People and Organisational Development Committee/Y Pwyllgor Pobl a Datblygu Sefydliadol

Thursday 15 October 2026, 10:00 - 13:00

Agenda

Part A

10:00 - 10:05
5 min

1. Welcome and Apologies for Absence / Croeso ac Ymddiheuriadaua Absenoldeb

10:00 - 10:05 (5 mins)

Tamsin Ramasut

Chair / Cadeirydd

1.1. Declarations of Interest / Datganiadau o Ddiddordeb

1.2. Minutes, Action Log and Matters Arising of meeting (16 July 2026) / Cofnodion, Log Gweithredu a Materion yn codi Cyfarfod (16 Gorffennaf 2026)

- 1.2 PODC 2026_07_16 - Unconfirmed Minutes 16.07.2026.pdf (12 pages)
- 1.2 PODC 2026_07_16 - Unconfirmed Minutes 16.07.2026 (Cymraeg).pdf (12 pages)
- 1.2 PODC 2026_10_15 - Action Log.pdf (1 pages)

Risk Assurance / Sicrwydd Risg

10:05 - 10:45
40 min

2. Risk Assurance and the Role of Board/Committees / Sicrwydd Risg a Rôl y Bwrdd/Pwyllgorau

10:05 - 10:45

Danielle Gething

Head of Risk Management / Pennaeth Rheoli Risg

2.1. Managing Risk / Rheoli Risg

2.1.1. Strategic Risk Register (Risk 2) / Y Gofrestr Risgiau Strategol - (Risg 2)

10:05 - 10:40 (35 mins)

- 2.1.1 PODC 2026_10_15 - Strategic Risk Register Cover Paper.pdf (9 pages)
- 2.1.1 PODC 2026_10_15 - Strategic Risk 2 .pdf (13 pages)

2.1.2. Corporate Risk Register / Y Gofrestr Risg Gorfforaethol

10:40 - 10:45 (5 mins)

- 2.1.2 PODC 2026_10_15 - Corporate Risk Register Cover Paper - Oct 2026.pdf (13 pages)
- 2.1.2 PODC 2026_10_15 - Corporate Risk Register - 12.08.2026.pdf (1 pages)

Deep Dive / Plymio Dwfn

10:45 - 11:25
40 min

3. People Strategy / Strategaeth Pobl

10:45 - 11:25 (40 mins)

Karen Fitzgibbon

Head of People and OD Operations / Pennaeth Gweithrediadau Pobl a Datblygu Sefydliadol

3 PODC 2026_10_15 - People Strategy - Implementation Plan.pdf (13 pages)

11:25 - 11:35
10 min

Break / Egwyl

11:25 - 11:35 (10 mins)

Partnerships and Engagement / Ymgysylltiad a Phartneriaeth

11:35 - 11:40
5 min

4. Trade Union Partnership Working Forums Update / Fforymau Gwaith Partneriaeth Undebau Llafur - Diweddariad

11:35 - 11:40 (5 mins)

Neil Lewis
Director of People and Organisational Development / Cyfarwyddwr Pobl a Datblygiad Sefydliadol

4 PODC 2026_10_15 - Trade Union Partnership Working Report for Q1 & Q2 2026-27 - Oct 2026.pdf (6 pages)
4 PODC 2026_10_15 - Appendix 1 – Trade Union Recognition and Facilities Time Agreement (LPF).pdf (8 pages)
4 PODC 2026_10_15 - Appendix 2 – Recognition Agreement between Public Health Wales and its Local Negotiating Committee (JMDNC).pdf (5 pages)

11:40 - 12:15
35 min

5. Workforce and Workforce Planning / Gweithlua Chynllunio'r Gweithluln

Neil Lewis
Director of People and Organisational Development / Cyfarwyddwr Pobl a Datblygiad Sefydliadol

5.1. Culture and Engagement - Action Plan / Diwylliant ac Ymgysylltu - Diweddariad ar y Cynllun Gweithredu

11:40 - 12:15 (35 mins)

Barbara Busby

Strategic Advisor / Cynghorydd Strategol

5.1 PODC 2026_10_15 - Integrated Culture Engagement Board Deep Dive - Oct 2026.pdf (15 pages)

Strategy Delivery / Cyflwyno’r Strategaeth

Governance and Accountability / Llywodraethu a Atebolrwydd

12:15 - 12:20
5 min

6. Summary of policies Bi-Annual Update / Diweddariad ar Bolisïau Corfforaethol Chwe Misol

12:15 - 12:20 (5 mins)

Liz Blayney
Deputy Board Secretary and Deputy Head of Board Business Unit / Dirprwy Ysgrifennydd y Bwrdd a Dirprwy Bennaeth Uned Fusnes y Bwrdd

6 PODC 2026_10_15 - Bi-annual Corporate Policies and Procedures Update.pdf (5 pages)
6 PODC 2026_10_15 - Attachment 1 - PODC Corporate Policy Register Extract.pdf (2 pages)

12:20 - 12:30
10 min

7. Policies for Approval / Polisïau i'w Cymeradwyo

12:20 - 12:30 (10 mins)

Lucy Day
Business Manager / Rheolwr Busnes

- 7 PODC 2026_10_15 - All Wales Policy approval cover sheet.pdf (4 pages)
- 7 PODC 2026_10_15 - Draft All Wales Organisational Change Policy.pdf (46 pages)
- 7 PODC 2026_10_15 - Draft All Wales Employment Break Scheme.pdf (21 pages)
- 7 PODC 2026_10_15 - Family Leave Policy and Procedure Cover Sheet.pdf (4 pages)
- 7 PODC 2026_10_15 - Family Leave Policy.pdf (11 pages)
- 7 PODC 2026_10_15 - Family Leave Procedure.pdf (52 pages)
- 7 PODC 2026_10_15 - Family Leave Policy and Procedure EqHIA.pdf (19 pages)
- 7 PODC 2026_10_15 - My Contribution Policy Cover Paper.pdf (5 pages)
- 7 PODC 2026_10_15 - My Contribution Policy.pdf (12 pages)
- 7 PODC 2026_10_15 - My Contribution EqHIA.pdf (22 pages)
- 7 PODC 2026_10_15 - Learning and Development Policy - Amendment Approval Cover Paper.pdf (4 pages)
- 7 PODC 2026_10_15 - Learning and Development Policy (Amendment).pdf (15 pages)

For Recommendation to Board / Ar gyfer Argymhelliad i'r Bwrdd

12:30 - 12:35
5 min

8. Local Partnership Forum Terms of Reference / Fforwm Partneriaeth Lleol Cylch Gorchwyl

12:30 - 12:35 (5 mins)

Neil Lewis

Director of People and Organisational Development / Cyfarwyddwr Pobl a Datblygiad Sefydliadol

- 8 PODC 2026_10_15 - LPF ToR Cover Paper.pdf (4 pages)
- 8 PODC 2026_10_15 - LPF-ToR-English - Suggested amendments - Sept 2026.pdf (10 pages)

For Information / Er Gwybodaeth

12:35 - 12:40
5 min

9. Items to Note / Eitemau i’w Nodi

12:35 - 12:40 (5 mins)

9.1. Performance and Insights Report - Workforce Extract / Adroddiad Perfformiada Mewnwelediadau - Detholiad o'r Gweithlu

- 9.1 PODC 2026_10_15 - Performance and Insights Report - Workforce Extract.pdf (7 pages)

9.2. Audit Recommendations Tracker Update / Diweddariad Traciwr Argymhellion Archwilio

- 9.2 PODC 2026_10_15 - Audit Action Tracker Cover Paper.pdf (3 pages)
- 9.2 PODC 2026_10_15 - Audit Action Tracker.pdf (1 pages)

9.3. Workforce Equality Standard (WES) Update / Diweddariad ar Safon Cydraddoldeb y Gweithlu (WES)

- 9.3 PODC 2026_10_15 - Workforce Equality Standard (WES) Board update Oct 2026 v3.pdf (6 pages)
- 9.3 PODC 2026_10_15 - Appendix 1 - RAG Status for WES.pdf (1 pages)
- 9.3 PODC 2026_10_15 - Appendix 2 - WES Org report PHW.pdf (14 pages)

9.4. Committee Workplan / Cynllun Gwaith y Pwyllgor

- 9.4 PODC 2026_10_15 - Committee Workplan.pdf (3 pages)

Part B

12:40 - 12:50
10 min

10. NHS Performance and Improvement Business Bi-Annual Assurance Report / Adroddiad Sicrwydd Busnes Perfformiad a Gwella GIG Cymru Dwyflynyddol

12:40 - 12:50 (10 mins)

Collette Rees
Assistant Director of People and Organisational Development / Cyfarwyddwr Cynorthwyol Pobl a Datblygiad Sefydliadol

10 PODC 2026_10_15 - NHSPI Assurance Report.pdf (6 pages)

12:50 - 12:50
0 min

11. Closing Administration / Materion Gweinyddol i Gloi

- Any Other Business / Unrhyw Fusnes Arall
- Committee Feedback / Adborth y Pwyllgor
- Date of Next Meeting / Dyddiad y Cyfarfod Nesaf:
  - 14 January 2027 / 14 Ionawr 2027

Unconfirmed Minutes of the Public Health Wales
People and Organisational Development Committee Meeting
16 July 2026 at 10:00, in 3.2 CQ2 and via Microsoft Teams

Present:		
Tamsin Ramasut	(TR)	Committee Chair and Non-Executive Director (Equality and Diversity)
Kate Young	(KY)	Non-Executive Director (Third Sector)
Huw David	(HD)	Non-Executive Director (Local Government)
In Attendance:		
Michelle Battlemuch	(MB)	Assistant Director of Operations, Health Protection and Screening Services
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of Board Business Unit
Barbara Busby	(BB)	Strategic Advisor (for item 4)
Danielle Gething	(DG)	Head of Risk Management (for items 2 and 3)
Ffion Grundy	(FG)	Equality, Diversity and Inclusion Manager (for item 5)
Tim Hooper	(TH)	Strategic Programmes Lead (for item 6)
Sian Jones	(SJ)	Welsh Language Manager (for item 7)
Neil Lewis	(NL)	Director of People and Organisational Development
Charlotte Norman	(CN)	Head of People & OD Partnering (for items 4 and 6)
Emma Thomas	(ET)	Staff side representative
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Apologies		
Rachel Attwood	(RA)	Deputy Director of People and Organisational Development
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Lucy Day	(LD)	Business Manager
Liz Heath	(LH)	Staff side representative
Secretariat		
Ffion Lloyd	(FL)	Board Support Officer
The meeting commenced at 10:00		

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PODC 1/2026.07.16	Welcome and Apologies for Absence

TR opened the meeting and welcomed all present, noting that the meeting was held electronically and in person at CQ2.

The Committee **noted** that the meeting was being recorded to support with accuracy of the minutes, and that the recording would be deleted once the minutes had been agreed at the next meeting on 15 October 2026.

The apologies for absence received were **noted.**

PODC 1.1/2026.07.16	Declarations of Interest

There were no declarations of interest in addition to those already declared on the Declarations of Interest Register.

PODC 1.2/ 2026.07.16	Minutes, Action Log and Matters Arising of meeting (20 January 2026)

The Committee **approved** the minutes of the meeting of 16 April 2026.

The Committee **approved** the closure of completed items on the action Log.

Managing Risk

PODC 2/ 2026.07.16	Strategic Risk Register (Risk 2)

DG provided an update on the management position of Strategic Risk 2.

