | | | 0 | |
| Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal Imm | | 58 | | | | 0 | |
| Learning Disabilities | | 59 | | | | 0 | |
| Lithium / INR Monitoring | | 60 | | | | 0 | |
| Local Development Schemes | | 61 | | | | 0 | |
| Mental Health | | 62 | | | | 0 | |
| Minor Injuries | | 63 | | | | 0 | |
| MMR | | 64 | | | | 0 | |
| Multiple Sclerosis | | 65 | | | | 0 | |
| Muscular Skeletal | | 66 | | | | 0 | |
| Nursing Homes | | 67 | | | | 0 | |
| Orthopaedic (Upper Limb GPwSi/Clinical Assessments) | | 68 | | | | 0 | |
| Osteopathy | | 69 | | | | 0 | |
| Phlebotomy | | 70 | | | | 0 | |
| Physiotherapy (inc MT3) | | 71 | | | | 0 | |
| Referral Management | | 72 | | | | 0 | |
| Respiratory (inc COPD) | | 73 | | | | 0 | |
| Ring Pessaries | | 74 | | | | 0 | |
| Sexual Health Services | | 75 | | | | 0 | |
| Shared Care | | 76 | | | | 0 | |
| Smoking Cessation | | 77 | | | | 0 | |
| Substance Misuse | | 78 | | | | 0 | |
| Suturing | | 79 | | | | 0 | |
| Swine Flu | | 80 | | | | 0 | |
| Transport/Ambulance costs | | 81 | | | | 0 | |
| Vasectomy | | 82 | | | | 0 | |
| Weight Loss Clinic (inc Exercise Referral) | | 83 | | | | 0 | |
| Wound Care | | 84 | | | | 0 | |
| Zoladex | | 85 | | | | 0 | |
| | | 86 | | | | 0 | |
| | | 87 | | | | 0 | |
| | | 88 | | | | 0 | |
| | | 89 | | | | 0 | |
| | | 90 | | | | 0 | |
| | | 91 | | | | 0 | |
| | | 92 | | | | 0 | |
| | | 93 | | | | 0 | |
| TOTAL Local Enhanced Services (must equal line 10) | | 94 | | 0 | 0 | 0 | 0 |
| | | | | | | | |
| TOTAL Enhanced Services (must equal line 11) | | 95 | | 0 | 0 | 0 | 0 |
| GENERAL MEDICAL SERVICES | | | | | | | |
| Operating Expenditure | | | | | | | |

| LHB Administered | Section B | LINE NO. | WG Allocation £000's | Current Plan £000's | Forecast Outturn £000's | Variance £000's | Year to Date £000's |
|--|------------------|-----------------|---------------------------------|--------------------------------|------------------------------------|----------------------------|--------------------------------|
| Seniority | | 96 | | | | | |
| Doctors Retention Scheme Payments | | 97 | | | | | |
| Locum Allowances consists of adoptive, paternity & maternity | | 98 | | | | | |
| Locum Allowances : Cover for Sick Leave | | 99 | | | | | |
| Locum Allowances : Cover For Suspended Doctors | | 100 | | | | | |
| Prolonged Study Leave | | 101 | | | | | |
| Recruitment and Retention (including Golden Hello) | | 102 | | | | | |
| Appraisal - Appraiser Costs | | 103 | | | | | |
| Primary Care Development Scheme | | 104 | | | | | |
| Partnership Premium - GP partners | | 105 | | | | | |
| Partnership Premium - Non GP Partners | | 106 | | | | | |
| Supply of syringes & needles | | 107 | | | | | |
| Other (please provide detail below, this should reconcile to line 128) | | 108 | | | | | |
| TOTAL LHB Administered (must equal line 12) | | 109 | | | | 0 | 0 |

| Analysis of Other Payments (line 108) | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|------------|--------|--------|--------|--------|----------|
| Additional Managed Practice costs (costs in excess of Global Sum/MPIG) | 110 | | | | | |
| CRB checks | 111 | | | | | |
| GP Locum payments | 112 | | | | | |
| LHB Locality group costs | 113 | | | | | |
| Managing Practice costs (LHB employed staff working in GP practices to improve GP services) | 114 | | | | | |
| Primary Care Initiatives | 115 | | | | | |
| Salaried GP costs | 116 | | | | | |
| Stationery & Distribution | 117 | | | | | |
| Training | 118 | | | | | |
| Translation fees | 119 | | | | | |
| COVID vaccination payments to GP practices | 120 | | | | | |
| | 121 | | | | | |
| | 122 | | | | | |
| | 123 | | | | | |
| | 124 | | | | | |
| | 125 | | | | | |
| | 126 | | | | | |
| | 127 | | | | | |
| TOTAL of Other Payments (must equal line 108) | 128 | | | | | 0 |

| Premises | Section C | LINE NO. | £000's | £000's | £000's | £000's | £000's |
|---|-----------|------------|--------|--------|--------|----------|----------|
| Notional Rents | | 129 | | | | | |
| Actual Rents: Health Centres | | 130 | | | | | |
| Actual Rents: Others | | 131 | | | | | |
| Cost Rent | | 132 | | | | | |
| Clinical Waste/ Trade Refuse | | 133 | | | | | |
| Rates, Water, sewerage etc | | 134 | | | | | |
| Health Centre Charges | | 135 | | | | | |
| Improvement Grants | | 136 | | | | | |
| All other Premises (please detail below which should reconcile to line 146) | | 137 | | | | | |
| TOTAL Premises (must equal line 13) | | 138 | | | | 0 | 0 |
| Analysis of Other Premises (Line 137) | | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| | | 139 | | | | | |
| | | 140 | | | | | |
| | | 141 | | | | | |
| | | 142 | | | | | |
| | | 143 | | | | | |
| | | 144 | | | | | |
| | | 145 | | | | | |
| TOTAL of Other Premises (must equal line 137) | | 146 | | | | | 0 |

| | | | | | | |
|--|-----|--|--|--|--|--|
| Memorandum item | | | | | | |
| Enhanced Services included above but in dispute with LMC (TOTAL) | 147 | | | | | |
| Enhanced Services included above but not yet formally agreed LMC | 148 | | | | | |

GENERAL MEDICAL SERVICES
Dispensing

| | LINE NO. | WG Allocation £000's | Current Plan £000's | Forecast Outturn £000's | Variance £000's | Year to Date £000's |
|--|------------|-------------------------|------------------------|----------------------------|--------------------|------------------------|
| Dispensing Data | | | | | | |
| Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable) | | | | | | |
| Dispensing Doctors | 149 | | | | | |
| Prescribing Medical Practitioners - Personal Administration | 150 | | | | | |
| Dispensing Service Quality Payment | 151 | | | | | |
| Professional Fees and on-cost | | | | | | |
| Dispensing Doctors | 152 | | | | | |
| Prescribing Medical Practitioners - Personal Administration | 153 | | | | | |
| TOTAL DISPENSING DATA (must equal line 16) | 154 | | | | 0 | 0 |

Public Health Wales Trust

Period : Aug 22

Table O - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q2 / Month: 6

Operating Expenditure from the revenue allocation for the dental contract

| SUMMARY OF DENTAL SERVICES FINANCIAL POSITION | | WG Allocation | Current Plan | Forecast Outturn | Variance | Year to Date |
|---|----------|---------------|--------------|------------------|----------|--------------|
| Expenditure / activities included in a GDS contract and / or PDS agreement | LINE NO. | £000's | £000's | £000's | £000's | £000's |
| Gross Contract Value - Personal Dental Services | 1 | | | | 0 | |
| Gross Contract Value - General Dental Services | 2 | | | | 0 | |
| Emergency Dental Services (inc Out of Hours) | 3 | | | | 0 | |
| Additional Access | 4 | | | | 0 | |
| Business Rates | 5 | | | | 0 | |
| Domiciliary Services | 6 | | | | 0 | |
| Maternity/Sickness etc. | 7 | | | | 0 | |
| Sedation services including GA | 8 | | | | 0 | |
| Seniority payments | 9 | | | | 0 | |
| Employer's Superannuation | 10 | | | | 0 | |
| Oral surgery | 11 | | | | 0 | |
| OTHER (PLEASE DETAIL BELOW) | 12 | | | | 0 | |
| TOTAL DENTAL SERVICES EXPENDITURE | 13 | | 0 | 0 | 0 | 0 |
| OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training | LINE NO. | | £000's | £000's | £000's | £000's |
| Emergency Dental Services (inc Out of Hours) | 14 | | | | | |
| Additional Access | 15 | | | | | |
| Sedation services including GA | 16 | | | | | |
| Continuing professional development | 17 | | | | | |
| Occupational Health / Hepatitis B | 18 | | | | | |
| Gwen Am Byth - Oral Health in care homes | 19 | | | | | |
| Refund of patient charges | 20 | | | | | |
| Design to Smile | 21 | | | | | |
| Other Community Dental Services | 22 | | | | | |
| Dental Foundation Training/Vocational Training | 23 | | | | | |
| DBS/CRB checks | 24 | | | | | |
| Health Board staff costs associated with the delivery / monitoring of the dental contract | 25 | | | | | |
| Oral Surgery | 26 | | | | | |
| Orthodontics | 27 | | | | | |
| Special care dentistry e.g. WHC/2015/002 | 28 | | | | | |
| Oral Health Promotion/Education | 29 | | | | | |
| Improved ventilation in dental practices | 30 | | | | | |
| Attend Anywhere | 31 | | | | | |
| | 32 | | | | | |
| | 33 | | | | | |
| | 34 | | | | | |
| | 35 | | | | | |
| | 36 | | | | | |
| | 37 | | | | | |
| | 38 | | | | | |
| | 39 | | | | | |
| | 40 | | | | | |
| | 41 | | | | | |
| | 42 | | | | | |
| TOTAL OTHER (must equal line 12) | 43 | | | 0 | | 0 |
| RECEIPTS | | | | | | |
| TOTAL DENTAL SERVICES INCOME (Enter as a negative value) | 44 | | | | 0 | |

Chief Executive Board Report

September 2022

1 UK COVID-19 Public Inquiry

Following the launch of the UK COVID-19 Inquiry and the opening statement issued by Baroness Hallett, the chair of the Inquiry, modules 1, 2 and 2A, 2B and 2C have now been launched.

The *Provisional Outline of Scope* for module 1 is as follows:

This module will examine the resilience and preparedness of the United Kingdom. Was the risk of a Coronavirus pandemic properly identified and planned for? Was the UK ready for such an eventuality?

The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.

The Outline of Scope goes on to outline in detail the areas that the module will examine. These can be seen in Appendix 1.

For modules 2 (Appendix 2), 2A, 2B (Appendix 3) and 2C, the Provisional Outline of Scope is as follows:

Module 2:

This module will look at, and make recommendations upon, the UK's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 until February 2022, when the remaining Covid restrictions were lifted. It will pay particular scrutiny to the decisions taken by the Prime Minister and the Cabinet, as advised by the Civil Service, senior political, scientific and medical advisers, and relevant Cabinet sub-committees, between early January and late March 2020, when the first national lockdown was imposed.

Module 2B:

This module will look at, and make recommendations about, the Welsh Government's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022, when the then remaining Covid-19 restrictions were lifted in Wales. It will examine the decision-making of key groups and individuals within the government in

Wales including the First Minister and other Welsh Ministers, in particular between early January and late March 2020 when the first national lockdown was imposed. More detailed consideration of a number of key areas and the impact of the pandemic on those areas in Wales will be undertaken later in the Inquiry.