CB noted that the planned deep dive into risk assurance would not be able to take place as the work had not yet been through the necessary approval process, but would be covered at the October meeting.

DG reported that Strategic Risk 2 had been subject to extensive discussion at Leadership Team and the Business Executive Team. She advised that work had been undertaken to strengthen alignment between the Strategic Risk Register and Corporate Risk Register, including consideration of overlaps with the emerging Strategic Risk 5. DG noted that the paper reflected the position as of 1 April 2026.

NL advised that a comprehensive review of the risk had been undertaken and suggested that a more detailed examination would be most beneficial once the revised risk had completed the approval process and could be considered in its updated form.

CB highlighted that the principal areas of relevance to the Committee were workforce planning and workforce capability. She explained that Strategic Risk 5 had historically focused on digital capacity, but that recent discussions had identified organisational capability to deliver change and transformation as the more significant issue. CB advised that work was therefore being undertaken to align the people, capability and change elements of the risk. She further noted that emerging concerns regarding organisational culture, behaviour, and Speaking Up Safely activity would be reflected within the revised assessment. CB indicated that there would likely be a recommendation to revisit the risk score.

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The Committee:

- Welcomed the update and noted that it addressed a number of concerns previously raised.
- Sought assurance regarding Strategic Risk 3 being out of tolerance, and noted that the Committee was often reviewing historic positions rather than the most current assessment.
    - PV explained that the timing issue arose from the requirement for strategic risks to progress through Executive governance before Committee scrutiny. He acknowledged the challenge this created and agreed that opportunities to improve alignment between governance cycles and committee timetables should be explored as part of future planning.
- Questioned how Strategic Risk 2 remained comfortably within appetite given the organisational challenges and issues that had emerged in recent months.
    - CB advised that that a recent review of Strategic Risk 2 had been undertaken following the issues raised around this risk and that the risk appetite score was likely to change, but that this would need to be considered by the Lead Exec and agreed through the Business Executive Team.
    - DG explained that the existing score reflected confidence in the controls and mitigating actions currently in place, and that the Risk Management Framework would allow more opportunity risks to be explored.
- Observed that the Committee frequently received reports on strategies, action plans and intended improvements, but had limited visibility of the impact being achieved. It was suggested that greater emphasis should be placed on demonstrating how identified issues were being addressed and how progress and improvement were being measured over time.
    - NL agreed that the organisational context had changed significantly and acknowledged the need to better evidence the impact of improvement activity. He advised that ongoing work relating to organisational culture and measurement would support a more robust assessment of outcomes in future.
    - CB suggested that future reports could more clearly articulate the relationship between strategic priorities, improvement activity and strategic risks, and proposed that the impact of actions or controls could be added to the reports' cover papers for transparency.
- BB advised that work was underway to develop a dashboard of leading indicators to support the monitoring of organisational culture. She highlighted the importance of identifying early warning signs and triangulating cultural indicators with workforce metrics and service performance measures.
- PV suggested that the Committee could consider undertaking a deep dive at the October meeting into Strategic Risk 2 to review how the risk had evolved, whether mitigations had proved effective, and whether the revised risk would better support the organisation in anticipating and managing future issues.
  Action: FL/DG

The Committee took **assurance** on the management of Strategic Risk within the Organisation based on the verbal update provided.

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PODC 3/ 2026.07.16	Corporate Risk Register

DG provided an update on the Corporate Risk register, which reflected the position considered by Leadership Team on 18 June 2026.

DG explained that significant discussion had subsequently taken place at Leadership Team, which had resulted in a number of amendments to the register that were not yet reflected in the papers provided to the Committee. DG confirmed that members would have sight of the revised Corporate Risk Register at the July Board meeting.

DG advised that there were currently 11 corporate risks recorded on the register. She highlighted the inclusion of a new corporate risk relating to Public Health Wales's ability to deliver optimal and sustainable sexual health services to meet population requirements.

The Committee noted that they were being asked to take assurance from the substantial work and discussions that had taken place beyond the contents of the paper itself. CB advised that the role of Leadership Team in reviewing and challenging corporate risks had strengthened significantly, and that Leadership Team discussions on the Corporate Risk Register had become increasingly detailed and focused. CB noted that clear ownership and accountability for risks through both Executive Directors and delegated Leadership Team leads represented a significant strengthening of organisational risk management arrangements.

TR thanked DG for the update.

The Committee took **assurance** on the management of corporate risks within the remit of the Committee based on the verbal update provided.

Deep Dive

PODC 4/ 2026.07.16	Strategic Workforce Planning

CN provided a deep dive presentation on Strategic Workforce Planning, which highlighted progress made in developing a more strategic and integrated approach to workforce planning across Public Health Wales.

CN advised that the work had focused on three key areas: strategic alignment, integration and accountability. She explained that the existing workforce planning toolkit had been strengthened to improve alignment with organisational priorities, including consideration of areas such as digital transformation, climate change and Welsh language requirements. CN reported that greater integration had been established between workforce, service, financial and education planning, and that Executive Directors now held ownership of Directorate workforce plans alongside an overarching organisational workforce plan.

CN highlighted key achievements and outcomes from the work, which included an improved understanding of workforce capabilities and future workforce risks, a single organisational workforce planning framework, and developed recommendations for each area that would be monitored through dashboards and quarterly reviews.

CN outlined the key organisational priorities that had emerged from the planning process, which included building organisational resilience, strengthening leadership capability in

change management, improving digital capability, and the implementation of a more consistent approach to succession planning and talent management.

CN reported that workforce planning capability had improved but further work was needed to strengthen long-term planning and horizon scanning. She noted that integration with the Integrated Medium Term Plan (IMTP) had improved alignment but could encourage short-term focus, therefore quarterly reviews and horizon-scanning activity were proposed. CN also highlighted risks relating to finance, capacity, siloed planning and alignment with Welsh Government priorities.

The Committee:

- Welcomed the progress made and noted the increased maturity of workforce planning arrangements.
- Sought clarity regarding measurement of progress, and how assurance would be provided to the Committee regarding delivery against the planned trajectory.
    - CN acknowledged that the approach remained at an early stage of development but advised that the introduction of dashboards, quarterly reporting and monitoring of agreed actions would enable the organisation to demonstrate progress over time. She noted the intention to develop greater visibility of the relationship between workforce planning activity, organisational capability and delivery of strategic priorities.
- Expressed concern regarding the presentation of organisational culture within the workforce planning priorities, and stressed the importance of ensuring that workforce planning remained clearly aligned to the organisation's cultural aims.
    - CN advised that workforce planning activity was intrinsically linked to the People Strategy, organisational design and culture agenda, and that these links could be more clearly articulated in future reporting.
    - BB reported that work was underway with Leadership Team and local teams to ensure that workforce planning reflected local contexts whilst supporting wider organisational ambitions, and highlighted ongoing work to ensure policies, processes and organisational structures aligned with the behaviours and culture the organisation wished to promote.
    - NL advised that significant progress had been made in the quality and depth of workforce planning discussions, and reported that Executive Directors and their senior management teams had been extensively challenged to consider long-term workforce requirements, emerging risks and future opportunities.
- Suggested that future reporting should include practical examples demonstrating how workforce planning had informed organisational decisions and changes, and emphasised the importance of ensuring that future risks were identified sufficiently early to enable effective mitigation.
    - MB noted that considerable progress had been made over the previous four years in developing workforce planning arrangements. She advised that workforce risks relating to specialist roles were already visible through existing risk management processes and that mitigations were actively being pursued
    - MB acknowledged that many managers continued to find long-term workforce planning challenging, and emphasised the importance of

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supporting managers to develop their strategic workforce planning capability.

- Discussed the importance of ensuring staff working closest to service delivery informed strategic workforce planning.
    - MB advised that operational staff regularly informed service developments, innovation and business cases, although arrangements varied across services. Managers were encouraged to review workforce requirements whenever vacancies arose, and to consider whether alternative workforce models were required.
    - NL agreed that workforce planning needed to be informed by operational experience and advised that the workforce had changed significantly in recent years. He highlighted the opportunities presented by digital transformation, data, and artificial intelligence, and acknowledged the need to demonstrate more clearly the impact and outcomes arising from workforce planning activity.
    - CN added that a number of Directorate workforce planning groups were already involving managers closer to service delivery in discussions and decision-making.
    - BB highlighted the increasing demands placed upon managers, and noted that expectations around workforce planning, culture, engagement and service delivery all required significant managerial capacity. She suggested that future work should consider whether management roles were appropriately designed to enable managers to undertake these responsibilities effectively.

TR thanked CN for the presentation.

The Committee took **assurance** of the progress made with Strategic Workforce Planning in 2025/26.

Partnerships and Engagement	
PODC 5/ 2026.07.16	**Staff Network: Update on Actions**

FG provided an update on progress made against requests raised by the Staff Diversity Networks with the Board between September 2023 and July 2024.

FG advised that the update focused on progress made against the remaining actions since the previous update at the April 2025 meeting. FG reported that the vast majority of actions had now been completed or substantially progressed, demonstrating the value of staff voice and partnership working between the Networks, Executive Sponsors and colleagues across the organisation and highlighted key achievements from each of the Networks.

FG advised that a small number of actions remained in progress, which included work to improve accessibility standards and guidance across the organisation, recruitment and interview support for ethnic minority colleagues, and further development and expansion of mentoring initiatives. She noted that these activities would continue to be progressed through existing equality governance arrangements and the Strategic Equality Plan. FG further reported that approximately 36% of staff were now members of one or more Staff Networks, which demonstrated the continuing value and reach of the initiative.

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TR welcomed the progress made and congratulated the Networks on their continued success and high levels of engagement. She noted the tangible outcomes that had been achieved, and sought clarification regarding whether any original requests remained outstanding. FG advised that no original requests remained unaddressed. She explained that some actions were ongoing because they formed part of broader organisational programmes of work, particularly in relation to accessibility and communications. FG confirmed that these actions continued to be progressed and monitored collaboratively across relevant teams.

The Committee:

- Queried how future requests from Staff Networks would be managed.
    - FG advised that whilst the original programme of requests had not formed part of a formal cyclical reporting process, future priorities and requests would ideally be incorporated within the Strategic Equality Plan. She explained that the Networks continued to identify new opportunities, concerns and areas for improvement through regular engagement with members, and highlighted the importance of continued support from Executive Sponsors, senior leaders and the Board.
- Recognised the important role that Staff Networks played in understanding staff experience and providing insight into issues affecting colleagues, and suggested that periodic updates would provide assurance that the feedback loop remained effective.
- Sought assurance regarding the accessibility and representativeness of the Networks, and asked whether participation was geographically and operationally representative and whether barriers existed for some staff groups.
    - FG advised that whilst detailed participation data by Directorate was not currently collected, barriers existed for some staff groups, particularly colleagues working in laboratory and screening services due to shift patterns and IT access limitations. She outlined a number of measures implemented to improve accessibility, which included varying meeting schedules and reinforcing organisational messages that staff should be supported to attend Network meetings as part of their working arrangements. FG noted that this remained an area of ongoing focus and improvement.
- Sought clarification regarding the support provided to Network Chairs and Co-Chairs, specifically whether protected time was formally allocated to undertake their responsibilities.
    - FG explained that Chairs undertook their Network responsibilities alongside their substantive roles, and therefore relied upon local agreement with line managers regarding time allocation. Whilst many managers were supportive, she acknowledged that consistency across the organisation varied, and that some Chairs had reported challenges in securing sufficient time for the role. FG advised that this issue had recently been discussed at Leadership Forum, where there had been support for ensuring greater recognition of the contribution made by Network Chairs.
    - TR highlighted the work associated with chairing staff networks, and suggested that the organisation should consider whether more formal arrangements were required to recognise and support these responsibilities.