Modules 2A and 2C are, as above, as they relate to the Scottish Government and the Northern Ireland Government respectively.

1.1 Hearings and Core Participants

The Inquiry will hold its first preliminary hearing for Module 1, which will investigate the UK's pandemic preparedness and response, on Tuesday 4 October 2022. The Inquiry will take evidence for Module 1 next spring.

The Inquiry will hold preliminary hearings for Modules 2, 2A, 2B and 2C from late autumn 2022. Witnesses will give evidence for Module 2 in the summer of 2023 and, subsequently, evidentiary hearings for Modules 2A, 2B and 2C will be held in Scotland, Wales and Northern Ireland.

Each individual module requires individuals, organisations and institutions to consider applying to be a Core Participant if they believe that they have a specific interest in the work of the Inquiry. Core Participants can access evidence relevant to this investigation, make opening and closing statements at Inquiry hearings and suggest lines of questioning to Inquiry Counsel

We have applied as a Core Participant for Module 1 and, at the time of writing, are considering whether we will apply to be a Core Participant for Module 2B.

We look forward to engaging with the Inquiry Panel and our internal preparations continue to ensure that we are ready to respond to and provide any information the Inquiry requests of Public Health Wales in an open and transparent manner.

2 Transfer of Local Public Health Teams from Public Health Wales to Health Boards

On 30 September 2022, we are transferring the employment of our Public Health Wales staff who work in the seven Local Public Health Teams (LPHT) to their respective Health Board.

The Local Public Health Teams transfer project is part of a proposal, supported by the Minister for Health and Social Care, to respond to the system-wide challenges we face around the long-term impact on population health and to subsequently support the Health Boards and wider system to address this.

By way of background, in 2021 and following a series of discussions and unanimous agreement by Public Health Wales, Health Board Chief Executives and Directors of Public Health, the Public Health Wales Board sought permission for the transfer from the Welsh Government and this was received on the 19 October 2021. The affected staff were advised immediately thereafter. Initially, the target transfer date was the 31 March 2022. However, by mutual agreement, and as a result of the winter operational pressures associated with the Omicron variant of the COVID-19 pandemic, this date was changed to the 30 September 2022.

Involving the nine organisations, the project has been led initially by Sally Attwood and latterly by Andrew Jones, Deputy National Director for Health Protection and Screening Services as Senior Responsible Officer (SRO) supported by a project team with an overall project manager and six workstream leads. The Project Board was comprised of the project team and the Executive Directors of Public Health or equivalent Health Board representatives. Additionally, a Staff Stakeholder Forum was set up to include staff representatives as well as Trade Unions, to advise the Project Board and project team.

Key deliverables required to deliver this project included:

- A Memorandum of Understanding (MoU) Part 1 to govern the business continuity for the LPHTs as well as the initial set up of an MoU Part 2 to establish a plan for enhanced future system working
- A Staff Consultation period to ensure appropriate engagement with staff on the transfer including any proposed measures affecting staff
- Equitable financial principles for the transfer as a basis for an appropriate budget transfer for the LPHTs in each Health Board
- An informed informatics review, strategic approach and implementation plan to ensure business continuity and support for affected staff

The project is on track and reaching its conclusion for the agreed transfer on 30 September 2022.

Our staff in our Local Public Health Teams have been exceptional in their commitment and expertise to public health in Wales over many years – and particularly over the last few years when the COVID-19 pandemic required our Team members to be pivotal public health leaders at a local, regional and national level. The new arrangement will enable us to collectively develop a stronger, more integrated specialist public health system at every level in Wales.

I would like to thank each of our Local Public Health Team members for their professionalism, dedication and contribution to all of the work of Public Health Wales and for their drive in embedding public health with partners across the whole of Wales. Whilst our Local Public Health Team staff will be

transferring their employment to health boards, we will continue to all be part of the same public health family in Wales and will continue to work closely, and in partnership as we collectively help Wales to tackle the public health challenges that we face.

3 Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity

On the 14 July our Adverse Childhood Experience (ACE) Hub Wales and Traumatic Stress Wales were delighted to launch the Wales Trauma Framework at the Urdd Centre in Cardiff Bay. The event included opening speeches from Julie Morgan AM, Deputy Minister for Social Services and Lynne Neagle, Deputy Minister for Mental Health and Wellbeing. The launch event was attended by over 100 partners, practitioners and people with lived experience who have co-produced this work. The launch also saw the premiere of a new resource developed by Barnado's Cymru to support grass roots, community organisations to become more trauma-informed.

ACE Hub Wales and Traumatic Stress Wales provided the leadership for this work, which was underpinned by a number of important research products. A literature review of terminology and language around trauma-informed, an analysis of trauma-informed approaches in Wales and an animation, 'Navigating the Storm' which was developed by students at Wrexham Glyndwr University as part of their collaboration with the ACE Hub Wales to become the first trauma-informed university in Wales. An expert reference group was established, co-chaired by Jo Hopkins, Director of the ACE Hub Wales and Professor Jonathan Bisson of Traumatic Stress Wales. Over six months, and with the support of the Welsh Government, the expert group advised on the development of a comprehensive, all age framework for Wales. The framework sets out five practice principles to underpin this approach, a Wales definition of trauma-informed and a set of four practice levels that show how we can effectively respond to trauma from the universal 'trauma aware' through to the specialist therapies. This document sets out how people, organisations, systems and society need to be trauma-informed in practice, and resources to do so, including the ACE Hub Wales TrACE toolkit for organisations.

The Framework was also informed by a 12-week public consultation, which included four workshop events across Wales in Newport, Swansea, Aberystwyth and Llandudno, and an online event hosted by Traumatic Stress Wales. The workshops were attended by over 400 people and there were 76 responses to the public consultation. The framework sets out an all-society approach to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales, providing the best possible support to those who need it most. The next steps will be to work with the Welsh Government, partners and experts to develop the implementation plan for this work which is already informing

the new Welsh Government mental health strategy and the forthcoming ACEs plan. We are committed to a version for children and young people and also easy read version.

The framework and supporting resources, including the response to the public consultation, and which will continue to be developed, can be found at [Trauma-Informed Wales \(traumaframeworkcymru.com\)](https://traumaframeworkcymru.com). This is a repository for the framework, training and other information that aims to support the social movement towards the ambition of Wales a trauma-informed nation.

4 Refurbishment of Clwydian House, Wrexham

Our offices in Clwydian House, Wrexham have recently completed a refurbishment which forms the first part of the Our Space North Wales Project. We have numerous locations spread across the north and a review of each our sites forms part of our Estates Strategy.

Clwydian House is a relatively small office housing approximately 30 of our staff from a number of teams in the organisation including our WHO Collaborating Centre, Screening Services and Improvement Cymru. Prior to the refurbishment, the office was dark with small offices, no internal central heating system and a small kitchen area.

We were keen to ensure that our staff were central to the design of the space and they were consulted on what sort of space they wanted and were able to input on the layout and design process. Ideas included a sustainable light, bright place to work, a heating and cooling system with formal and informal meeting space and rooms to allow for individual and collaborative working. An important aspect was to ensure that furniture and carpets were sustainably procured, and bike racks and a shower installed to allow for green travel. Our estates team has been excellent in delivering this brief as well as achieving considerable savings in decarbonisation and sustainability which include:

- 30 items/2,250kg diverted from landfill
- £5,950 worth of kit donated to the community
- 1,890kg of CO₂e avoided
- 220m² of Grade A recycled carpet laid
- All desks are recycled with recycled lockers
- Shower and bike racks to allow for green travel
- Ceiling tiles have a recycled content ranging between 32 – 44%
- All work was completed by a local born and bred builder to Wrexham – keeping the spend/investment in Wales, with 80% of the workforce from Wales.

5 Disability Confident Leaders Renewal

On the 8 August 2022, we undertook a successful external assessment to renew our accreditation as Disability Confident Leaders under the Department of Work and Pension's Disability Confident Scheme.

The assessor was particularly impressed with the growth of our Disability Network, and how our staff networks have a place at the table when discussing strategic projects, shaping the future of the organisation and meeting with the Board to advise and inform Board members on a rotational basis. From the evidence portfolio submitted, we were able to demonstrate how we have been working in partnership with our staff networks so that we can design and develop inclusive practices in order for everyone in the organisation to feel supported, enabled and to be themselves when they are in work.

Being Disability Confident Leaders helps drive our passion and commitment for our people with disabilities across the organisation. It also enables us to provide assurance to our staff on how valued they are and also gives confidence to potential job candidates that we are an employer who will provide a safe and supportive environment to work in.

I just wanted to extend my thanks to the team who have worked extremely hard in driving this forward across the organisation including Neil Lewis, Director of People and Organisational Development, Sarah Brewer, Head of Employee Experience and our Staff Network supporting our people with disabilities.

6. Winter Planning

We are working closely with a range of stakeholders to prepare for the forthcoming autumn and winter period, as we do every year. This includes advice to Welsh Government on its forthcoming winter plan: 'Our Public Health Approach to Respiratory Viruses Autumn/Winter 22/23' and alignment to the objective 'to protect the most vulnerable in our society from serious disease'.

PHW will **lead** on:

- Supporting the delivery of effective and timely influenza and Covid-19 vaccination programmes
- Delivering a comprehensive surveillance programme to: provide timely intelligence on incidence of respiratory infections; rapidly detect incidents and outbreaks; support the Health and Social Care system to take appropriate action to reduce harm
- Delivering a diagnostic testing plan that: protects the more vulnerable, supports our surveillance plans, prioritises whole genome sequencing to detect new Covid-19 variants and the drift/shift of influenza viruses

- Ensuring vulnerable settings such as health and social care, prisons and other critical services, are supported by appropriate guidance on management of respiratory outbreaks.

PHW will **support**:

- Preparation of communities and the health and social care system to plan and respond to the potential for Covid waves and seasonal influenza the within the context of the cost of living crises.
- Delivery of clear and effective communication, supporting the public to reduce personal risk of respiratory viral illness alongside messages on the cost of living crises
- Collective action to minimise wider harms incurred through our response to respiratory outbreaks or epidemics

Recommendation

The Board is asked to receive this information.

Tracey Cooper
CHIEF EXECUTIVE



Module 1

July 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will examine the resilience and preparedness of the United Kingdom. Was the risk of a Coronavirus pandemic properly identified and planned for? Was the UK ready for such an eventuality?

The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.

The module will examine:

1. The basic characteristics and epidemiology of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus disease (COVID-19).
2. The Government structures and specialist bodies concerned with risk management and civil emergency planning, including devolved administrations and their structures, local authorities and private sector bodies, historical changes to such structures and bodies as well as the structures in place as at January 2020, inter-organisational processes and cooperation.
3. The planning for a pandemic, including forecasting, resources, and the learning from past simulation exercises (including coronavirus, new and emerging high-consequence infectious diseases and influenza pandemic/epidemic exercises), the emergency plans that were in place, biosecurity issues relevant to the risk of pandemics/epidemics, international comparisons and the history of, and learning from, past policy-related investigations.

4. Public health services, including the structure of public health bodies, their development over time and readiness and preparation in practice; public health capacity, resources and levels of funding, any impact arising from the UK's departure from the European Union, and the way in which relevant bodies monitored and communicated about emerging disease.
5. Economic planning by relevant Government bodies, including capacity and spending commitments and efficiency and anti-fraud controls, in the context of emergency planning.
6. Planning for future pandemics, including (in outline) the state of international preparedness; the risks of new variants of Covid 19, other viruses of concern, and diseases from human contact/viral transmission with animals.



© Crown copyright 2022

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit

nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://covid19.public-inquiry.uk/>

Any enquiries regarding this publication should be sent to us at contact@covid19.public-inquiry.uk.

Module 2

August 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will look at, and make recommendations upon, the UK's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 until February 2022, when the remaining Covid restrictions were lifted. It will pay particular scrutiny to the decisions taken by the Prime Minister and the Cabinet, as advised by the Civil Service, senior political, scientific and medical advisers, and relevant Cabinet sub-committees, between early January and late March 2020, when the first national lockdown was imposed.

Module 2 will examine:

1. The central government structures and bodies concerned with the UK response to the pandemic and their relationships and communications with the devolved administrations in Scotland, Wales and Northern Ireland and regional and local authorities.
2. The initial understanding of, and response to, the nature and spread of Covid-19 in light of information received from the World Health Organization and other relevant international and national bodies, advice from scientific, medical and other advisers and the response of other countries. This will include the government's initial strategies relating to community testing, surveillance, the movement from 'contain' to 'delay' and guidance and advice to health and social care providers.
3. The decision-making relating to the imposition of UK-wide and, later, England-wide non-pharmaceutical interventions (NPIs), including the national lockdowns in March-July 2020, November-December 2020 and January-April 2021, local and regional restrictions, circuit breakers, working from home, reduction of person to person contact, social-distancing, the use of face-coverings and border controls; the timeliness and reasonableness of such NPIs, including the likely effects

had decisions to intervene been taken earlier, or differently; the development of the approach to NPIs in light of the understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities.

4. Access to and use in decision-making of medical and scientific expertise, data collection and modelling relating to the spread of the virus, including the measuring and understanding of transmission, infection, mutation, re-infection and death rates; the certificate system and excess mortality; the relationship between and operation of systems for the collection, modelling and dissemination of data between government departments and between the government, the NHS and the care sector.
5. Public health communications in relation to steps being taken to control the spread of the virus; transparency of government messaging; the use of behavioural management and the maintenance of public confidence in the UK government, including the impact of alleged breaches of rules and standards by Ministers, officials and advisers.
6. The public health and coronavirus legislation and regulations that were proposed and enacted: their proportionality and enforcement.



© Crown copyright 2022

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit

nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://covid19.public-inquiry.uk/>

Any enquiries regarding this publication should be sent to us at contact@covid19.public-inquiry.uk.

Module 2B

August 2022

Provisional Outline of Scope

(subject to submissions from Core Participants and Counsel to the Inquiry)

This module will look at, and make recommendations about, the Welsh Government's core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022, when the then remaining Covid-19 restrictions were lifted in Wales. It will examine the decision-making of key groups and individuals within the government in Wales including the First Minister and other Welsh Ministers, in particular between early January and late March 2020 when the first national lockdown was imposed. More detailed consideration of a number of key areas and the impact of the pandemic on those areas in Wales will be undertaken later in the Inquiry.

Module 2B will examine:

1. The structures of the Welsh Government and the key bodies within it involved in Wales' response to the pandemic and their relationships and communications with the UK Government, other devolved administrations and local authorities within Wales.
2. The Welsh Government's initial understanding of, and response to, the nature and spread of Covid-19 in Wales in the period between January and March 2020 in light of information and advice received from the UK Government and other relevant international and national bodies, advice from scientific, medical and other advisers and the response of other countries.
3. Decision-making by the Welsh Government relating to the imposition or non-imposition of non-pharmaceutical interventions (NPIs) including lockdowns, local restrictions, working from home, reduction of person to person contact, social distancing, the use of face coverings and border controls in Wales; the degree of and rationale behind differences in approach between the Welsh Government and other governments in the UK; the timeliness and reasonableness of such NPIs, including the likely

effects had decisions to intervene been taken earlier or differently; the development of the approach to NPIs in light of the Welsh Government's understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups in Wales and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities; and the impact, if any, of the funding of the Welsh pandemic response on such decision-making, including funding received from the UK Government.

4. Access to and use in decision-making of medical and scientific expertise, data collection and modelling relating to the spread of the virus in Wales; the measuring and understanding of transmission, infection, mutation, re-infection and death rates in Wales; and the relationship between and operation of relevant systems for the collection, modelling and dissemination of data.
5. Public health communications in Wales in relation to the steps being taken to control the spread of the virus; transparency of messaging; the use of behavioural management and the maintenance of public confidence in the Welsh Government, including the impact of any alleged breaches of rules and standards by Ministers, officials and advisers.
6. The public health and coronavirus legislation and regulations that were proposed and enacted: their proportionality and enforcement across Wales.



© Crown copyright 2022


This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit

nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://covid19.public-inquiry.uk/>

Any enquiries regarding this publication should be sent to us at contact@covid19.public-inquiry.uk.

|  GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales | | | Name of Meeting Board |
|---|-----------------|---|---|
| | | | Date of Meeting 29 September 2022 |
| | | | Agenda item 7.2 |
| Composite Committee report for Board | | | |
| Reporting Committee | Chair | Lead Executive Director | Date of meeting |
| People and Organisational Development Committee | Mohammed Mehmet | Neil Lewis, Director of People and Organisational Development | 7 July 2022 |
| Quality, Safety and Improvement Committee | Kate Eden | Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Health Professionals. Meng Khaw, National Director Health Protection and Screening, Executive Medical Director. | 20 July 2022 |
| People and Organisational Development Committee | Mohammed Mehmet | Neil Lewis, Director of People and Organisational Development | 6 September 2022 |
| Knowledge, Research and Information Committee | Sian Griffiths | Iain Bell, National Director Public Health Data and Knowledge. | 21 September 2022 |
| <i>Links to the agenda and papers for these meetings are included on the dates above.</i> | | | |
| <i>The People and Organisational Development Committee meeting on 7 July 2022 and the Quality, Safety and Improvement Committee meeting held on 20 July 2022 were verbally reported to the Board on 28 July 2022.</i> | | | |
| <i>The Knowledge, Research and Information Committee meeting held on 21 September 2022 will be verbally reported to the Board on 29 September 2022.</i> | | | |

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

People and Organisational Development Committee

7 July 2022

The Committee:

- **Considered** a presentation on the People and Organisational Development Directorate Priority 2 – Developing a Behavioural framework lined to values.
- **Considered** a presentation of the refreshed Performance Assurance Dashboard.
- Took **assurance** on the management of strategic risk within the remit of the Committee.

Quality, Safety and Improvement Committee

20 July 2022

The Committee:

- **Considered** an update on progress of 'Our Approach to Engagement'
- Took **assurance** that the Year 2 Implementation Plan for 'Our Approach to Engagement' was progressing and that the CIVICA Experience system had been implemented with ongoing work to embed its capability across the organisation.
- Took **assurance** on the management response and plan to address the recommendations identified in the Audit Wales *Review of Quality Governance Arrangements – Public Health Wales NHS Trust* report.
- **Considered** the Strategic Risk Register and took **assurance** on the effectiveness of the management of risk relating to the Committee's remit.
- Took **assurance** on the effective management of Putting Things Right and **considered** the Quality Dashboard extract of the Performance Assurance Dashboard, examining the Nationally Reportable Incidents and No Surprises and Complaints Dashboard, and noted the intention to build in informal complaints.
- Took **assurance** that an effective management system for distribution, monitoring and record keeping for alerts / safety notices received and welcomed a future update on the new development.
- **Considered** a verbal update on the Health Protection Winter Plan focusing on COVID response; COVID testing; revision of the National Outbreak Control Plan; Vaccine Preventable Disease Programme; and key learning from pandemic response and recovery.
- **Considered** a verbal update on the Organisation's Influenza Vaccination Campaign for 2022/23, and asked for the plan to be circulated once finalised.
- **Considered** a report on the Office of the Medical Director, **noted** and took **assurance** on the roles and responsibilities of the Executive Medical Director and the overview of the functions of the Office of the Medical Director.
- **Considered** the Health and Safety report for Quarter 1, 2022/23 and took **assurance** that appropriate measures were in place to monitor compliance and to address areas identified for improvement.

| Summary of key matters considered by the Committee and any related decisions made: |
|--|
| <ul style="list-style-type: none"> • Considered and noted the respective Infection Prevention and Control Group and Safeguarding Group Terms of References. • Took assurance and accepted the Putting Things Right Annual Report 2021-22. |
| People and Organisational Development Committee |
| 6 September 2022 <ul style="list-style-type: none"> • None |

| Key risks and issues/matters of concern of which the Board needs to be made aware: |
|--|
| People and Organisational Development Committee |
| 7 July 2022 None |
| Quality, Safety and Improvement Committee |
| 20 July 2022 None |
| People and Organisational Development Committee |
| 6 September 2022 None |

| Delegated action taken by committees: |
|---|
| People and Organisational Development Committee |
| 7 July 2022 The Committee: <ul style="list-style-type: none"> • Approved the Welsh Language Standards Annual Report. |
| Quality, Safety and Improvement Committee |
| 20 July 2022 The Committee: <ul style="list-style-type: none"> • Approved the revised Health and Safety Policy. • Approved the Claims Management Policy and Procedure. • Approved the Quality and Clinical Audit Procedure. • Took assurance on the progress of the Quality and Clinical Audit Plan for 2021-22 and approved the Quality and Clinical Audit Plan for 2022-23 |

| | | |
|--|--|--|
| | | |
|--|--|--|

Delegated action taken by committees:

People and Organisational Development Committee

6 September 2022

The Committee:

- **Approved** the Adverse Weather Conditions/Transport Disruption Policy.
- **Approved** the Mental Wellbeing Policy.
- **Approved** the Substance Misuse (Drugs and Alcohol) Policy.
- **Approved** the Retirement Procedure.
- **Approved** the Personal Relationships at Work Policy.