- CB advised that she had encountered similar challenges through her sponsorship of the Women's Network and supported consideration of protected time.

- Questioned whether sufficient organisational capacity existed to support the wider Equality, Diversity and Inclusion (EDI) agenda references within corporate risk discussions.
  - CB advised that work on the organisation's wider equality approach was scheduled for consideration by the Business Executive Team in September, and suggested that, depending on the outcome of those discussions, a future update could be brought to a future Committee meeting.
- Highlighted the cross-committee nature of this work and the need to avoid the duplication of work.
  - CB suggested a joint meeting between the relevant Committees to review the action plan.

Action: LB/CB

TR thanked FG for the update, and requested that thanks and recognition be conveyed to Network Chairs, Co-Chairs and members for their continued commitment and contribution.

The Committee took **assurance** on the progress with requests made to the Board by the Staff Diversity Networks to date.

Workforce and Workforce Planning

PODC 6/ 2026.07.16	**Organisational Change Management Update**

TH and CN provided an update on the Organisation's approach to change management and the current organisational change portfolio.

TH outlined the governance arrangements established to manage organisational change. He advised that these included the development of the organisational change portfolio, the establishment of a Change Board, strengthened programme and project management standards, and the development of Strategic Risk 5 to provide oversight of organisational capability. He reported that the Change Board provided regular scrutiny and assurance regarding programme delivery and organisational capacity.

TH noted that the portfolio covered a number of significant programmes, and advised that the portfolio remained dynamic, with programmes progressing through initiation, delivery and closure. TH noted that programmes had faced challenges such as workforce restructuring, recruitment, and skills development. He reflected on importance of engaging and supporting staff throughout change programmes to achieve successful outcomes.

CN outlined the organisational change dashboard used to monitor workforce-related change activity. CN reported that 41 change programmes had been monitored up to June 2026, including 17 programmes in pipeline, two planned, seven live and fifteen completed. CN highlighted the importance of ensuring that impact considerations were embedded from the earliest stages of programme design. CN noted there was a focus on working with the relevant business areas to ensure that sequencing and readiness were managed appropriately to avoid excessive pressure on staff or services.

The Committee:

- Sought clarification regarding the distinction between service improvement and service change, noting that even relatively small changes could have significant implications for service users. TH agreed that the distinction was not absolute and explained that the Organisation used the terminology primarily to differentiate between incremental improvement activity and major transformational programmes. He acknowledged that smaller changes could nevertheless have significant impacts on service users and therefore required effective engagement and communication.
- Sought assurance that staff engagement was embedded from the earliest stages of change programmes.
    - CN advised that organisational change guidance, toolkits and templates had been refreshed and strengthened to ensure that workforce engagement, communications and people considerations were incorporated proportionately within all programmes, including those not requiring formal consultation.
    - TH the importance of maintaining engagement over the lifetime of programmes, and advised that communication approaches needed to evolve throughout the delivery cycle to ensure staff continued to understand the purpose, impact and benefits of change.
- Sought clarification regarding how organisational change programmes were identified and progressed through governance processes.
    - TH advised that significant change activity was generally identified through the planning and IMTP process before being formally commissioned through the Change Board. He explained that change proposals were subject to scrutiny and assessment before entering the organisational change portfolio.
- Enquired about the role of Trade Union representatives in supporting Organisational change.
    - CN advised that engagement with Trade Union colleagues had strengthened significantly in recent years. She reported that the organisational change dashboard was used to provide early visibility of forthcoming activity and enable meaningful engagement before programmes became live, and noted that examples had emerged where feedback from staff representatives had directly influenced the design and implementation of change programmes.
    - ET acknowledged the significant improvements that had been made in partnership working and engagement arrangements, and advised that the primary challenge from a Trade Union perspective related to securing sufficient representative capacity to support all ongoing change programmes.
- Sought assurance regarding the Organisational resources dedicated to supporting change management and questioned how managers and leaders were being equipped to lead change within their own areas
    - TH explained that dedicated programme management resources were provided through the Portfolio Management Office, supported by a team of programme managers and, where appropriate, external specialist expertise.
    - CN advised that development of change management capability had been identified as a key organisational priority through workforce planning activity and Strategic Risk 5. She reported that the organisation recognised the need

to strengthen both business change and people change skills amongst managers and leaders and was developing training and support programmes accordingly.
    - TH added that work was underway to strengthen the capability of Senior Responsible Owners (SROs), alongside the operation of a programme and project management community of practice.
- Reflected that the Organisation needed to maintain a balance between innovation and organisational capacity. CB advised that learning from the current IMTP and baseline assessments had highlighted the need to focus on delivering agreed priorities effectively, rather than continually introducing additional work. The Staff Survey had also highlighted staff issues in regard to workload, stress, burnout and competing priorities.

TR thanked TH and CN for the presentation.

The Committee took **assurance** on the change portfolio and the management of change across the Organisation.

Equalities and Diversity	
PODC 7/ 2026.07.16	**Welsh Language Annual Report (2024-25) and More Than Words Annual Report**

The Committee received the Welsh Language Standards Annual Report and the More Than Just Words Annual Update for the period 1 April 2025 to 31 March 2026.

SJ presented the reports which outlined Public Health Wales's compliance with the Welsh Language Standards and progress against Welsh Government's More Than Just Words five-year action plan (2022-2027).

SJ highlighted a number of key achievements during the reporting period, which included publication of the revised Internal Use of Welsh Policy, and the successful launch of the Help Me Quit mobile application, which had been developed with Welsh as the default language setting.

SJ outlined a number of priorities for the coming year. These included continuing to develop the recently launched corporate website, and support the introduction of the Health Siarad Scheme in partnership with the National Centre for Learning Welsh.

SJ noted additional priorities following feedback from the Welsh Language Commissioner's Office, which included:

- Strengthening collaboration with procurement colleagues to ensure third-party suppliers met Welsh Language Standards requirements, and to audit existing suppliers
- Supporting Welsh language responses to Freedom of Information requests.

TR sought assurance regarding the Organisation's ability to provide Welsh language services when requested by patients and service users, particularly in relation to screening services and direct clinical interactions. SJ advised that Public Health Wales had a duty to provide services through the medium of Welsh when requested, and

reported that she was not aware of any cases where this had not been achieved. She explained that significant work was underway through the Clinical Consultation Plan to move beyond a reactive model, where Welsh language services were provided on request, towards a proactive model where services could routinely be offered in Welsh without requiring patients to ask. SJ acknowledged that achieving this ambition presented challenges, including workforce availability and technical system limitations, however services were actively working towards this objective.

TR thanked SJ for the update, and encouraged members to take advantage of opportunities to improve their own Welsh language skills.

The Committee **approved** the Welsh Language Standards Annual Report 2025-26 and More Than Just Words Annual Update.

Governance and Accountability	
PODC 8/2026.07.16	**Policies for Approval**

The All-Wales Flexible Working Policy was presented to the Committee for approval. The policy had been subject to the appropriate consultation and governance processes, including engagement with Trade Union colleagues, prior to submission for approval.

NL presented the policy and advised that the amendments reflected recent legislative and procedural updates rather than a change in policy intent. NL reaffirmed that Public Health Wales continued to support flexible working wherever reasonably possible and that all employees retained the right to request flexible working from the first day of employment.

NL also noted that work was underway at an all-Wales level to review workforce policies in a more coordinated manner. He advised that future committee agendas were therefore likely to include an increased number of all-Wales policies requiring approval, although many would involve only minor revisions, updates to review dates or legislative amendments rather than substantive policy changes.

The Committee **approved** the All-Wales Flexible Working Policy.

For Information	
PODC 9/2026.07.16	**Items to Note**
PODC 9.1/2026.07.16	**Performance and Insights Report - Workforce Extract**

The Committee **noted** the Insight report workforce extract for information.

PODC 9.2/ 2026.07.16	**Audit Recommendations Tracker Update**

The Committee **noted** the extract from the Audit Recommendation Tracker.

PODC 9.3/ 2026.07.16	**Committee Workplan**

The Committee noted the Committee workplan.

PODC 16/2026.07.16	**Closing Administration**

TR thanked everyone for their contributions and closed the meeting.

The Committee was asked to e-mail feedback on the meeting to the Board Business Unit.

UNCONFIRMED

Date of next Committee meeting: 15 October 2026
The meeting closed at 13:03

UNCONFIRMED

Cofnodion Iechyd Cyhoeddus Cymru heb eu Cadarnhau
Cyfarfod Pwyllgor Pobl a Datblygu Sefydliadol
16 Gorffennaf 2026 am 10:00, yn 3.2 CQ2 a thrwy Microsoft Teams

Yn bresennol:		
Tamsin Ramasut	(TR)	Cadeirydd y Pwyllgor a Chyfarwyddwr Anweithredol (Cydraddoldeb ac Amrywiaeth)
Kate Young	(KY)	Cyfarwyddwr Anweithredol (Y Trydydd Sector)
Huw David	(HD)	Cyfarwyddwr Anweithredol (Llywodraeth Leol)
Yn Bresennol:		
Michelle Battlemuch	(MB)	Cyfarwyddwr Cynorthwyol Gweithrediadau, Diogelu Iechyd a Gwasanaethau Sgrinio
Claire Birchall	(CB)	Cyfarwyddwr Gweithredol Nyrsio, Ansawdd a Llywodraethu Integredig
Liz Blayney	(LB)	Dirprwy Ysgrifennydd y Bwrdd a Dirprwy Bennaeth Uned Fusnes y Bwrdd
Barbara Busby	(BB)	Cynghorydd Strategol (ar gyfer eitem 4)
Danielle Gething	(DG)	Pennaeth Rheoli Risg (ar gyfer eitemau 2 a 3)
Ffion Grundy	(FG)	Rheolwr Cydraddoldeb, Amrywiaeth a Chynhwysiant (ar gyfer eitem 5)
Tim Hooper	(TH)	Arweinydd Rhaglenni Strategol (ar gyfer eitem 6)
Sian Jones	(SJ)	Rheolwr y Gymraeg (ar gyfer eitem 7)
Neil Lewis	(NL)	Cyfarwyddwr y Gweithlu a Datblygu Sefydliadol
Charlotte Norman	(CN)	Pennaeth Partneru Pobl a Datblygu Sefydliadol (ar gyfer eitemau 4 a 6)
Emma Thomas	(ET)	Cynrychiolydd ochr staff
Paul Veysey	(PV)	Ysgrifennydd y Bwrdd a Phennaeth Uned Fusnes y Bwrdd
Ymddiheuriadau		
Rachel Attwood	(RA)	Dirprwy Gyfarwyddwr Pobl a Datblygu Sefydliadol
Pippa Britton	(PB)	Cadeirydd y Bwrdd
Tracey Cooper	(TC)	Prif Weithredwr
Lucy Day	(LD)	Rheolwr Busnes
Liz Heath	(LH)	Cynrychiolydd ochr staff
Ysgrifenyddiaeth		
Ffion Lloyd	(FL)	Swyddog Cymorth y Bwrdd
Dechreuodd y cyfarfod am 10:00		

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PODC 1/2026.07.16	Croeso ac Ymddiheuriadau am Absenoldeb

Agorodd TR y cyfarfod a chroesawodd bawb a oedd yn bresennol. Nododd bod y cyfarfod hwn wedi'i gynnal yn electronig ac wyneb yn wyneb yn CQ2.