Date of next Committee meetings

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

| | |
|--|-----------------|
| <i>Knowledge, Research and Information Committee</i> | 8 December 2022 |
| <i>Audit and Corporate Governance Committee</i> | 13 October 2022 |
| <i>People and Organisational Development Committee</i> | 06 October 2022 |
| <i>Quality, Safety and Improvement Committee</i> | 19 October 2022 |

| | | |
|--|--|--|
| | | |
|--|--|--|



**Draft Minutes of the Board Meeting
held at 11:00 on 28 July 2022
(held electronically via Microsoft Teams
and livestreamed via the web)**

| Present: | | |
|------------------------|-------|--|
| Jan Williams | (JW) | Chair |
| Tracey Cooper | (TC) | Chief Executive |
| Iain Bell | (IB) | National Director Knowledge, Research and Information |
| Diane Crone | (DC) | Non-Executive Director (Academic Public Health) |
| Kate Eden | (KE) | Non-Executive Director, Vice Chair and Chair of Quality, Safety and Improvement Committee |
| Dyfed Edwards | (DE) | Non-Executive Director and Chair of Audit and Corporate Governance Committee |
| Nick Elliott | (NE) | Non-Executive Director (Data and Digital) |
| Huw George | (HG) | Deputy Chief Executive and Executive Director of Finance and Operations |
| Siân Griffiths | (SG) | Non-Executive Director (Public Health) |
| Rhiannon Beaumont-Wood | (RBW) | Executive Director of Quality, Nursing and Allied Health Professionals |
| In Attendance: | | |
| Sumina Azam | (SA) | Consultant in Public Health, Head of Policy, Deputy Director (WHO CC) |
| Liz Blayney | (LB) | Deputy Board Secretary and Head of Board Business Unit |
| John Boulton | (JB) | National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru |
| Helen Bushell | (HB) | Board Secretary and Head of the Board Business Unit |
| Andrew Jones | (AJ) | Deputy Director Health Protection and Screening Services |

| | |
|---------------------|-------------------------------|
| Public Health Wales | Draft Minutes 28 July 2022 |
|---------------------|-------------------------------|

| | | |
|-------------------|-------|---|
| Angela Jones | (AnJ) | Acting Director Health and Wellbeing |
| Neil Lewis | (NL) | Director of People and Organisational Development |
| Stephanie Wilkins | (SW) | Staff Side Trade Unions representative (from 11.20am) |

Apologies:

| | | |
|-----------------|------|--|
| Mark Bellis | (MB) | Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (WHO CC) |
| Fu-Meng Khaw | (MK) | National Director Health Protection and Screening Services, Executive Medical Director |
| Mohammed Mehmet | (MM) | Non-Executive Director (Local Authority) |
| Claire Sullivan | (CS) | Staff Side Trade Union representative |
| Kate Young | (KY) | Non-Executive Director (Third Sector) |
| Verity Winn | (VW) | Audit Wales |

The meeting commenced at 11am

PHW 1/2022.07.28 Welcome and Apologies

JW welcomed everyone to the meeting, extending a warm welcome to those observing the proceedings online. She summarised the role of the Board as being the Governing Body of the organisation, with specific responsibilities for: strategic direction-setting; building and sustaining strategic partnerships; setting risk appetite and overseeing strategic risks; scrutinising in-year delivery against plans and setting organisational tone and culture.

In respect of this last role, the Board adopted a learning culture, and one in which everyone could come to work and be their authentic , best selves, without fear of discrimination or disadvantage of any kind. The Board conducted its business in line with a formal Board Etiquette, the detail of which was on the web-site. This referenced the reading of all papers before the meeting, optimising the time available for debate on the day. The Board also adhered to Public Health Wales' Values: Working Together, With Trust and Respect, to Make a Difference.

JW noted that the preceding Annual General Meeting had prompted a shorter agenda for this meeting, with a focus on in-year delivery against plans, a number of governance matters and the consideration of proposals from Public Health Wales' Young Ambassadors on engaging with the Board. The Performance and Insights report also introduced a Public Health Rapid Overview performance assurance dashboard, a new feature that would facilitate enhanced Board level focus on the big public health issues facing Wales.

PHW 2/2022.07.28 Declarations of Interest

| | | |
|---------------------------|-----------------------|---------------------|
| Date: 28 July 2022 | Version: Draft | Page: 2 of 9 |
|---------------------------|-----------------------|---------------------|

Board members declared no interests outside those recorded already on the Declarations of Interest Register.

JW referenced the importance of declaring conflicts of interest, as a requirement of practising good governance. She invited HB to summarise the provision set out in the Standing Orders, to assist new Board members.

HB summarised the requirement to have a conflict of interest register in place, the need for Board members to consider it and to report any personal, professional or business interests that warranted a declaration; the register was subject to a bi-annual review.

PHW 3/2022.07.28 Board Assurance Framework

PHW 3.1/2022.07.28 Chief Executive's Report

TC introduced the report and drew attention to the following issues:

- The UK Covid-19 Public Inquiry (The Inquiry), chaired by Baroness Hallett. She drew attention to the confirmed Terms of Reference and to further information made available after the drafting of the report as an Opening Statement (this can be accessed via the following link: [UK-Covid19-Inquiry-Launch-Statement.pdf](#))
The Inquiry would adopt a themed, modular approach, with the first three modules confirmed as:
 1. The UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness.
 2. Core political and administrative governance and decision-making for the UK.
 3. The impact of Covid, and of the governmental and societal responses to it, on healthcare systems generally and on patients, hospital and other healthcare workers and staff.

Preliminary hearings for Module 1 would start in September 2022; public hearings would begin in early 2023. TC expected Public Health Wales to have 'core participant' status and she outlined the preparatory work underway across the organisation.

- The end of year Accountability Meeting with the Welsh Government on 1 July 2022, with the focus on: performance against the Operational Plan; lessons learned in 2021/2022; and Ministerial priorities and plans for 2022/2023. The meeting had been constructive, covering the significant breadth of the agenda and acknowledging the ongoing commitment of all staff.
- The meeting that she, the chair and Julie Bishop had held with the Minister for Education and Welsh Language on 8 June 2022. This had resulted in a number of commissions from the Minister and JW reflected on the welcome resumption of the programme of Ministerial meetings paused during the height of the pandemic. These meetings were an important opportunity for JW and TC to

learn more about how Public Health Wales could support the delivery of the Programme for Government.

- The opening of the new Screening Centre in Mountain Ash. TC advised that this was the first screening centre of its kind, in a high street location and accommodating multiple screening programmes, designed to improve public accessibility.
- TC extended a warm welcome to Angela Jones as Acting Director of Health and Wellbeing and noted the significant contribution that AnJ had already made.
- Finally, TC invited AJ to provide an update on both COVID-19 and Monkey Pox.

On COVID-19, AJ reported that the recent high levels of infection in the community (1 in 17 people) had seemingly plateaued. Hospital admission rates, particularly for those aged 60 and over, had also begun to fall. The start of the school summer holidays had helped with rate reduction, although incidents in residential settings continued, with COVID-19 present in 55 residential care homes across Wales as at 20 July 2022

On Monkeypox, AJ noted the global nature of the spread. On 23 July the World Health Organisation had designated Monkeypox as an international public health emergency, a move designed to stimulate further international co-operation and co-ordination. In the UK, most cases were resulting in a mild illness, with the greatest number in London and a few other major cities. On 27 July, there were 30 cases in Wales, with a steady presentation of around six new cases per week. Most of the cases were in North Wales. AJ confirmed that contact tracing was underway with agreed clinical pathways in place across all four nations and local outbreak areas having priority. Vaccine availability was currently limited but expected to increase by September. AJ concluded by confirming that Public Health Wales' website provided the latest information on vaccine delivery.

JW thanked TC for her wide-ranging update, and AJ for his additional information; she then invited questions:

- DE thanked TC and AJ for their comprehensive reports. He welcomed the opening of the new Screening Hub in Mountain Ash and asked about the measures in place to assess whether increased accessibility had an impact on uptake rates. HG confirmed that this had been an underpinning design principle and data on uptake rates would help inform any further roll out of the model.
- SG drew attention to the reference in TCs Report to Public Health Wales' response to the Health and Social Care Senedd Committee Inquiry into Mental Health Inequalities. Public Health Wales had an important system leadership role and SG asked for regular Board-level updates on the Committee's findings and implications. AnJ noted the importance of applying a mental health

inequalities lens to all programmes and looked forward to sight of the Committee's findings to inform the work in hand. JW suggested that AnJ update the Board on progress at the November 2022 meeting, as part of the detailed scrutiny of the Operational Plan 2022/23 undertaken at the half-year point.

Action: AnJ

The Board **received** the Chief Executive's Report and **took assurance** from the Report and the discussion.

PHW 3.2/2022.07.28 Integrated Performance Report (Month 3)

Introducing the Performance and Insight Report HG noted the work underway to refine the reporting of key issues to the Board. The Report for June 2022 reflected this continuous development and introduced an additional perspective, aiming to capture population health level challenges and manage these as one of the key themes.

HG then invited executive leads to comment on their respective areas:

- NL drew attention to the following points:
 - A slight increase in sickness and absence rate at 3.9%; NL outlined the focused work underway in health improvement, screening and microbiology, as the teams with the highest rates of sickness/absence.
 - COVID-19 continued to contribute to staff sickness, with 16 staff currently affected.
 - The focus of the People and Organisational Development Committee on the equality and diversity dashboard;
- For Finance, HG highlighted:
 - The continuing forecast of a break -even financial position. HG reminded the Board of the approved 2022/23 Budget Strategy and its provisions;
 - Progress with 51% of expected capital expenditure, an encouraging sign at this early stage in the year;
 - Ongoing work with Welsh Government around COVID-19 related expenditure. The current forecast indicated a reduction in expenditure, linked to lower levels of testing and genomic sequencing; Welsh Government met this cost, based on monthly recharging.
- AJ noted:
 - The drop in the 6 in 1 routine child vaccination programme rate to below 95% for the first time in a decade. AJ confirmed that Public Health Wales' role involved surveillance and training rather than delivery. Health Boards had the surveillance data, together with additional reports to support their

actions. He noted that socio-economic deprivation links to vaccination rates were less marked for earlier childhood vaccines.

- RBW noted:
 - 202 incidents occurring in June 2022, and are still within the 30 day time frame and currently remain open. One 'no surprises incident' has been reported to Welsh Government, concerning a data breach. The investigation was now concluding and the Information Commissioner had confirmed that no further action would be necessary.
 - 100% performance in responding to complaints across all measures; compliments had increased, with 90% of these recognising positive staff attitudes in Bowel Screening Wales. One new claim for negligence related to Breast Test Wales.
 - The September Board meeting would include a full report on strategic risks.

HG then invited IB to provide an update on the additional insert into the Performance Report that would reflect population level health challenges.

- IB advised that:
 - This section of the Report would continue to develop and evolve. The initial focus centred on the cost-of-living crisis and how the higher rates of inflation, linked with a lower rate of wage growth, had led to a decline in available income. Predictions that fuel costs would rise further in the coming winter would add to the current cost pressures and indicated the increasing risk of harm at a population level.
 - Reflecting the population impacts, IB noted the work planned to support staff and signpost people to support available.
 - Welsh Government could also access advice to support relevant policy developments; free school meals' policy was one example of this.

HG thanked IB for the update and welcomed this new perspective and focus within the performance report. JW invited SA to add her comments. SA welcomed the inclusion of the new dashboard and confirmed the intention to consider the population perspective at an international level.

JW invited comments and questions:

- SG welcomed the development of this additional insert and reflected on the importance of cost-of-living impacts upon public health. She commended the work and sought assurance on its wide dissemination. JW confirmed the plans for this, including at Ministerial, Welsh Government, and public service leadership level.

The Board **noted** the update and **took assurance** from the papers and discussion

PHW 3.3/2022.07.28 Young Person's Engagement

In introducing this discussion, RBW noted the range of work underway across Public Health Wales to engage young people and wider population groups. The pandemic had impacted during the past two years leading to a pause in work with the Young Ambassadors, but a recent two-day Residential had reactivated the discussion about engaging with the Board. This had concluded with a proposal to set up a Young Ambassadors Board Partnership Forum, as outlined in the report. This also built on discussions with the Office of the Children's Commissioner and RBW signalled her intention to liaise with the incoming Children's Commissioner.

JW thanked RBW for the detailed paper and her verbal update; JW had welcomed the opportunity to join the Young Ambassadors at their recent Residential and had noted the energy and enthusiasm in the room. JW then invited comments and questions:

- DC reflected on her engagement with the Young Ambassadors and described the group as inspirational. She sought confirmation of the inclusion of an evaluation mechanism to assess the benefit and success of the proposed Forum and RBW provided that assurance.

The Board **considered** the feedback from the Young Ambassadors residential event and **approved** the establishment of a Young Ambassadors Board Partnership Forum.

PHW 3.4/2022.07.28 Committees of the Board: Report from Committee Chairs

Introducing this item, JW outlined the role of the Committees in undertaking agreed annual programmes of work on behalf of the Board. She noted that the composite report now included links to all recent Committee meeting papers in the public domain. JW invited each Committee Chair to provide an update and to identify any specific issues:

Quality Safety and Improvement Committee (QSIC)

KE provided a verbal update on a QSIC meeting held on 20 July, when the Committee had:

- Undertaken a 'deep dive' on aspects of user engagement, including Young Ambassadors and a new system to maximise service user engagement nationally;
- Held an extended session with Verity Winn of Audit Wales on her report into quality governance. This included positive and useful recommendations that QSIC would consider, to help drive implementation across the organisation.

Audit and Corporate Governance Committee (ACGC)

In addition to the Report provided DE drew attention to a special meeting of ACGC to receive and approve the annual accounts. DE extended his thanks to MM for chairing the meeting on his behalf.

Knowledge Research and Information Committee (KRIC)

SG confirmed that work continued to develop the research and data strategies. She drew attention to the slides from the Office for Statistics Regulation (OSR) presented at the last KRIC meeting, noting the intention to work closely with the OSR team.

The Board **noted** the updates provided in the Reports and **took assurance** from the contents and the discussion.

PHW 4/2022.07.28 Items for Approval

PHW 4.1/2022.07.28 Minutes and Action Log from the Board Meeting (26 May 2022 and 14 June 2022)

The Board **approved** the Minutes of the 26 May and 14 June 2022 as accurate records of each meeting.

HB confirmed the completion of all but two actions, both of which were on track.

PHW 4.2/2022.07.28 Board and Committee Governance

HB advised that Standing Orders required an annual review of the Remuneration and Terms of Service Committee (RATs) Committee, the last review being in May 2021. The 2022 review had resulted in the suggested amendments set out in the report and recommended to the Board for approval.

The Board **considered** the proposed changes to the Committee terms of reference and **approved** the revisions.

PHW 4.3/2022.07.28 Policies, Procedures and Other Written Control Documents Management Policy

HB noted the updating of this Policy to reflect the Welsh Language requirements and the Socio-Economic Duty.

SW suggested sharing all policies with Trades Unions, not only those that called for consultation. This would help raise awareness about all extant policies.

Action: HB

The Board: **considered** the updated Policy for the management of Corporate Policies within Public Health Wales; **considered** the information contained within the Equalities Impact Assessment; and **approved** the PHW 47 - Corporate Policies, Procedures and other written control documents Management Policy.

PHW 5/2022.07.28 Items for Noting**PHW 5.1a/ 2022.07.28 Chair's Report (26 May 2022)**

The Board **noted** the Chair's Report to the Board on the matters considered in the Private Board meeting on 26 May 2022.

PHW 5.1b/2022.07.08 Public Health Wales Board: Forward Plan 2022/23

The Board **noted** the Forward Plan 2022/23.

PHW 6/2022.07.28 Date of Next Formal Meeting of the Board

The next scheduled Board meeting was the 29 September 2022.

PHW 7/2022.07.28 Close of Public Meeting

JW expressed the Board's appreciation of the way in which SA had stepped up to cover for MB and thanked her for leading the Directorate with purpose and commitment during his absence. The Board counted itself fortunate to have SA's expertise and talent to call on and hoped that she had found the experience a positive one.

The meeting closed at 12.15pm.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

**Cofnodion Drafft Cyfarfod y Bwrdd
a gynhaliwyd am 11:00 ar 28 Gorffennaf 2022
(dros Microsoft Teams
a'i ffrydio'n fyw ar y we)**

| Yn bresennol: | | |
|----------------------------|-------|---|
| Jan Williams | (JW) | Cadeirydd |
| Tracey Cooper | (TC) | Prif Weithredwr |
| Iain Bell | (IB) | Cyfarwyddwr Cenedlaethol Gwybodaeth, Ymchwil a Hysbysrwydd |
| Diane Crone | (DC) | Cyfarwyddwr Anweithredol (Iechyd Cyhoeddus Academaidd) |
| Kate Eden | (KE) | Cyfarwyddwr Anweithredol, Dirprwy Gadeirydd a Chadeirydd y Pwyllgor Ansawdd, Diogelwch a Gwella |
| Dyfed Edwards | (DE) | Cyfarwyddwr Anweithredol a Chadeirydd y Pwyllgor Archwilio a Llywodraethu Corfforaethol |
| Nick Elliott | (NE) | Cyfarwyddwr Anweithredol (Data a Digidol) |
| Huw George | (HG) | Dirprwy Brif Weithredwr a Chyfarwyddwr Gweithredol Cyllid a Gweithrediadau |
| Siân Griffiths | (SG) | Cyfarwyddwr Anweithredol (Iechyd Cyhoeddus) |
| Rhiannon Beaumont-Wood | (RBW) | Cyfarwyddwr Gweithredol Ansawdd, Nyrsio a Gweithwyr Proffesiynol Perthynol i Iechyd |
| Hefyd yn Bresennol: | | |
| Sumina Azam | (SA) | Ymgynghorydd mewn Iechyd Cyhoeddus, Pennaeth Polisi, Dirprwy Gyfarwyddwr (Canolfan Gydweithredu Sefydliad Iechyd y Byd) |
| Liz Blayney | (LB) | Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd |
| John Boulton | (JB) | Cyfarwyddwr Cenedlaethol Gwella Ansawdd a Diogelwch Cleifion y GIG/Cyfarwyddwr Gwelliant Cymru |

| | | |
|-------------------|-------|---|
| Helen Bushell | (HB) | Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd |
| Andrew Jones | (AJ) | Dirprwy Gyfarwyddwr Diogelu Iechyd a Gwasanaethau Sgrinio |
| Angela Jones | (AnJ) | Cyfrwyddwr Dros Dro Iechyd a Llesiant |
| Neil Lewis | (NL) | Cyfarwyddwr Datblygu Sefydliadol a Phobl |
| Stephanie Wilkins | (SW) | Cynrychiolydd Undebau Llafur y Staff (o 11.20am ymlaen) |

Ymddiheuriadau:

| | | |
|-----------------|------|---|
| Mark Bellis | (MB) | Cyfarwyddwr Polisi ac Iechyd Rhyngwladol, Canolfan Gydweithredol Sefydliad Iechyd y Byd ar gyfer Buddsoddi mewn Iechyd a Llesiant |
| Fu-Meng Khaw | (MK) | Cyfarwyddwr Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio, Cyfarwyddwr Meddygol Gweithredol |
| Mohammed Mehmet | (MM) | Cyfarwyddwr Anweithredol (Awdurdod Lleol) |
| Claire Sullivan | (CS) | Cynrychiolydd Undeb Llafur Ochr y Staff |
| Kate Young | (KY) | Cyfarwyddwr Anweithredol (Trydydd Sector) |
| Verity Winn | (VW) | Archwilio Cymru |

Dechreuodd y cyfarfod am 11am

PHW 1/2022.07.28 Croeso ac Ymddiheuriadau

Croesawodd JW bawb i'r cyfarfod, gan roi croeso cynnes i'r rhieni a oedd yn gwylio'r trafodion ar-lein. Crynhodd rôl y Bwrdd fel Corff Llywodraethu'r sefydliad, gyda chyfrifoldebau penodol am: ddatblygu strategaeth a rhoi cyfeiriad iddi; adeiladu a chynnal partneriaethau strategol; pennu'r archwaeth am risg a goruchwyllo risgiau strategol; craffu ar y cyflawniad yn ystod y flwyddyn yn erbyn cynlluniau a phennu naws a diwylliant y sefydliad.

Mewn perthynas â'r rôl olaf hwn, mabwysiadodd y Bwrdd ddiwylliant dysgu, lle y gallai pawb ddod i'r gwaith a bod yn nhw eu hunain ar eu gorau, heb ofni gwahaniaethau neu anfantais o unrhyw fath. Cynhaliodd y Bwrdd ei fusnes yn unol ag ymddygiad ffurfiol Bwrdd, y mae ei fanylion i'w gweld ar y wefan. Mae hyn yn cyfeirio at ddarllen yr holl bapurau cyn y cyfarfod, a gwneud y mwyaf o'r amser sydd ar gael i drafod ar y diwrnod. Glynodd y Bwrdd hefyd at Werthoedd Iechyd Cyhoeddus Cymru: Cydweithio gydag Ymddiriedaeth a Pharch er mwyn Gwneud Gwahaniaeth.

Nododd JW fod trafodion y Cyfarfod Cyffredinol Blynnyddol wedi ysgogi agenda byrrach ar gyfer y cyfarfod hwn, gyda ffocws ar gyflawni o fewn y flwyddyn yn erbyn y cynlluniau, nifer o faterion llywodraethu ac ystyriaeth o'r cynigion gan

Lysgenhadon Ifanc Iechyd Cyhoeddus Cymru ynghylch ymgysylltu â'r Bwrdd. Cyflwynodd yr adroddiad Perfformiad a Mewnwelediadau ddangosfwrdd sicrwydd perfformiad Trosolwg Cyflym o Iechyd Cyhoeddus hefyd, sy'n nodwedd newydd a fyddai'n hwyluso ffocws gwell ar lefel y Bwrdd ar y materion iechyd cyhoeddus mawr sy'n wynebu Cymru.

PHW 2/2022.07.28 Datgan Buddiannau

Nid oedd unrhyw ddatganiadau o fuddiannau yn ychwanegol at y rhai a ddatganwyd eisoes ar y Gofrestr Datganiadau o Ddiddordeb.

Cyfeiriodd JW at bwysigrwydd datgan achosion o wrthdaro buddiannau, fel gofyniad ar gyfer ymarfer llywodraethu da. Rhoddodd wahoddiad i HB grynhoi'r ddarpariaeth a nodir yn y Rheolau Sefydlog, i gynorthwyo aelodau newydd o'r Bwrdd.

Crynhodd HB y gofyniad i sefydlu cofrestr gwrthdaro buddiannau, yr angen i aelodau'r Bwrdd ei hystyried ac i hysbysu ynghylch unrhyw fuddiannau personol, proffesiynol neu fusnes sy'n cyfiawnhau datganiad; roedd y gofrestr yn destun arolwg pob chwe mis.

PHW 3/2022.07.28 Fframwaith Sicrwydd y Bwrdd

PHW 3.1/2022.07.28 Adroddiad y Prif Weithredwr

Cyflwynodd TC yr adroddiad a thynnodd sylw at y materion a ganlyn:

- Ymchwiliad Cyhoeddus Covid-19 y DU (yr Ymchwiliad), a gadeiriwyd gan y Farwnes Hallett. Tynnodd sylw at y Cylch Gorchwyl a gadarnhawyd ac at wybodaeth bellach a ddarparwyd ar ôl drafftio'r adroddiad fel Datganiad Agoriadol (gellir cael mynediad at hwn drwy'r ddolen a ganlyn: [UK-Covid19-Inquiry-Launch-Statement.pdf](#))

Byddai'r Ymchwiliad yn mabwysiadu dull modiwlwr â thema, gyda'r tri modiwl cyntaf wedi'u cadarnhau fel a ganlyn:

1. Paroddrwydd y DU am argyfyngau sifil y system gyfan, gan gynnwys darparu adnoddau, y system rheoli risg a pharoddrwydd am bandemig.
2. Llywodraethu a gwneud penderfyniadau gwleidyddol a gweinyddol craidd.
3. Effaith Covid, a'r ymatebion llywodraethol a chymdeithasol iddo, ar systemau gofal iechyd ac ar gleifion, a gweithwyr a staff ysbytai a gofal iechyd.