Nododd y Pwyllgor fod y cyfarfod yn cael ei recordio er mwyn sicrhau cywirdeb y cofnodion. Byddai'r recordiad yn cael ei ddileu unwaith y cytunwyd ar y cofnodion yn y cyfarfod nesaf ar 15 Hydref 2026.

Nodwyd yr ymddiheuriadau am absenoldeb a dderbyniwyd.

PODC 1.1/2026.07.16	Datganiadau o Fuddiant

Nid oedd unrhyw ddatganiadau o fuddiant yn ychwanegol i'r rhai a ddatgelwyd eisoes ar y Gofrestr Datganiadau o Fuddiant.

PODC 1.2/ 2026.07.16	Cofnodion, Cofnod Gweithredu a Materion yn Codi o'r cyfarfod (20 Ionawr 2026)

Cymeradwyodd y Pwyllgor gofnodion y cyfarfod ar 16 Ebrill 2026.

Cymeradwyodd y Pwyllgor gau eitemau wedi'u cwblhau ar y Log camau gweithredu.

Rheoli Risg

PODC 2/ 2026.07.16	Cofrestr Risg Strategol (Risg 2)

Rhoddodd DG ddiweddariad ar sefyllfa reoli Risg Strategol 2.

Nododd CB na fyddai'r archwiliad dwfn a gynlluniwyd i sicrwydd risg yn gallu digwydd gan nad oedd y gwaith wedi mynd trwy'r broses gymeradwyo angenrheidiol eto, ond y byddai'n cael ei drafod yng nghyfarfod mis Hydref.

Adroddodd DG fod Risg Strategol 2 wedi bod yn destun trafodaeth helaeth yn y Tîm Arweinyddiaeth a'r Tîm Gweithredol Busnes. Dywedodd fod gwaith wedi'i wneud i gryfhau'r aliniad rhwng y Gofrestr Risg Strategol a'r Gofrestr Risg Gorfforaethol, gan gynnwys ystyried gorgyffwrdd â Risg Strategol 5 sy'n dod i'r amlwg. Nododd DG fod y papur yn adlewyrchu'r sefyllfa ar 1 Ebrill 2026.

Cynghorodd NL fod adolygiad cynhwysfawr o'r risg wedi'i gynnal ac awgrymodd y byddai archwiliad mwy manwl o'r budd mwyaf ar ôl i'r risg ddiwygiedig gwblhau'r broses gymeradwyo a gellid ei hystyried yn ei ffurf ddiweddaraf.

Tynnodd CB sylw at y ffaith mai'r prif feysydd perthnasol i'r Pwyllgor oedd cynllunio'r gweithlu a gallu'r gweithlu. Esboniodd fod Risg Strategol 5 wedi canolbwyntio'n hanesyddol ar gapasiti digidol, ond bod trafodaethau diweddar wedi nodi mai gallu sefydliadol i gyflawni newid a thrawsnewid oedd y mater pwysicaf. Cynghorodd CB fod gwaith felly'n cael ei wneud i alinio'r bobl, y gallu a'r elfennau newid sy'n gysylltiedig â'r risg. Nododd ymhellach y byddai pryderon sy'n dod i'r amlwg ynghylch diwylliant sefydliadol, ymddygiad, a gweithgarwch Codi Llais Heb Ofn yn cael eu hadlewyrchu yn yr asesiad diwygiedig. Nododd CB y byddai argymhelliad yn debygol i ailystyried y sgôr risg.

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Gwnaeth y Pwyllgor y canlynol:

- Croesawodd y diweddariad a nododd ei fod yn mynd i'r afael â nifer o bryderon a godwyd yn flaenorol.
- Gofynnodd am sicrwydd ynghylch bod Risg Strategol 3 y tu hwnt i oddefgarwch, a nodwyd bod y Pwyllgor yn aml yn adolygu safbwyntiau hanesyddol yn hytrach na'r asesiad mwyaf cyfredol.
    - Esboniodd PV fod y mater amseru wedi codi o'r gofyniad i risgiau strategol symud ymlaen trwy lywodraethu Gweithredol cyn craffu gan y Pwyllgor. Cydnabu'r her a grëwyd gan hyn a chytunodd y dylid archwilio cyfleoedd i wella'r aliniad rhwng cylchoedd llywodraethu ac amserlenni pwyllgorau fel rhan o gynllunio ar gyfer y dyfodol.
- Cwestiynwyd sut roedd Risg Strategol 2 yn parhau'n gyfforddus o fewn yr archwaeth o ystyried yr heriau a'r materion sefydliadol a oedd wedi dod i'r amlwg yn ystod y misoedd diwethaf.
    - Dywedodd CB fod adolygiad diweddar o Risg Strategol 2 wedi'i gynnal yn dilyn y materion a godwyd ynghylch y risg hon a bod y sgôr archwaeth am risg yn debygol o newid, ond y byddai angen i'r Prif Weithredwr ystyried hyn a'i gytuno drwy'r Tîm Gweithredol Busnes.
    - Esboniodd DG fod y sgôr bresennol yn adlewyrchu hyder yn y rheolaethau a'r camau lliniaru sydd ar waith ar hyn o bryd, ac y byddai'r Fframwaith Rheoli Risg yn caniatáu archwilio mwy o risgiau cyfle.
- Sylwyd bod y Pwyllgor yn aml yn derbyn adroddiadau ar strategaethau, cynlluniau gweithredu a gwelliannau arfaethedig, ond bod ganddo weledd cyfyngedig o'r effaith a oedd yn cael ei chyflawni. Awgrymwyd y dylid rhoi mwy o bwyslais ar ddangos sut yr oedd materion a nodwyd yn cael eu datrys a sut yr oedd cynnydd a gwelliant yn cael eu mesur dros amser.
    - Cytunodd NL fod y cyd-destun sefydliadol wedi newid yn sylweddol a chydnabu'r angen i ddangos gwell tystiolaeth o effaith gweithgaredd gwella. Cynghorodd y byddai gwaith parhaus yn ymwneud â diwylliant a mesur sefydliadol yn cefnogi asesiad mwy cadarn o ganlyniadau yn y dyfodol.
    - Awgrymodd CB y gallai adroddiadau yn y dyfodol fynegi'r berthynas rhwng blaenoriaethau strategol, gweithgarwch gwella a risgiau strategol yn gliriach, a chynigiodd y gellid ychwanegu effaith camau gweithredu neu reolaethau at bapurau blaen yr adroddiadau er mwyn tryloywder.
- Dywedodd BB fod gwaith ar y gweill i ddatblygu dangosfwrdd o ddangosyddion blaenllaw i gefnogi monitro diwylliant sefydliadol. Tynnodd sylw at bwysigrwydd nodi arwyddion rhybuddio cynnar a thriongli dangosyddion diwylliannol â metrigau'r gweithlu a mesurau perfformiad gwasanaeth.
- Awgrymodd PV y gallai'r Pwyllgor ystyried cynnal archwiliad dwfn yng nghyfarfod mis Hydref i Risg Strategol 2 i adolygu sut roedd y risg wedi esblygu, a oedd lliniaru wedi profi'n effeithiol, ac a fyddai'r risg ddiwygiedig yn cefnogi'r sefydliad yn well i ragweld a rheoli problemau yn y dyfodol.
  Cam Gweithredu: FL/DG

Cymerodd y Pwyllgor **sicrwydd** ynghylch rheoli Risg Strategol o fewn y Sefydliad yn seiliedig ar y diweddariad llafar a ddarparwyd.

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PODC 3/ 2026.07.16	Y Gofrestr Risg Gorfforaethol

Rhoddodd DG ddiweddariad ar y gofrestr Risg Gorfforaethol, a oedd yn adlewyrchu'r safbwynt a ystyriwyd gan y Tîm Arweinyddiaeth ar 18 Mehefin 2026.

Esboniodd DG fod trafodaeth sylweddol wedi digwydd wedi hynny yn y Tîm Arweinyddiaeth, a bod hynny wedi arwain at nifer o welliannau i'r gofrestr nad oeddent wedi'u hadlewyrchu eto yn y papurau a ddarparwyd i'r Pwyllgor. Cadarnhaodd DG y byddai aelodau'n cael gweld y Gofrestr Risg Gorfforaethol ddiwygiedig yng nghyfarfod y Bwrdd ym mis Gorffennaf.

Dywedodd DG fod 11 o risgiau corfforaethol wedi'u cofnodi ar y gofrestr ar hyn o bryd. Tynnodd sylw at gynnwys risg gorfforaethol newydd yn ymwneud â gallu Iechyd Cyhoeddus Cymru i ddarparu gwasanaethau iechyd rhywiol optimaidd a chynaliadwy i ddiwallu gofynion y boblogaeth.

Nododd y Pwyllgor eu bod yn cael eu gofyn i gymryd sicrwydd o'r gwaith a'r trafodaethau sylweddol a oedd wedi digwydd y tu hwnt i gynnwys y papur ei hun. Dywedodd CB fod rôl y Tîm Arweinyddiaeth wrth adolygu a herio risgiau corfforaethol wedi cryfhau'n sylweddol, a bod trafodaethau'r Tîm Arweinyddiaeth ar y Gofrestr Risg Gorfforaethol wedi dod yn fwyfwy manwl â ffocws. Nododd CB fod perchnogaeth ac atebolrwydd clir dros risgiau drwy Gyfarwyddwyr Gweithredol ac arweinwyr dirprwyedig y Tîm Arweinyddiaeth yn cynrychioli cryfhau sylweddol o ran trefniadau rheoli risg sefydliadol.

Diolchodd TR i DG am y diweddariad.

Cymerodd y Pwyllgor **sicrwydd** ynghylch rheoli risgiau corfforaethol o fewn cylch gwaith y Pwyllgor yn seiliedig ar y diweddariad llafar a ddarparwyd.

Archwiliad Dwfn

PODC 4/ 2026.07.16	Cynllunio'r Gweithlu yn Strategol

Rhoddodd CN gyflwyniad archwiliad dwfn ar Gynllunio Gweithlu Strategol, a oedd yn tynnu sylw at y cynnydd a wnaed wrth ddatblygu dull mwy strategol ac integredig o gynllunio'r gweithlu ar draws Iechyd Cyhoeddus Cymru.

Dywedodd CN fod y gwaith wedi canolbwyntio ar dri maes allweddol: aliniad strategol, integreiddio ac atebolrwydd. Esboniodd fod y pecyn cymorth cynllunio gweithlu presennol wedi'i gryfhau i wella'r cydymffurfiaeth â blaenoriaethau sefydliadol, gan gynnwys ystyried meysydd fel trawsnewid digidol, newid hinsawdd a gofynion y Gymraeg. Adroddodd CN fod mwy o integreiddio wedi'i sefydlu rhwng cynllunio'r gweithlu, gwasanaethau, cyllid ac addysg, a bod Cyfarwyddwyr Gweithredol bellach yn berchen ar gynlluniau gweithlu'r Gyfarwyddiaeth ochr yn ochr â chynllun gweithlu sefydliadol cyffredinol.