Byddai gwrandawiadau rhagarweiniol ar gyfer Modiwl 1 yn dechrau ym mis Medi 2022; byddai gwrandawiadau cyhoeddus yn dechrau yn gynnar yn 2023. Roedd TC yn disgwyl i Iechyd Cyhoeddus Cymru gael statws 'cyfranogwr craidd' ac amlinellodd y gwaith paratoi sydd ar y gweill ar draws y sefydliad.

- Y Cyfarfod Atebolrwydd ar ddiwedd y flwyddyn gyda Llywodraeth Cymru ar 1 Gorffennaf 2022, gyda ffocws ar: y perfformiad yn erbyn y Cynllun

Gweithredol; y gwersi a ddysgwyd yn 2021/2022; a blaenoriaethau a chynlluniau Gweinidogion ar gyfer 2022/2023. Bu'r cyfarfod yn adeiladol, gan gwmpasu ehangder sylweddol yr agenda a chydabod ymrwymiad parhaus yr holl staff.

- Y cyfarfod y gwnaeth hi, y cadeirydd a Julie Bishop ei gynnal gyda Gweinidog y Gymraeg ac Addysg ar 8 Mehefin 2022. Mae hyn wedi arwain at nifer o gomisiynau gan y Gweinidog ac adlewyrchodd JW ar ailddechrau'r rhaglen o gyfarfodydd Gweinidogol, a oedd i'w groesawu, a oedwyd pan oedd y pandemig ar ei anterth. Roedd y cyfarfodydd hyn yn gyfle pwysig i JW a TC ddysgu mwy am sut y gallai Iechyd Cyhoeddus Cymru gefnogi'r broses o ddarparu'r Rhaglen Lywodraethu.
- Agoriad y Ganolfan Sgrinio newydd yn Aberpennar. Cynghorodd TC mai dyma'r ganolfan sgrinio gyntaf o'i math, mewn lleoliad stryd fawr ac yn cwmpasu nifer o raglenni sgrinio, a ddyluniwyd i wella hygyrchedd y cyhoedd.
- Estynnodd TC groeso cynnes i Angela Jones fel y Cyfarwyddwr Iechyd a Llesiant Dros Dro a nododd y cyfraniad sylweddol y mae AnJ wedi'i wneud eisoes.
- Yn olaf, rhoddodd TC wahoddiad i AJ roi diweddariad ar COVID-19 a Brech y Mwncïod.

Ynghylch COVID-19, adroddodd AJ ei bod yn ymddangos bod y lefelau uchel o haint yn y gymuned yn ddiweddar (1 mewn 17 o bobl) wedi lefelu. Roedd cyfraddau'r derbyniadau i'r ysbyty, yn enwedig i'r rheini sy'n 60 oed a hŷn, wedi dechrau gostwng hefyd. Mae dechrau gwyliau'r haf wedi helpu gyda'r gostyngiad yn y gyfradd, er bod yr achosion mewn lleoliadau preswyl wedi parhau, gyda COVID-19 yn bresennol mewn 55 o dai gofal preswyl ledled Cymru ar 20 Gorffennaf 2022.

O ran Brech y Mwncïod, nododd AJ natur fyd-eang y lledaeniad. Ar 23 Gorffennaf, dynododd Sefydliad Iechyd y Byd Frech y Mwncïod yn argyfwng iechyd cyhoeddus rhyngwladol, penderfyniad a gymerwyd i ysgogi cydweithredu a chydlynu rhyngwladol pellach. Yn y DU, roedd y rhan fwyaf o'r achosion yn arwain at salwch ysgafn, gyda'r nifer fwyaf yn Llundain ac ychydig o ddinasoedd mawr eraill. Ar 27 Gorffennaf, roedd 30 o achosion yng Nghymru, gyda chyflwyniad cyson o oddeutu chwe achos newydd pob wythnos. Roedd y rhan fwyaf o'r achosion yng Ngogledd Cymru. Cadarnhaodd AJ bod olrhain cysylltiadau ar waith gyda llwybrau clinigol y cytunwyd arnynt yn cael eu gweithredu ar draws y pedair gwlad a rhoddwyd blaenoriaeth i'r ardaloedd lleol sydd ag achosion. Mae argaeledd y brechlyn wedi'i gyfyngu ar hyn o bryd ond disgwylir iddo gynyddu erbyn mis Medi. Gorffennodd AJ drwy gadarnhau bod gwefan Iechyd Cyhoeddus Cymru yn darparu'r wybodaeth ddiweddaraf ar ddarpariaeth y brechlyn.

Diolchodd JW i TC am ei diweddariad eang, ac i AJ am ei wybodaeth ychwanegol; yna gwahoddodd gwestiynau:

- Diolchodd DE i TC ac AJ am eu hadroddiadau cynhwysfawr. Croesawodd agoriad yr Hyb Sgrinio newydd yn Aberpennar a gofynnodd am y mesurau sydd ar waith i asesu a yw'r hygyrchedd gwell wedi effeithio ar y cyfraddau defnydd. Cadarnhaodd HG y bu hyn yn egwyddor dylunio ategol ac y byddai data ar y cyfraddau derbyn apwyntiad yn cynorthwyo i hysbysu unrhyw gamau pellach i gyflwyno'r model.
- Tynnodd SG sylw at y cyfeiriad yn Adroddiad TC at ymateb Iechyd Cyhoeddus Cymru i Ymchwiliad Pwyllgor Iechyd a Gofal Cymdeithasol y Senedd i Anghydraddoldebau Iechyd Meddwl. Roedd gan Iechyd Cyhoeddus Cymru rôl arweinyddiaeth system bwysig a gofynnodd SG am ddiweddariadau rheolaidd ar lefel y Bwrdd ar ganfyddiadau a goblygiadau'r Pwyllgor. Nododd AnJ bwysigrwydd defnyddio lens anghydraddoldebau iechyd meddwl ar gyfer yr holl raglenni ac roedd yn edrych ymlaen at weld canfyddiadau'r Pwyllgor i hysbysu'r gwaith sydd ar y gweill. Awgrymodd JW y dylai AnJ ddiweddarau'r Bwrdd am y cynnydd a wnaed yn y cyfarfod ym mis Tachwedd 2022, fel rhan o'r gwaith craffu manwl a wneir ar Gynllun Gweithredu 2022/23 ar ôl chwe mis.

Camau gweithredu: AnJ

Derbyniodd y Bwrdd Adroddiad y Prif Weithredwr a **chafodd sicrwydd** o'r Adroddiad a'r drafodaeth.

PHW 3.2/2022.07.28 Adroddiad Integredig ar Berfformiad (Mis 3)

Wrth gyflwyno'r Adroddiad Perfformiad a Mewnwelediad, nododd HG y gwaith sy'n mynd rhagddo i goethi'r dull o adrodd materion allweddol i'r Bwrdd. Adlewyrchodd yr Adroddiad ar gyfer mis Mehefin 2022 y datblygiad parhaus hwn a chyflwynodd safbwynt ychwanegol, gan anelu at ganfod heriau lefel iechyd y boblogaeth a rheoli'r rhain fel un o'i themâu allweddol.

Yna, gwahoddodd HG yr arweinwyr gweithredol i roi sylwadau ar eu meysydd eu hunain:

- Tynnodd NL sylw at y pwyntiau a ganlyn:
 - Cynnydd bychan yn y gyfradd salwch ac absenoldeb i 3.9%; amlinellodd NL y gwaith â ffocws sy'n mynd rhagddo mewn gwella iechyd, sgrinio a microbiolog, fel y timau â'r cyfraddau salwch/absenoldeb uchaf.
 - Parhaodd COVID-19 i gyfrannu at salwch staff, gyda 16 ohonynt wedi'u heffeithio ar hyn o bryd.
 - Ffocws y Pwyllgor Pobl a Datblygiad Sefydliadol ar y dangosfwrdd cydraddoldeb ac amrywiaeth;
- Ar gyfer Cyllid, amlygodd HG:

- Y rhagolwg sy'n parhau ynghylch sefyllfa o adennill costau ariannol. Atgoffodd AG y Bwrdd o Strategaeth Gyllideb 2022/23 a'i darpariaethau;
- Y cynnydd gyda 51% o'r gwariant cyfalaf a ddisgwylir, sy'n arwydd calonogol ar y cam cynnar hwn o'r flwyddyn;
- Y gwaith parhaus gyda Llywodraeth Cymru o gwmpas gwariant sy'n gysylltiedig â COVID-19. Roedd y rhagolwg presennol yn dangos gostyngiad mewn gwariant, sy'n gysylltiedig â lefelau is o brofi a dilyniannu genomig; mae Llywodraeth Cymru wedi talu'r gost hon, ar sail adlenwi misol.

- Nododd:

- Y gostyngiad yng nghyfradd y rhaglen frechu reolaidd 6 mewn 1 i blant i islaw 95% am y tro cyntaf mewn degawd. Cadarnhaodd AJ fod rôl Iechyd Cyhoeddus Cymru'n cwmpasu gwyliadwriaeth a hyfforddi yn hytrach na chyflenwi. Roedd gan y Byrddau Iechyd ddata gwyliadwriaeth, ynghyd ag adroddiadau ychwanegol i gefnogi eu camau gweithredu. Nododd fod y cysylltiadau rhwng amddifadedd economaidd-gymdeithasol â'r cyfraddau brechu yn llai amlwg ar gyfer brechlynnau cynharach i blant.

- Nododd RBW:

- Fod 202 o ddigwyddiadau wedi'u nodi ym mis Mehefin 2022, ac maent yn parhau i fod o fewn y cyfnod o 30 diwrnod ac ar agor ar hyn o bryd. Adroddwyd un 'digwyddiad dim syndod' i Lywodraeth Cymru, ynghylch tor diogelwch data. Roedd yr ymchwiliad bellach yn dod i ben ac roedd y Comisiynydd Gwybodaeth wedi cadarnhau na fyddai'n angenrheidiol cymryd unrhyw gamau pellach.
- Perfformiad 100% o ran ymateb i gwynion ar draws yr holl fesurau; roedd y canmoliaethau wedi cynyddu, gyda 90% o'r rheini yn cydnabod ymagwedd bositif y staff yn Sgrinio Coluddion Cymru. Roedd un cais am esgeulustra a oedd yn ymwneud â Bron Brawf Cymru.
- Byddai cyfarfod y Bwrdd ym mis Medi yn cynnwys adroddiad llawn ar y risgiau strategol.

Yna rhoddodd HG wahoddiad i IB i roi diweddariad ar yr ychwanegiad i'r Adroddiad Perfformiad a fyddai'n adlewyrchu'r heriau iechyd ar lefel y boblogaeth.

- Cynghorodd IB:

- Y byddai'r adran hon o'r Adroddiad yn parhau i ddatblygu ac esblygu. Roedd y ffocws gwreiddiol yn canolbwyntio ar yr argyfwng costau byw a sut yr oedd y cyfraddau uwch o chwyddiant, sy'n gysylltiedig â chyfradd is o dwf mewn cyflogau, wedi arwain at ostyngiad yn yr incwm sydd ar gael. Byddai'r rhagfynegiadu y bydd costau tanwydd yn codi ymhellach yn y gaeaf sydd i ddod yn ychwanegu at y pwysau presennol o ran cost a nodwyd y risg cynyddol o niwed ar lefel y boblogaeth.

- Gan adlewyrchu ar yr effeithiau ar y boblogaeth, nododd IB y gwaith a gynlluniwyd i gefnogi staff a chyfeirio pobl i'r cymorth sydd ar gael.
- Gallai Llywodraeth Cymru ddarparu cyngor hefyd i gefnogi'r datblygiadau polisi perthnasol; roedd y polisi prydau ysgol am ddim yn un enghraifft o hyn.

Diolchodd HG i IB am y diweddariad a chroesawodd y safbwynt a'r ffocws newydd hwn o fewn yr adroddiad perfformiad. Rhoddodd JW wahoddiad i SA i ychwanegu ei sylwadau. Croesawodd SA y ffaith bod y dangosfwrdd newydd wedi'i gynnwys a chadarnhaodd y bwriad i ystyried safbwynt y boblogaeth ar lefel ryngwladol.

Gwahoddodd JW sylwadau a chwestiynau:

- Croesawodd SG ddatblygiad yr ychwanegiad hwn ac adlewyrchodd ar bwysigrwydd effeithiau costau byw ar iechyd cyhoeddus. Canmolodd y gwaith a gofynnodd am sicrwydd ynghylch ei ddosbarthiad eang. Cadarnhaodd JW y cynlluniau i wneud hyn, gan gynnwys ar lefel Weinidogol, Llywodraeth Cymru, ac arweinwyr gwasanaethau cyhoeddus.

Nododd y Bwrdd y diweddariad a **chafodd sicrwydd** o'r papurau a'r drafodaeth.

PHW 3.3/2022.07.28 Ymgysylltiad Pobl Ifanc

Wrth gyflwyno'r drafodaeth hon, nododd RBW yr amrywiaeth o waith sydd ar y gweill ar draws Iechyd Cyhoeddus Cymru i ymgysylltu â phobl ifanc a grwpiau poblogaeth ehangach. Roedd y pandemig wedi cael effaith yn ystod y ddwy flynedd ddiwethaf gan arwain at oedi'r gwaith gyda'r Llysgenhadon Ifanc, ond roedd y digwyddiad preswyl dau ddiwrnod diweddar wedi aildechrau'r drafodaeth am ymgysylltu â'r Bwrdd. Roedd hyn wedi cloi gyda chynnig i sefydlu Fforwm Partneriaeth y Bwrdd Llysgenhadon Ifanc, fel yr amlinellwyd yn yr adroddiad. Adeiladodd hyn hefyd ar drafodaethau gyda Swyddfa'r Comisiynydd Plant a nododd RBW ei bwriad i gysylltu â'r Comisiynydd Plant newydd.

Diolchodd JW i RBW am y papur manwl a'i diweddariad ar lafar; roedd JW wedi croesawu'r cyfle i ymuno â'r Llysgenhadon Ifanc ar eu digwyddiad preswyl diweddar a nododd yr egni a'r brwdfrydedd yn yr ystafell. Yna, gwahoddodd JW sylwadau a chwestiynau:

- Adlewyrchodd DC ar ei hymgysylltiad â'r Llysgenhadon Ifanc a disgrifiodd y grŵp fel un ysbrydoledig. Ceisiodd gadarnhad ynghylch cynnwys y dull gwerthuso i asesu budd a llwyddiant y Fforwm arfaethedig a rhoddodd RB y sicrwydd hwnnw.

Ystyriodd y Bwrdd yr adborth o ddigwyddiad preswyl y Llysgenhadol Ifanc a **chymeradwyodd** sefydliad Fforwm Partneriaeth y Bwrdd Llysgenhadon Ifanc.

PHW 3.4/2022.07.28 Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau

Wrth gyflwyno'r eitem hon, amlinellodd JW rôl y Pwyllgorau o ran gweithredu rhaglenni gwaith blynyddol ar ran y Bwrdd. Nododd fod yr adroddiad cyfansawdd bellach yn cynnwys dolenni i holl bapurau cyfarfodydd diweddar y Pwyllgorau sy'n gyhoeddus. Gwahoddodd JW bob Cadeirydd Pwyllgor i roi diweddariad ac i nodi unrhyw faterion penodol:

Y Pwyllgor Ansawdd, Diogelwch a Gwella

Rhoddodd KE ddiweddariad ar lafar ar gyfarfod y Pwyllgor Ansawdd, Diogelwch a Gwella a gynhaliwyd ar 20 Gorffennaf, pan wnaeth y Pwyllgor:

- Gynnal arolwg dwfn o bob agwedd ar ymgysylltiad defnyddwyr, gan gynnwys y Llysgenhadon Ifanc a system newydd i gynyddu i'r eithaf ymgysylltiad defnyddwyr y gwasanaethau yn genedlaethol;
- Cynnal sesiwn estynedig gyda Verity Winn o Archwilio Cymru ar ei hadroddiad ar lywodraethu ansawdd. Roedd hwn yn cynnwys argymhellion cadarnhaol a defnyddiol y byddai'r Pwyllgor yn eu hystyried, i gynorthwyo i yrru eu gweithrediad ar draws y sefydliad.

Y Pwyllgor Archwilio a Llywodraethu Corfforaethol

Yn ogystal â'r Adroddiad a ddarparwyd, tynnodd DE sylw at gyfarfod arbennig o'r Pwyllgor i dderbyn a chymeradwyo'r cyfrifon blynyddol. Estynnodd DE ei ddiolch i MM am gadeirio'r cyfarfod ar ei ran.

Y Pwyllgor Gwybodaeth, Ymchwil a Hysbysrwydd

Cadarnhaodd SG fod gwaith yn parhau i ddatblygu'r strategaethau ymchwil a data. Tynnodd sylw at y sleidiau gan y Swyddfa Rheoleiddio Ystadegau a gyflwynwyd yng nghyfarfod olaf y Pwyllgor, gan nodi'r bwriad i weithio'n agos gyda thîm y Swyddfa.

Nododd y Bwrdd y diweddariadau a ddarparwyd yn yr Adroddiadau a **chafodd sicrwydd** o'r cynnwys a'r drafodaeth.

PHW 4/2022.07.28 Eitemau i'w Cymeradwyo

PHW 4.1/2022.07.28 Cofnodion a Chofnod o Gamau Gweithredu o Gyfarfod y Bwrdd (26 Mai 2022 a 14 Mehefin 2022)

Cymeradwyodd y Bwrdd Gofnodion 26 Mai a 14 Mehefin 2022 fel cofnodion cywir o'r naill gyfarfod a'r llall.

Cadarnhaodd HB fod pob cam gweithredu ond dau, sydd ar y trywydd cywir, wedi'u cwblhau.

PHW 4.2/2022.07.28 Trefniadau Llywodraethu'r Bwrdd a'r Pwyllgorau

Nododd HB fod angen arolwg blynyddol o'r Pwyllgor Tâl a Thelerau Gwasanaeth o dan y Rheolau Sefydlog, gyda'r olaf wedi'i gynnal ym mis Mai 2021. Roedd arolwg

2022 wedi arwain at y gwelliannau a awgrymwyd a nodwyd yn yr adroddiad ac a argymhellwyd i'r Bwrdd i'w cymeradwyo.

Ystyriodd y Bwrdd y newidiadau arfaethedig i gylch gorchwyl y Pwyllgor a **chymeradwyodd** y diwygiadau.

PHW 4.3/2022.07.28 Polisiâu, Gweithdrefnau a Pholisiâu Rheoli Dogfennau Rheoli Ysgrifenedig Eraill

Nododd HB ddiweddariad y Polisi hwn i adlewyrchu gofynion y Gymraeg a'r Ddyletswydd Economaidd-Gymdeithasol.

Awgrymodd SW y dylid rhannu'r holl bolisiâu gyda'r Undebau Llafur, ac nid y rheini yr oedd angen ymgynghori arnynt yn unig. Byddai hyn yn cynorthwyo i godi ymwybyddiaeth o'r holl bolisiâu sy'n bodoli.

Camau gweithredu: HB

Ystyriodd y Bwrdd y Polisi a ddiweddarwyd ar gyfer rheoli Polisiâu Corfforaethol o fewn Iechyd Cyhoeddus Cymru; **ystyriodd** y wybodaeth o fewn yr Asesiad o'r Effaith ar Gydraddoldeb; a **chymeradwyodd** y ddogfen PHW 47 - Polisiâu Corfforaethol, Gweithdrefnau a Pholisi Rheoli dogfennau rheoli ysgrifenedig eraill.

PHW 5/2022.07.28 Eitemau i'w Nodi

PHW 5.1a/ 2022.07.28 Adroddiad y Cadeirydd (26 Mai 2022)

Nododd y Bwrdd Adroddiad y Cadeirydd i'r Bwrdd ar y materion a drafodwyd yng nghyfarfod preifat y Bwrdd ar 26 Mai 2022.

PHW 5.1b/2022.07.08 Bwrdd Iechyd Cyhoeddus Cymru: y Blaengynllun 2022/23

Nododd y Bwrdd y Blaengynllun 2022/23.

PHW 6/2022.07.28 Dyddiad Cyfarfod Ffurfiol Nesaf y Bwrdd

Mae cyfarfod nesaf y Bwrdd i'w gynnal ar 29 Medi 2022.

PHW 7/2022.07.28 Diwedd y Cyfarfod Cyhoeddus


Cyfleoedd JW werthfawrogiad y Bwrdd ynghylch sut y mae SA wedi camu i'r bwlch dros MB a diolchodd iddi am arwain y Gyfarwyddiaeth gyda phenderfyniad ac ymrwymiad yn ystod ei absenoldeb. Mae'r Bwrdd yn ystyried ei hun yn lwcus y gall alw ar brofiad a thalent SA ac roedd yn gobeithio y bu'r profiad yn un cadarnhaol iddi.