Tynnodd CN sylw at gyflawniadau a chanlyniadau allweddol o'r gwaith, a oedd yn cynnwys gwell dealltwriaeth o alluoedd y gweithlu a risgiau'r gweithlu yn y dyfodol, fframwaith cynllunio gweithlu sefydliadol sengl, a datblygwyd argymhellion ar gyfer pob maes a fyddai'n cael eu monitro trwy ddangosfyrddau ac adolygiadau chwarterol.

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Amlinellodd CN y blaenoriaethau sefydliadol allweddol a oedd wedi dod i'r amlwg o'r broses gynllunio, a oedd yn cynnwys meithrin gwydnwch sefydliadol, cryfhau gallu arweinyddiaeth mewn rheoli newid, gwella gallu digidol, a gweithredu dull mwy cyson o gynllunio olyniaeth a rheoli talent.

Adroddodd CN fod y gallu i gynllunio'r gweithlu wedi gwella ond bod angen gwaith pellach i gryfhau cynllunio hirdymor a sganio'r gorwel. Nododd fod integreiddio â'r Cynllun Tymor Canolig Integredig (IMTP) wedi gwella aliniad ond y gallai annog ffocws tymor byr, felly cynigiwyd adolygiadau chwarterol a gweithgarwch sganio'r gorwel. Tynnodd CN sylw hefyd at risgiau yn ymwneud â chyllid, capasiti, cynllunio mewn silos ac alinio â blaenoriaethau Llywodraeth Cymru.

Gwnaeth y Pwyllgor y canlynol:

- Croesawodd y cynnydd a wnaed a nododd aeddfedrwydd cynyddol trefniadau cynllunio'r gweithlu.
- Gofynnodd am eglurder ynghylch mesur cynnydd, a sut y byddai sicrwydd yn cael ei roi i'r Pwyllgor ynghylch cyflawni yn erbyn y trywydd arfaethedig.
    - Cydnabu CN fod y dull yn dal i fod yng nghyfnod cynnar ei ddatblygiad ond cynghorodd y byddai cyflwyno dangosfyrddau, adrodd chwarterol a monitro camau gweithredu y cytunwyd arnynt yn galluogi'r sefydliad i ddangos cynnydd dros amser. Nododd y bwriad i ddatblygu mwy o weledigedd o'r berthynas rhwng gweithgarwch cynllunio'r gweithlu, gallu sefydliadol a chyflawni blaenoriaethau strategol.
- Mynegodd bryder ynghylch cyflwyno diwylliant sefydliadol o fewn blaenoriaethau cynllunio'r gweithlu, a phwysleisiodd bwysigrwydd sicrhau bod cynllunio'r gweithlu yn parhau i fod wedi'i alinio'n glir ag amcanion diwylliannol y sefydliad.
    - Cynghorodd CN fod gweithgarwch cynllunio'r gweithlu wedi'i gysylltu'n annatod â'r Strategaeth Pobl, dyluniad sefydliadol a'r agenda diwylliant, ac y gellid mynegi'r cysylltiadau hyn yn gliriach mewn adroddiadau yn y dyfodol.
    - Adroddodd BB fod gwaith ar y gweill gyda'r Tîm Arweinyddiaeth a thimau lleol i sicrhau bod cynllunio'r gweithlu yn adlewyrchu cyd-destunau lleol wrth gefnogi uchelgeisiau sefydliadol ehangach, a thynnodd sylw at waith parhaus i sicrhau bod polisïau, prosesau a strwythurau sefydliadol yn cyd-fynd â'r ymddygiadau a'r diwylliant yr oedd y sefydliad yn dymuno eu hyrwyddo.
    - Cynghorodd NL fod cynnydd sylweddol wedi'i wneud o ran ansawdd a dyfnder trafodaethau cynllunio'r gweithlu, ac adroddodd fod Cyfarwyddwyr Gweithredol a'u timau uwch reolwyr wedi cael eu herio'n helaeth i ystyried gofynion gweithlu hirdymor, risgiau sy'n dod i'r amlwg a chyfleoedd yn y dyfodol.
- Awgrymodd y dylai adroddiadau yn y dyfodol gynnwys enghreifftiau ymarferol sy'n dangos sut mae cynllunio'r gweithlu wedi llywio penderfyniadau a newidiadau sefydliadol, a phwysleisiodd bwysigrwydd sicrhau bod risgiau yn y dyfodol yn cael eu nodi'n ddigon cynnar i alluogi lliniaru effeithiol.
    - Nododd MB fod cynnydd sylweddol wedi'i wneud dros y pedair blynedd blaenorol o ran datblygu trefniadau cynllunio'r gweithlu. Cynghorodd fod risgiau'r gweithlu sy'n ymwneud â rolau arbenigol eisoes yn weladwy trwy

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brosesau rheoli risg presennol a bod mesurau lliniaru yn cael eu dilyn yn weithredol.
    - Cydnabu MB fod llawer o reolwyr yn parhau i gael y gwaith o gynllunio'r gweithlu yn y tymor hir yn heriol, a phwysleisiodd bwysigrwydd cefnogi rheolwyr i ddatblygu eu gallu i gynllunio'r gweithlu yn strategol.
- Trafodwyd pwysigrwydd sicrhau bod y staff sy'n gweithio agosaf at y ddarpariaeth gwasanaeth yn llywio cynllunio gweithlu strategol.
    - Dywedodd MB fod staff gweithredol yn hysbysu datblygiadau gwasanaeth, arloesedd ac achosion busnes yn rheolaidd, er bod trefniadau'n amrywio ar draws gwasanaethau. Anogwyd rheolwyr i adolygu gofynion y gweithlu pryd bynnag y byddai swyddi gwag yn codi, ac i ystyried a oedd angen modelau gweithlu amgen.
    - Cytunodd NL fod angen i gynllunio'r gweithlu gael ei lywio gan brofiad gweithredol a chynghorodd fod y gweithlu wedi newid yn sylweddol yn ystod y blynyddoedd diwethaf. Tynnodd sylw at y cyfleoedd a gyflwynir gan drawsnewid digidol, data, a deallusrwydd artiffisial, a chydnabu'r angen i ddangos yn gliriach yr effaith a'r canlyniadau sy'n deillio o weithgarwch cynllunio'r gweithlu.
    - Ychwanegodd CN fod nifer o grwpiau cynllunio gweithlu'r Gyfarwyddiaeth eisoes yn cynnwys rheolwyr sy'n agosach at ddarparu gwasanaethau mewn trafodaethau a gwneud penderfyniadau.
    - Tynnodd BB sylw at y gofynion cynyddol sydd ar reolwyr, a nododd fod disgwyliadau ynghylch cynllunio'r gweithlu, diwylliant, ymgysylltu a darparu gwasanaethau i gyd yn gofyn am gapasiti rheoli sylweddol. Awgrymodd y dylai gwaith yn y dyfodol ystyried a oedd rolau rheoli wedi'u cynllunio'n briodol i alluogi rheolwyr i ymgymryd â'r cyfrifoldebau hyn yn effeithiol.

Diolchodd TR i CN am y cyflwyniad.

Cymerodd y Pwyllgor **sicrwydd** o'r cynnydd a wnaed gyda Chynllunio Gweithlu Strategol yn 2025/26.

Partneriaethau ac Ymgysylltu

PODC 5/ 2026.07.16	**Rhwydwaith Staff: Diweddariad ar Gamau Gweithredu**

Rhoddodd FG ddiweddariad ar y cynnydd a wnaed yn erbyn ceisiadau a godwyd gan y Rhwydweithiau Amrywiaeth Staff gyda'r Bwrdd rhwng Medi 2023 a Gorffennaf 2024.

Dywedodd FG fod y diweddariad yn canolbwyntio ar y cynnydd a wnaed yn erbyn y camau gweithredu oedd yn weddill ers y diweddariad blaenorol yng nghyfarfod Ebrill 2025. Adroddodd FG fod y mwyafrif helaeth o'r camau gweithredu bellach wedi'u cwblhau neu wedi'u datblygu'n sylweddol, gan ddangos gwerth llais staff a gweithio mewn partneriaeth rhwng y Rhwydweithiau, Noddwyr Gweithredol a chydweithwyr ar draws y sefydliad ac amlygodd gyflawniadau allweddol o bob un o'r Rhwydweithiau.

Cynghorodd FG fod nifer fach o gamau gweithredu yn parhau i fod ar y gweill, a oedd yn cynnwys gwaith i wella safonau a chanllawiau hygyrchedd ar draws y sefydliad, cefnogaeth recriwtio a chyfweld i gydweithwyr o leiafrifoedd ethnig, a datblygu mentrau mentora ymhellach a'u hehangu. Nododd y byddai'r gweithgareddau hyn yn parhau i gael

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eu datblygu drwy drefniadau llywodraethu cydraddoldeb presennol a'r Cynllun Cydraddoldeb Strategol. Adroddodd FG ymhellach fod tua 36% o staff bellach yn aelodau o un neu fwy o Rwydweithiau Staff, a oedd yn dangos gwerth a chyrhaeddiad parhaus y fenter.

Croesawodd TR y cynnydd a wnaed a llongyfarchodd y Rhwydweithiau ar eu llwyddiant parhaus a'u lefelau uchel o ymgysylltiad. Nododd y canlyniadau pendant a oedd wedi'u cyflawni, a gofynnodd am eglurhad ynghylch a oedd unrhyw geisiadau gwreiddiol yn parhau i fod heb eu cwblhau. Dywedodd FG nad oedd unrhyw geisiadau gwreiddiol heb eu datrys yn weddill. Esboniodd fod rhai camau gweithredu yn parhau oherwydd eu bod yn rhan o raglenni gwaith sefydliadol ehangach, yn enwedig mewn perthynas â hygyrchedd a chyfathrebu. Cadarnhaodd FG fod y camau gweithredu hyn yn parhau i gael eu datblygu a'u monitro ar y cyd ar draws timau perthnasol.