Daeth y cyfarfod i ben am 11:40

RAG Rating/Status

| | |
|------------------|--|
| At risk | passed or revised date needed |
| On track | to be completed by agreed/revised date |
| Complete | n- Action complete |
| No longer needed | moved and/or replaced by new action |

| FORMAL BOARD | | | | | | | | |
|---|------------------|-------------|---|---|--|----------------------|---------------------|-------------------|
| Meeting Item Reference | Action Reference | Lead | Meeting Item Title | Details of action | Update on progress | Original target date | Revised target date | RAG rating/Status |
| None | | | | | | | | |
| OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE | | | | | | | | |
| PHW 2022_07_28/3.1 | PHW 2022/19 | AnJ | Chief Executive Report | SG drew attention to the reference in TCs Report to Public Health Wales' response to the Health and Social Care Senedd Committee Inquiry into Mental Health Inequalities. Public Health Wales had an important system leadership role and SG asked for regular Board-level updates on the Committee's findings and implications. AnJ noted the importance of applying a mental health inequalities lens to all programmes and looked forward to sight of the Committee's findings to inform the work in hand. JW suggested that AnJ update the Board on progress at the November 2022 meeting, as part of the detailed scrutiny of the Operational Plan 2022/23 undertaken at the half-year point. | 21.9.22 - On track for November meeting. | 24/11/22 | | On track |
| PHW 2022_05_26/5.3 | PHW 2022/18 | MM/NL/HB/SW | Board Committee Governance | SW noted that the PODC Terms of Reference did not reference partnership working with trades unions and suggested the need to make this explicit. MM, NL and HB agreed to work with SW outside the meeting to make the relevant amendments. | 21.9.22 - This is on track to be discussed at 6 October PODC, and will then be reported to Board in November for final approval. 27.7.22 update - this action will be incorporated into the Committee terms of reference review at its next meeting on the 6 October; the recommended terms of reference will then be presented to Board. | 24/11/22 | | On track |
| ACTIONS RECOMMENDED TO BE CLOSED AT 29 September 2022 MEETING | | | | | | | | |
| PHW 2022_07_28/4.3 | PHW 2022/20 | HB | Policies, Procedures and Other Written Control Documents Management Policy Approval | SW suggested sharing all policies with Trades Unions, not only those that called for consultation. This would help raise awareness about all extant policies. | 25.08.22 Update: This has been incorporated into the process and will be actioned going forwards. Propose action be closed. | | | Complete |
| PHW 2022_03_31/7.3 | PHW 2022/10 | RBW | Intergrated Performance Report (Month 11) | RBW confirmed that she would report an update to QSIC on the Diabetic Eye Screening Wales incident upon the completion of all ophthalmology assessments | 21.9.22 - This action has been completed. An updated has been circulated to QSIC on 22/9/22 and will be reported to the meeting on 19 October. Action to be closed. | 30/9/22 | | Complete |

| | | |
|--|---|--|
|  GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales | Name of Meeting Board Date of Meeting 29 September 2022 Agenda item: 8.2.2 |
|--|---|--|

Ratification of Chair's Action and affixing of the Public Health Wales NHS Trusts' seal

| | |
|---------------------------------|--|
| Executive lead: | Helen Bushell, Board Secretary and Head of Board Business Unit |
| Author: | Liz Blayney, Deputy Board Secretary and Board Governance Manager |
| Approval/Scrutiny route: | Helen Bushell, Board Secretary and Head of Board Business Unit – cover paper Chairs Action – approved as identified in the paper. |

Purpose

This report advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal and identified any Chair's Actions that have been taken by the Chair of the Board.

Recommendation:

| | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|--|
| RATIFY <input checked="" type="checkbox"/> | CONSIDER <input type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |
| The Board is asked to: <ul style="list-style-type: none"> • Note the occasion where Chairs Action was taken; • Ratify Chairs actions to approve: <ul style="list-style-type: none"> • Single Tender Action for on-line access to testing for Sexually Transmitted Infections (STIs). • The Receive assurance that the action was taken in accordance with Section 8 of the Standing Orders; • Note that there has been no use of the Common Seal to report to the Board. | | | | |

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

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to all 7 of the Strategic Priorities and Well-being Objectives.

Summary impact analysis

| | |
|--|--|
| Equality and Health Impact Assessment | A specific Equality and Health Impact Assessment (EHIA) is not required in support of this report. |
| Risk and Assurance | In line with the Standing Orders an assurance report should be provided to the Board detailing the affixing of the common seal. The report also provides assurance that when Chair's action is taken it is taken in line with the Standing Orders. |
| Health and Care Standards | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability |
| Financial implications | There are no financial implications as a result of approval of this report. |
| People implications | There are no people implications as a result of approval of this report. |

Purpose / situation

This report advises of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal and identified any Chair's Actions that have been taken by the Chair of the Board. The last report to the Board was on 30 September 2021.

There have been one occasion where Chairs Actions was taken since the last report to the Board.

There have been no use of the Common Seal since the last report to the Board.

Background

2.1 Chair's Action

In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with matters on behalf of the board – after first consulting with at least two other Non-Executive Directors.

2.2 Affixing of the Common Seal

In accordance with Section 8 of the Standing Orders, the Public Health Wales NHS Trust Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive, and is witnessed by the Board Secretary and Head of Board Business Unit.

Description/Assessment

3.1 Chair's Action

There have been one occasion since the last report where Chair's Action was taken on behalf of the Board.

On 30 August 2022, the Chair's action was approved as follows:

- Single Tender Action for on-line access to testing for Sexually Transmitted Infections (STIs).

3.2 Affixing of the Common Seal

There have been no use of the Common Seal to report to the Board.

Recommendation

The Board is asked to:

- **Note** the occasion where Chairs Action was taken;
- **Ratify** Chairs actions to approve:
 - Single Tender Action for on-line access to testing for Sexually Transmitted Infections (STIs).
- **Receive assurance** that the action was taken in accordance with Section 8 of the Standing Orders;
- **Note** that there have been no use of the Common Seal to report to the Board.

| | | |
|--|---|---|
|  GIG CYMRU NHS WALES | lechyd Cyhoeddus Cymru Public Health Wales | Name of Meeting Board |
| | | Date of Meeting 29 September 2022 |
| | | Agenda item PHW 9.1 |
| Chair’s Report to the Board concerning the matters considered in the Private Board meeting of the 28 July 2022. | | |
| Chair | Jan Williams | |
| Date of last meeting | 28 July 2022 | |

| |
|---|
| Summary of the key matters that the Board considered when meeting in private session, on 28 July 2022, together with any related decisions made: |
| <p>In line with Public Health Wales' Standing Orders, the Board conducts its meetings in public. Public Health Wales' Standing Orders make provision, at paragraph 7.5.2, for the Board to meet and discuss certain matters in private.</p> <p>The Public Bodies Act (Admission to Meetings) Act 1960, section 1 (2) provides the legal basis for such Private Board Meetings to ensure that the matters under consideration are not prejudicial to the public interest – that they do not cause undue harm or influence the public unfairly.</p> <p>Public Health Wales has a Protocol for Reserving Matters to a Private Board (or Committee) meeting, which can be seen here - Microsoft Word - 5.6 BOARD 270521 Protocol for private meetings.docx (nhs.wales)</p> <p>This Chair's Report is a standing agenda item, for the purposes of transparency and accountability. This report sets out the matters that the Board considered during the Private Board meeting of the 28 July 2022.</p> <p>The Board considered a health protection report, this was of a confidential nature and added detail to the report in the public session that was not yet in the public domain.</p> <p>After considering a report on Pension Tax Guidance and Employer Pensions Contributions, the Board approved the All Wales Employer Pension Contributions – Alternative Payment Policy. The Board asked the Chief Executive to write to the Director General of the HSSG/ NHS Wales Chief Executive on behalf of the Board, setting out all the Board's position. The Board considered the report in private because it included sensitive information, members noted the intent to place the approved policy on the Public Health Wales website.</p> <p>The Board went on to consider a Working in Partnership – Board and Trade Union report which aimed to further strengthen partnership working with Trades Unions, particularly Staff Side Committee. The draft nature of the document and the ongoing development warranted discussion in the private Board meeting.</p> <p>The Board considered and approved minutes and action logs of the Private Board meeting on the 26 May 2022.</p> |

| | | |
|------------------------|-----------------------|---------------------|
| Date: Sept 2022 | Version: Final | Page: 1 of 2 |
|------------------------|-----------------------|---------------------|

Summary of the key matters that the Board considered when meeting in private session, on 28 July 2022, together with any related decisions made:

The Board took assurance on the **Remuneration and Terms of Service** Annual Report for 2021-22 and noted the secondary update of the Remuneration and Terms of Service meeting held on 29 June.

The Board took assurance on the **Committees of the Board:** Report from the Committee Chairs of Meeting held in private.

Public Health Wales Board - Forward Plan 2022/23

| Category | Item | Exec Lead | Public or Private | 26-May | 14-Jun | 28-Jul | 29-Sep | 24-Nov | 26-Jan | 31-Mar | Purpose of the |
|---------------------------------------|---|---|-------------------|--------|--------|--------|--------|--------|--------|--------|----------------------------|
| Board Assurance Framework | Chief Executive's Report | Chief Executive | Public | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Assurance |
| | Integrated Performance Report (Finance Report, Performance Assurance Dashboard) | Deputy Chief Executive and Executive Director of Finance and Operations | Public | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Assurance |
| | Climate Change | | Public | | | | | | ✓ | | For Assurance |
| | Staff Networks - Update | Director of People and Organisational Development | Public | ✓ | | | | | | | For Assurance |
| | Health Protection Situation Report | National Director Health Protection and Screening Services, Executive Medical Director | Private | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Assurance |
| | Cervical Screening Wales Interval Change Update | | Public/Private | ✓ | | | | | | | For Assurance |
| | International Health Strategy | Chief Executive | Public | | | | | | | ✓ | For Assurance |
| | Welsh Parliament Committee Report into Mental Health and how PHW is supporting the recommendations | Chief Executive | Public | | | | | ✓ | | | For Assurance |
| | NHS Executive | Chief Executive | Private | | | | | ✓ | | | For Assurance |
| Managing Risk | Strategic Risk Register | Executive Director Quality, Nursing and Allied Health Professionals | Public | ✓ | | | ✓ | | ✓ | | For Assurance |
| | Corporate Risk Register | | Public | | | | ✓ | | ✓ | | For Assurance |
| Board and Committee Governance | Board Minutes and Action Log | Board Secretary and Head of Board Business Unit | Public & Private | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Approval |
| | Notes of Board Development Sessions and action log | | Private | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Approval |
| | Committees of the Board: Report from Committee Chairs | | Public & Private | ✓ | | ✓ | ✓ | ✓ | ✓ | | For Assurance |
| | Private Board Chair's Report | | Public | ✓ | | ✓ | ✓ | ✓ | ✓ | | For Noting |
| | Committee Annual Reports 2021/22 | | Public | ✓ | | | | | | | For Approval |
| | Committee Terms of Reference Review | | Public | ✓ | | | | | | | For Approval |
| | Committee Forward Look 2022/23 | | Public | ✓ | | | | | | | For Approval |
| | Review of Committee Effectiveness | | Public | ✓ | | | | | | | For Assurance |
| | Local Partnership Forum Annual Report 2022/23 | Director of People and Organisational Development | Public | | | | | | | ✓ | For Approval |
| Governance and Accountability | Summary of Corporate Policies - Annual Update | Board Secretary and Head of Board Business Unit | Public | | | | ✓ | | | | For Assurance |
| | Policies for approval (as required) | | Public | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Approval |
| | Standing Orders Review | | Public | | | | ✓ | | | | For Approval |
| | Hosted Body agreements (if required) | Deputy Chief Executive and Executive Director of Finance and Operations / Board Secretary and Head of Board Business Unit | Public | | | | | | | ✓ | For Approval |
| | Annual Report 2021/22 : Annual Performance Report, Annual accounts, Governance statements and Remuneration report | | Public | | ✓ | | | | | | For Approval |
| | Procurement Approvals (as required) | Deputy Chief Executive. Executive Director of Finance & Operations | Public/Private | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | For Approval |
| | Integrated Medium Term Plan (IMTP) / Annual Plan | | Public | ✓ | | | | | | ✓ | For Approval |
| Strategic Partnerships | Strategic Partnerships / Sessions | Chief Executive | Public | ✓ | | | ✓ | ✓ | ✓ | ✓ | For Assurance / Discussion |

Notes

- The Committee of the Board reports from Committee Chairs reflect the volume of work undertaken by the Board Committees. Where necessary, matters are escalated through these reports from the Committee to the Board.
- This forward look for the Board is constantly updated and reviewed as required. The final agendas will be agreed following discussions by the Chair and the Chief Executive.