Gwnaeth y Pwyllgor y canlynol:

- Gofyn sut y byddai ceisiadau yn y dyfodol gan Rwydweithiau Staff yn cael eu rheoli.
    - Cynghorodd FG, er nad oedd y rhaglen wreiddiol o geisiadau wedi ffurfio rhan o broses adrodd gylchol ffurfiol, y byddai blaenoriaethau a cheisiadau yn y dyfodol yn cael eu hymgorffori yn y Cynllun Cydraddoldeb Strategol yn ddelfrydol. Esboniodd fod y Rhwydweithiau'n parhau i nodi cyfleoedd, pryderon a meysydd newydd i'w gwella drwy ymgysylltu'n rheolaidd ag aelodau, a thynnodd sylw at bwysigrwydd cefnogaeth barhaus gan Noddwyr Gweithredol, uwch arweinwyr a'r Bwrdd.
- Cydnabod rôl bwysig a chwaraewyd gan Rwydweithiau Staff wrth ddeall profiad staff a rhoi cipolwg ar faterion sy'n effeithio ar gydweithwyr, ac awgrymodd y byddai diweddariadau cyfnodol yn rhoi sicrwydd bod y ddolen adborth yn parhau i fod yn effeithiol.
- Gofyn am sicrwydd ynghylch hygyrchedd a chynrychiolaeth y Rhwydweithiau, a gofynnwyd a oedd cyfranogiad yn gynrychioliadol yn ddaearyddol ac yn weithredol ac a oedd rhwystrau'n bodoli i rai grwpiau staff.
    - Dywedodd FG, er nad oedd data cyfranogiad manwl yn ôl Cyfarwyddiaeth yn cael ei gasglu ar hyn o bryd, fod rhwystrau'n bodoli i rai grwpiau staff, yn enwedig cydweithwyr sy'n gweithio mewn gwasanaethau labordy a sgrinio oherwydd patrymau sifftiau a chyfyngiadau ar fynediad at TG. Amlinellodd nifer o fesurau a roddwyd ar waith i wella hygyrchedd, a oedd yn cynnwys amrywio amserlenni cyfarfodydd ac atgyfnerthu negeseuon sefydliadol y dylid cefnogi staff i fynychu cyfarfodydd Rhwydweithiau fel rhan o'u trefniadau gwaith. Nododd FG fod hwn yn parhau i fod yn faes ffocws a gwelliant parhaus.
- Gofynnwyd am eglurhad ynghylch y gefnogaeth a ddarperir i Gadeiryddion a Chyd-gadeiryddion Rhwydweithiau, yn benodol a oedd amser wedi'i ddiogelu wedi'i ddyrannu'n ffurfiol i ymgymryd â'u cyfrifoldebau.
    - Esboniodd FG fod Cadeiryddion yn ymgymryd â'u cyfrifoldebau Rhwydwaith ochr yn ochr â'u rolau parhaol, ac felly'n dibynnu ar gytundeb lleol gyda rheolwyr llinell ynghylch dyrannu amser. Er bod llawer o reolwyr yn gefnogol, cydnabu fod cysondeb ar draws y sefydliad yn amrywio, a bod rhai Cadeiryddion wedi nodi heriau wrth sicrhau digon o amser ar gyfer y rôl. Dywedodd FG fod y mater hwn wedi cael ei drafod yn ddiweddar yn y

Fforwm Arweinyddiaeth, lle bu cefnogaeth i sicrhau mwy o gydnabyddiaeth i'r cyfraniad a wneir gan Gadeiryddion Rhwydweithiau.
    - Tynnodd TR sylw at y gwaith sy'n gysylltiedig â chadeirio rhwydweithiau staff, ac awgrymodd y dylai'r sefydliad ystyried a oedd angen trefniadau mwy ffurfiol i gydnabod a chefnogi'r cyfrifoldebau hyn.
    - Dywedodd CB ei bod wedi wynebu heriau tebyg drwy ei nawdd i Rwydwaith y Menywod a chefnogodd ystyried amser gwarchodedig.
- Cwestiynwyd a oedd digon o gapasiti sefydliadol i gefnogi'r cyfeiriadau at yr agenda Cydraddoldeb, Amrywiaeth a Chynhwysiant (EDI) ehangach o fewn trafodaethau risg corfforaethol.
    - Dywedodd CB fod gwaith ar ddull cydraddoldeb ehangach y sefydliad wedi'i drefnu i'w ystyried gan y Tîm Gweithredol Busnes ym mis Medi, ac awgrymodd, yn dibynnu ar ganlyniad y trafodaethau hynny, y gellid dod â diweddariad yn y dyfodol i gyfarfod y Pwyllgor.
- Tynnodd sylw at natur draws-bwyllgorol y gwaith hwn a'r angen i osgoi dyblygu gwaith.
    - Awgrymodd CB gyfarfod ar y cyd rhwng y Pwyllgorau perthnasol i adolygu'r cynllun gweithredu.

Cam Gweithredu: LB/CB

Diolchodd TR i FG am y diweddariad, a gofynnodd am gyfleu diolch a chydnabyddiaeth i Gadeiryddion y Rhwydweithiau, Cyd-gadeiryddion ac aelodau am eu hymrwymiad a'u cyfraniad parhaus.

Cymerodd y Pwyllgor **sicrwydd** ynghylch y cynnydd gyda cheisiadau a wnaed i'r Bwrdd gan y Rhwydweithiau Amrywiaeth Staff hyd yn hyn.

Y Gweithlu a Chynllunio'r Gweithlu	
PODC 6/ 2026.07.16	**Diweddariad ar Reoli Newid Sefydliadol**

Rhoddodd TH a CN yr wybodaeth ddiweddaraf am ddull y Sefydliad o reoli newid a'r portffolio newid sefydliadol presennol.

Amlinellodd TH y trefniadau llywodraethu a sefydlwyd i reoli newid sefydliadol. Cynghorodd fod y rhain yn cynnwys datblygu'r portffolio newid sefydliadol, sefydlu Bwrdd Newid, safonau rheoli rhaglenni a phrosiectau cryfach, a datblygu Risg Strategol 5 i ddarparu goruchwyliaeth o allu sefydliadol. Adroddodd fod y Bwrdd Newid yn darparu craffu a sicrwydd rheolaidd ynghylch cyflawni rhaglenni a chapasiti sefydliadol.

Nododd TH fod y portffolio yn cwmpasu nifer o raglenni arwyddocaol, a chynghorodd fod y portffolio yn parhau i fod yn ddeinamig, gyda rhaglenni'n symud ymlaen trwy'r camau cychwyn, cyflawni a chau. Nododd TH fod rhaglenni wedi wynebu heriau megis ailstrwythuro'r gweithlu, recriwtio a datblygu sgiliau. Myfyriodd ar bwysigrwydd ymgysylltu a chefnogi staff drwy gydol rhaglenni newid er mwyn cyflawni canlyniadau llwyddiannus.

Amlinellodd CN y dangosfwrdd newid sefydliadol a ddefnyddir i fonitro gweithgarwch newid sy'n gysylltiedig â'r gweithlu. Adroddodd CN fod 41 o raglenni newid wedi cael eu monitro hyd at fis Mehefin 2026, gan gynnwys 17 o raglenni ar y gweill, dwy wedi'u cynllunio, saith yn fyw a phymtheg wedi'u cwblhau. Tynnodd CN sylw at bwysigrwydd

sicrhau bod ystyriaethau effaith wedi'u hymgorffori o gamau cynharaf dylunio rhaglenni. Nododd CN fod ffocws ar weithio gyda'r meysydd busnes perthnasol i sicrhau bod dilyniannu a pharatoadau yn cael eu rheoli'n briodol er mwyn osgoi pwysau gormodol ar staff neu wasanaethau.

Gwnaeth y Pwyllgor y canlynol:

- Gofynnodd am eglurhad ynghylch y gwahaniaeth rhwng gwella gwasanaethau a newid gwasanaethau, gan nodi y gallai hyd yn oed newidiadau cymharol fach gael goblygiadau sylweddol i ddefnyddwyr gwasanaethau. Cytunodd TH nad oedd y gwahaniaeth yn absoliwt ac eglurodd fod y Sefydliad yn defnyddio'r derminoleg yn bennaf i wahaniaethu rhwng gweithgarwch gwella cynyddrannol a rhaglenni trawsnewidiol mawr. Cydnabu y gallai newidiadau llai serch hynny gael effeithiau sylweddol ar ddefnyddwyr gwasanaeth ac felly roedd angen ymgysylltu a chyfathrebu effeithiol.
- Ceisiodd sicrwydd bod ymgysylltiad staff wedi'i wreiddio o gamau cynharaf rhaglenni newid.
    - Dywedodd CN fod canllawiau, pecynnau cymorth a thempledi newid sefydliadol wedi'u hadnewyddu a'u cryfhau i sicrhau bod ymgysylltu â'r gweithlu, cyfathrebu ac ystyriaethau pobl yn cael eu hymgorffori'n gymesur ym mhob rhaglen, gan gynnwys y rhai nad oes angen ymgynghori'n ffurfiol arnynt.
    - Nododd TH bwysigrwydd cynnal ymgysylltiad dros oes rhaglenni, a chynghorodd fod angen i ddulliau cyfathrebu esblygu drwy gydol y cylch cyflawni er mwyn sicrhau bod staff yn parhau i ddeall pwrpas, effaith a manteision newid.
- Gofynnodd am eglurhad ynghylch sut y nodwyd a symudwyd rhaglenni newid sefydliadol ymlaen drwy brosesau llywodraethu.
    - Dywedodd TH fod gweithgarwch newid sylweddol yn cael ei nodi'n gyffredinol drwy'r broses gynllunio a'r IMTP cyn cael ei gomisiynu'n ffurfiol drwy'r Bwrdd Newid. Esboniodd fod cynigion newid yn destun craffu ac asesiad cyn mynd i mewn i bortffolio newid sefydliadol.
- Holodd am rôl cynrychiolwyr Undebau Llafur wrth gefnogi newid Sefydliadol.
    - Dywedodd CN fod ymgysylltiad â chydweithwyr Undebau Llafur wedi cryfhau'n sylweddol yn ystod y blynyddoedd diwethaf. Adroddodd fod y dangosfwrdd newid sefydliadol yn cael ei ddefnyddio i roi gweledegd cynnar o weithgarwch sydd ar ddod a galluogi ymgysylltiad ystyrlon cyn i raglenni ddod yn fyw, a nododd fod enghreifftiau wedi dod i'r amlwg lle roedd adborth gan gynrychiolwyr staff wedi dylanwadu'n uniongyrchol ar ddylunio a gweithredu rhaglenni newid.
    - Cydnabu'r ET y gwelliannau sylweddol a wnaed mewn trefniadau gweithio mewn partneriaeth ac ymgysylltu, a chynghorodd mai'r prif her o safbwynt Undebau Llafur oedd sicrhau digon o gapasiti cynrychioliadol i gefnogi'r holl raglenni newid parhaus.
- Ceisiodd sicrwydd ynghylch yr adnoddau Sefydliadol a neilltuwyd i gefnogi rheoli newid a chwestiynodd sut roedd rheolwyr ac arweinwyr yn cael eu paratoi i arwain newid yn eu meysydd eu hunain

- Esboniodd TH fod adnoddau rheoli rhaglenni pwrpasol yn cael eu darparu drwy'r Swyddfa Rheoli Portffolio, gyda chefnogaeth tîm o reolwyr rhaglenni a, lle bo'n briodol, arbenigedd allanol.
- Dywedodd CN fod datblygu gallu rheoli newid wedi'i nodi fel blaenoriaeth sefydliadol allweddol trwy weithgarwch cynllunio'r gweithlu a Risg Strategol 5. Adroddodd fod y sefydliad yn cydnabod yr angen i gryfhau sgiliau newid busnes a newid pobl ymhlith rheolwyr ac arweinwyr ac yn datblygu rhaglenni hyfforddi a chymorth yn unol â hynny.
- Ychwanegodd TH fod gwaith ar y gweill i gryfhau gallu Uwch Berchnogion Cyfrifol (SROs), ochr yn ochr â gweithredu cymuned ymarfer rheoli rhaglenni a phrosiectau.

- Myfyriodd fod angen i'r Sefydliad gynnal cydbwysedd rhwng arloesedd a chapasiti sefydliadol. Dywedodd CB fod y gwersi a ddysgwyd o'r IMTP cyfredol a'r asesiadau sylfaenol wedi tynnu sylw at yr angen i ganolbwyntio ar gyflawni blaenoriaethau y cytunwyd arnynt yn effeithiol, yn hytrach na chyflwyno gwaith ychwanegol yn barhaus. Roedd yr Arolwg Staff hefyd wedi tynnu sylw at broblemau staff o ran llwyth gwaith, straen, gorweithio a blaenoriaethau cystadleuol.

Diolchodd TR i TH a CN am y cyflwyniad.

Cymerodd y Pwyllgor **sicrwydd** ynghylch y portffolio newid a rheoli newid ar draws y Sefydliad.

Cydraddoldeb ac Amrywiaeth	
PODC 7/ 2026.07.16	**Adroddiad Blynyddol y Gymraeg (2024-25) ac Adroddiad Blynyddol Mwy na Geiriau**

Derbyniodd y Pwyllgor Adroddiad Blynyddol Safonau'r Gymraeg a Diweddariad Blynyddol Mwy na Geiriau ar gyfer y cyfnod 1 Ebrill 2025 i 31 Mawrth 2026.

Cyflwynodd SJ yr adroddiadau a oedd yn amlinellu cydymffurfiaeth Iechyd Cyhoeddus Cymru â Safonau'r Gymraeg a'r cynnydd yn erbyn cynllun gweithredu pum mlynedd Mwy na Geiriau Llywodraeth Cymru (2022-2027).

Tynnodd SJ sylw at nifer o gyflawniadau allweddol yn ystod y cyfnod adrodd, a oedd yn cynnwys cyhoeddi'r Polisi Defnydd Mewnol o'r Gymraeg diwygiedig, a lansiad llwyddiannus yr ap symudol Helpa Fi i Stopio, a oedd wedi'i ddatblygu gyda'r Gymraeg fel y gosodiad iaith diofyn.

Amlinellodd SJ nifer o flaenoriaethau ar gyfer y flwyddyn nesaf. Roedd y rhain yn cynnwys parhau i ddatblygu'r wefan gorfforaethol a lansiwyd yn ddiweddar, a chefnogi cyflwyno Cynllun Siarad Iechyd mewn partneriaeth â'r Ganolfan Genedlaethol ar gyfer Dysgu Cymraeg.

Nododd SJ flaenoriaethau ychwanegol yn dilyn adborth gan Swyddfa Comisiynydd y Gymraeg, a oedd yn cynnwys:

- Cryfhau cydweithio â chydweithwyr caffael i sicrhau bod cyflenwyr trydydd parti yn bodloni gofynion Safonau'r Gymraeg, ac i archwilio cyflenwyr presennol.
- Cefnogi ymatebion yn y Gymraeg i geisiadau Rhyddid Gwybodaeth.

Ceisiodd TR sicrwydd ynghylch gallu'r Sefydliad i ddarparu gwasanaethau Cymraeg pan ofynnir amdanynt gan gleifion a defnyddwyr gwasanaeth, yn enwedig mewn perthynas â gwasanaethau sgrinio a rhyngweithiadau clinigol uniongyrchol. Cynghorodd SJ fod gan Iechyd Cyhoeddus Cymru ddyletswydd i ddarparu gwasanaethau drwy gyfrwng y Gymraeg pan ofynnir amdanynt, ac adroddodd nad oedd hi'n ymwybodol o unrhyw achosion lle nad oedd hyn wedi'i gyflawni. Esboniodd fod gwaith sylweddol ar y gweill drwy'r Cynllun Ymgynghori Clinigol i symud y tu hwnt i fodel adweithiol, lle darperir gwasanaethau Cymraeg ar gais, tuag at fodel rhagweithiol lle gellid cynnig gwasanaethau'n rheolaidd yn y Gymraeg heb orfod i gleifion ofyn. Cydnabu SJ fod cyflawni'r uchelgais hon yn cyflwyno heriau, gan gynnwys argaeledd y gweithlu a chyfyngiadau systemau technegol, fodd bynnag roedd gwasanaethau'n gweithio'n weithredol tuag at yr amcan hwn.

Diolchodd TR i SJ am y diweddariad, ac anogodd yr aelodau i fanteisio ar gyfleoedd i wella eu sgiliau Cymraeg eu hunain.

Cymeradwyodd y Pwyllgor Adroddiad Blynyddol Safonau'r Gymraeg 2025-26 a Diweddariad Blynyddol Mwy na Geiriau.

Llywodraethu ac Atebolrwydd	
PODC 8/2026.07.16	**Polisïau i'w Cymeradwyo**

Cyflwynwyd y Polisi Gweithio Hyblyg Cymru Gyfan i'r Pwyllgor i'w gymeradwyo. Roedd y polisi wedi bod yn destun y prosesau ymgynghori a llywodraethu priodol, gan gynnwys ymgysylltu â chydweithwyr Undebau Llafur, cyn ei gyflwyno i'w gymeradwyo.

Cyflwynodd NL y polisi a chynghorodd fod y gwelliannau'n adlewyrchu diweddariadau deddfwriaethol a gweithdrefnol diweddar yn hytrach na newid ym mwriad y polisi. Cadarnhaodd NL fod Iechyd Cyhoeddus Cymru yn parhau i gefnogi gweithio hyblyg lle bynnag y bo'n rhesymol bosibl a bod gan bob gweithiwr yr hawl i ofyn am weithio hyblyg o ddiwrnod cyntaf ei gyflogaeth.

Nododd NL hefyd fod gwaith ar y gweill ar lefel Cymru gyfan i adolygu polisïau'r gweithlu mewn modd mwy cydlynol. Cynghorodd y byddai agendâu pwyllgorau yn y dyfodol felly'n debygol o gynnwys nifer uwch o bolisïau Cymru gyfan y byddai angen eu cymeradwyo, er y byddai llawer ohonynt yn cynnwys mân ddiwygiadau yn unig, diweddariadau i ddyddiadau adolygu neu welliannau deddfwriaethol yn hytrach na newidiadau polisi sylweddol.

Cymeradwyodd y Pwyllgor Bolisi Gweithio Hyblyg Cymru Gyfan.

Er Gwybodaeth	
PODC 9/2026.07.16	**Eitemau i'w Nodi**
PODC 9.1/2026.07.16	**Adroddiad Perfformiad a Mewnwelediadau - Detholiad o'r Gweithlu**

Nododd y Pwyllgor ddyfyniad o'r adroddiad Mewnwelediadau yn ymwneud â'r gweithlu er gwybodaeth.

PODC 9.2/ 2026.07.16	**Diweddariad ar y Traciwr Argymhellion Archwilio**

Nododd y Pwyllgor y detholiad o'r Traciwr Argymhellion Archwilio.

PODC 9.3/ 2026.07.16	**Cynllun Gwaith y Pwyllgor**
Nododd y Pwyllgor Gynllun Gwaith y Pwyllgor.	
PODC 16/2026.07.16	**Gweinyddiaeth i Gloi**
Diolchodd TR i bawb am eu cyfraniadau a daeth â'r cyfarfod i ben. Gofynnwyd i'r Pwyllgor e-bostio adborth ar y cyfarfod i Uned Fusnes y Bwrdd. Dyddiad cyfarfod nesaf y Pwyllgor: 15 Hydref 2026	
Daeth y cyfarfod i ben am 13:03	

HEB EU GADARNHAU

RAG Rating/Status

At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

Meeting Item Reference	Action Reference	Lead	Meeting Item Title	Details of action	Update on progress	Original target date	Revised target date	RAG rating/Status
OPEN ACTIONS FOR REVIEW								
PODC 5/2026.07.16	PODC 2026/4	LB/CB	Staff Network: Update on Actions	CB suggested a joint meeting between the relevant Committees to review the Equality, Diversity and Inclusion (EDI) action plan.	Sept 2026: A paper will be tabled at the 7 October Business Executive Team meeting to clarify the respective roles of QSIC and PODC in relation to Equality, Diversity and Inclusion (EDI) and to recommend updates to their Terms of Reference. Subject to approval, agreement will then be sought from the Chairs of both Committees to hold a joint session on the Equalities work programme in February.	15 October 2026		On Track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
None.								
ACTIONS RECOMMENDED TO BE CLOSED AT 15 October 2026 MEETING								
PODC 2/2026.07.16	PODC 2026/3	FL/DG	Strategic Risk Register (Risk 2)	PV suggested that the Committee could consider undertaking a deep dive at the October meeting into Strategic Risk 2 to review how the risk had evolved, whether mitigations had proved effective, and whether the revised risk would better support the organisation in anticipating and managing future issues.	Sept 2026: A deep dive into Strategic Risk 2 is on the agenda for the 15 October 2026 meeting. Suggest Action closed on this basis.	15 October 2026		Complete

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 2.1.1

Public Health Wales Strategic Risk Register

Director of People and Organisational Development	SR 2

Purpose

Receive this revised Strategic Risk Register for the purpose of scrutiny and challenge, noting the updates to action plans and controls and progressing risk maturity going forward since the last reporting period. The Business Executive Team considered the Strategic Risk Register at its meeting on 7 October 2026.

Colleagues are requested to note the inclusion and removal of action plans and controls, where appropriate.

The People and Organisational Development Committee is requested to acknowledge that the updates in relation to the Strategic Risk Register **reflects the position as of 1st October 2026.** This includes an assessment and enhanced assurance on the controls and mitigating actions that support SR2. This has been undertaken using the same methodology as was used for SR3 in reporting to BET and QSIC, in September 2026.

Appendix 1 includes the full risk assessments for strategic risk 2.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☒	☐	☐	☒

The Committee is asked to:

- Take **assurance** on the management of strategic risk within the remit of the Committee.

Link to Public Health Wales Strategic Plan

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

This report contributes to the following:

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

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic Risk Register.
Health and Care Standards	This report supports and/or takes into account the Health and Care Quality Standards. All themes
Financial implications	The financial implications of failing to manage risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	There are both Corporate and Strategic Risk(s) relating to workforce and organisational development.

1. Purpose

This paper updates the Business Executive Team (BET) and Committee on the key developments in the risk agenda.

This paper must be read in conjunction with the Strategic Risk Register (*Appendix 1*). The Strategic Risk Register should be considered as a source of assurance in conjunction with the Board Assurance Framework (BAF), the Integrated Medium-Term Plan (IMTP) and Public Health Wales Strategic Objectives.

In line with due process and the approach of all Health bodies in Wales, risks are measured against a 5x5 risk scoring matrix:

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
4. Likely (61-90%)	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
3. Possible (41-60%)	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
2. Unlikely (11-40%)	2 (Low)	4 (Moderate)	6 (Moderate)	8 (Moderate)	10 (High)
1. Rare (1-10%)	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

Organisational risk reporting provides a snapshot of a point in time, and this will continue to be an iterative process. This report outlines the strategic risk position as of **1st October 2026**. However, BET and the Committee is requested to note that a significant update to the controls and actions to support the management of SR2 is anticipated for presentation at the November 2026 Board meeting, following updates from 1st October 2026.

In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month, however, BET and the Committee are asked to acknowledge that the organisational risk profile and landscape is iterative, and work is consistently ongoing to manage the identified strategic risks to the organisation.

As risk management processes and practice become more mature throughout the organisation enhanced reporting, including the measurement and impact of mitigating actions, will continue to be refined.

2. Changes Since the Last Reporting Period

The Business Executive Team and the Committee are reminded that a rolling programme of strategic risk deep dive sessions commenced in early 2026. This work has been progressing over the last reporting period and as a result, changes have been made to SR5 and some changes to the causes element of SR2. This has impacted on the current risk scoring to SR2 which was increased and presented to the Board in July 2026. The current risk score for SR2 remains extant at **4x4=16**.

During the last reporting period, **SR4** current risk score has increased from 2x4=8 to a **3x4=12** (an increase to the likelihood by 1 point). The rationale for this increase in articulated within the risk assessment document, however, BET and the Committee is requested to note that although the score has increased, it remains within the risk appetite threshold for the overall risk.

3. Overarching Strategic Risk Profile

The below diagram provides the overarching strategic risk profile for the organisation that incorporates risk appetite tolerance levels/thresholds:



The spider diagram illustrates that we are operating within an agreed risk appetite tolerance however, SR3 is now just outside of risk tolerance with a score of **16** and a tolerance of **15** for an Open risk appetite level. This score has not changed since the last reporting period. The detail for the management of this specific risk is articulated within the SR3 risk reporting template.

BET and the Committee is asked to acknowledge that Strategic Risk 3 is being managed slightly outside of its tolerance level, however, mitigations continue to be in place to manage the risk down to a tolerable level.

3.1 Risk Appetite Reporting

The Business Executive Team and Committee are asked to note that currently, strategic risks 1,2,4,5 and 6 are being managed within an agreed risk appetite level, with all risks incorporating a tolerance level, should the risk profile worsen. This makes it easier to identify if the risks are being managed to a satisfactory level or if further interventions or focus is required to manage the risk more effectively.

Risk Appetite **compliance** continues to be reported in each of the Strategic Risk templates that are attached to this report at Appendix 1. This enables clarity of reporting to Board members and Executives on where the risk is in relation to its risk appetite level. However, it is recognised that in some circumstances, nuances may need to be applied, and context of each risk understood.

This reflects the level of risk management maturity of the organisation and is a strong indicator that risk appetite is understood and applied appropriately with scrutiny and challenge from Board members and Executives.

4. Links to the Corporate Risk Register

The Corporate Risk Register (CRR) reflects the most significant operational risks that impact Public Health Wales. The CRR summary table presented within this report is provided to demonstrate the synergy between the management of the Corporate and Strategic risks.

ID	Risk Description	Cause	Strategic Risk
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted)	This is caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.	SR1 SR3 SR4 SR5 SR6
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are in embedded in all aspects of PHW business.	This is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	SR1 SR2 SR3 SR4 SR5 SR6

1648	There is a risk that Public Health Wales will lose access to Primary Care data.	This is caused by Audit+ (the current tool) used to gather primary care data is being discontinued in July 2024 and there will be no further support of Audit+ from March 2026.	SR1 SR3 SR4 SR5
1678	There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	This is caused by the organisation not yet having established a clear and consistent benchmark for good risk management, limiting its ability to assess risks are being identified and managed in line with the endorsed Risk Management Procedure and to identify themes, trends and areas requiring improvement.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk that Breast Test Wales is unable to sustain reliable and resilient mobile screening capacity across Wales	Caused by the continued operation of prematurely ageing and low-quality mobile screening units that are experiencing increasing levels of deterioration	SR1 SR2 SR3 SR6
1946	There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027	The proposed All-Wales solution does not meet Public Health Wales' organisational requirements	SR1 SR2 SR3 SR4 SR5 SR6

2003	There is a risk that: Public Health Wales may not achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.	• Inability to accurately measure our carbon emissions for all activities undertaken in Public Health Wales and understand what areas we can make the greatest impact to reduce carbon emissions • Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years. • Failure to effectively engage staff in our carbon reduction work across the organisation. • Limited dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to actions that would make a measurable difference to the reduction of our carbon emissions. • Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions • Decisions not always prioritising the impact on the environment	SR4
2076	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible information standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality Diversity & inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	SR1 SR2

2143	There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.	- The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633; risk materialised). - UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours. - Resource capacity issues within the team. 10/02/2026: Further information below: UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.	SR1 SR2 SR3
2144	There is a risk that service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice & guidance being published by PHW without taking consent and decision making into consideration.	This is caused clinicians or PHW staff potentially not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.	SR1 SR3
2315	There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements	Risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services)	SR3

5. Strategic Risks

A full assessment of all Strategic Risks is provided in the attached Strategic Risk Register.

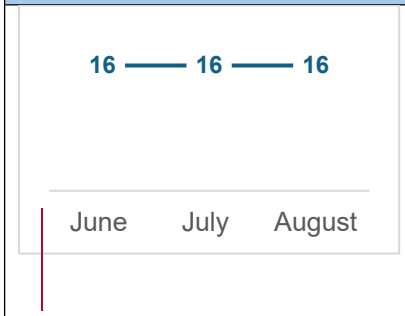
6. Equality Impact Assessment

No decision required.

7. Recommendation

The Committee is asked to:

- Take **assurance** on the management of Strategic Risk within the remit of the Committee.

Risk Reference and Link to Strategic Priority	Risk Description	
SRR2 **Strategic Priority** *"Enabler Risk and incorporates all Strategic Priorities."*	**There is a risk that:** The organisation could experience poor organisational health. **Caused by:** 1. Ineffective or inconsistent organisational leadership and governance 2. Lack of progress towards our ideal organisational culture and behavioural expectations 3. Inability to effectively engage our people 4. The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS 5. Ineffective approaches to acknowledging, escalating and managing risks and issues at an organisational level. **Resulting in:** poor engagement, diminished ability to deliver strategic priorities, reduced adaptability and innovation, poor attraction, and retention, and erosion of stakeholder confidence.	
Executive Director Sponsor	**Director of People and Organisational Development**	
Assuring Committee	**People and Organisational Development Committee**	
Trend	**Current Position of Risk Including Risk Appetite and Risk Decision**	**Position Statement – Executive Director Update**
	**Willing** — PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances. **Current Score = 16** **Target Score = 6** **Therefore, within risk appetite tolerance level.**	**August update: SR2 has been updated to align with the changes proposed and approved in the June update** Key actions taken since June: • ~~Structural changes to clarify accountability, enhance sustainability and optimise delivery of strategic priorities:~~ ○ A new Population Screening and Quality Directorate will bring together Screening Services, clinical governance, quality functions and the National Safeguarding Service.

		○ Health Protection and Infection Services will form a separate directorate. ○ Risk Management and other Governance functions have been realigned to the Board Business unit. ○ These changes will be implemented from the 1st October to allow time for meaningful engagement with colleagues and stakeholders. • The effectiveness of PHWs quality infrastructure to comply with the Duty of Quality has been assessed and improvements identified. ○ Outputs will be used to developed and embed a cross organisational approach to Clinical Governance by March 2027. • A clinical governance assurance review has been undertaken in response to findings from the Incident Management Team (IMT) established within the Sexual Health Test and Post service. • The 2026 organisational-level Workforce Equality Standard (WES) reported that Public Health Wales demonstrates a strong and well-balanced equity profile, with high performance across three of six domains. The Executive Team will consider the WES report in October. • People and OD brought culture, engagement and employee experience together in one framework. This responds to feedback about simplification and fewer, more impactful priorities. The actions target psychological safety, colleague voice, decision-making, leadership practice and sustainable improvement in response to staff survey and

		culture insights and recent internal organisational reviews. • The 2025 Staff Survey will go live in Autumn 2026, enabling PHW to reassess progress against core elements of SR2. • An Internal Audit into values and culture has been programmed in for November 2026. The scope is in development and will consider governance, policy alignment, reporting, monitoring and demonstrable progress towards ideal culture. • Our learning and development provision for managers has been improved to target essential skills including absence and employee relations case management. In October Leadership Team will consider how this will be operationalised and make recommendations to BET. • A review of the People & OD workplan has taken place to identify: o what would be stopped or scaled back to create capacity for improvement in Screening Services. o planned work that can be targeted / enhanced to support improvement in Screening Services. Strategic Workforce Planning is one example, and SS will be a key focus for SWFP in 2026-27. SR2 has been mapped to: • CR1593 – Duty of Quality related • CR1678 – Risk Management related • CR2076 – Equality and Inclusion related

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C1:** Ineffective or inconsistent organisational leadership and governance			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
C1.1	The refreshed Long-Term Strategy, Strategic Priority Route Maps and Integrated Medium-Term Plans (IMTP), provide clear strategic direction and are monitored through regular reporting cycles.	• BET/Board minutes • IMTP reporting • PODCOM minutes • Internal Audit and Audit Wales reports • Welsh Government accountability submissions.	• Regular BET/Board meetings • Ongoing IMTP milestone tracking • Regular PODCOM / QSIC meetings • Welsh Government Annual accountability meetings
C1.2	Targeted and regular development of the Business Executive Team (BET) to enhance strategic oversight and decision-making.		
C1.3	Compliance with Standing Orders, Scheme of Delegation, and Board Etiquette Protocol.		
C1.4	Implementation of an organisation-wide Records Management system. Embedding the Duty of Quality and standardised governance practices.		
C1.5	Implementation of organisational level governance of equalities work.		
C1.6	Implementation of a programme of work to increase leadership and management skills, capability and confidence including formal learning.		

[1] Three Lines of Defence Model
First – Operational Management control of organisational risks
Second – Risk management and compliance functions, reporting to senior management
Third – Internal audit to provide assurance.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** Lack of progress towards our ideal organisational culture and behavioural expectations			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.1 **C2.2** **C2.3** **C2.4**	Implementation of the People Strategy 2025-2035. Use of the Organisation Culture Inventory (OCI) to assess progress against cultural priorities. A Cultural Narrative which articulates the desired organisational culture and values, championed by a network of Cultural Advocates across the organisation. A strategic and integrated approach to improving staff experience with a focus on embedding behaviours that align with the 'Being Our Best' framework and fostering a psychologically safe and inclusive environment.	• BET/PODCOM minutes • IMTP reporting • Internal Audit and Audit Wales reports • Staff Survey and OCI results • Performance Assurance reports and meetings	• Regular BET/ PODCOM meetings • Ongoing IMTP milestone tracking • Welsh Government accountability meetings • Annual staff survey • OCI progress tracking (Culture Pulse survey in Q2 2025/26) • Performance Assurance reports and meetings

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Inability to effectively engage our people			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1 **C3.2**	Implementation of the People Strategy 2025-2035. Implementation of the Culture and Engagement Action Plan.	• BET/PODCOM minutes • IMTP reporting • Internal Audit and Audit Wales reports • Staff Survey and OCI results • Staff survey insights • IMTP reporting	• Regular BET/ PODCOM meetings • Ongoing IMTP milestone tracking • Annual Staff Survey reporting • OCI progress tracking (Culture Pulse survey in Q2 2025/26) • Performance Assurance reports and meetings • Regular reviews of SWFPs/ workforce actions

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.1 **C4.2**	The implementation plan for the 'Designed to Deliver' element of the People Strategy An established Strategic Workforce Planning (SWFP) process and framework, including clear roles and responsibilities designed to align with the timeframe of the Long-Term Strategy.	• BET/PODCOM minutes • IMTP reporting • Strategic Workforce Plans • Internal Audit and Audit Wales reports	• BET/ PODCOM reports • Ongoing IMTP milestone tracking • Integrated planning process • Regular reviews of SWFPs/ workforce actions

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.3	Strategic and operational workforce planning is embedded in the integrated planning process.		

Gaps in Assurance / Action Plans for the cause C1 **(Ineffective or inconsistent organisation leadership and culture)**						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.4	Standardised approach to Governance and Quality Management / Duty of Quality/ Continue to embed the Quality Oversight Group and Duty of Quality.		Robust, standardised approach to organisational governance			**August 2026 updates:** AP1.5 is complete. In October Leadership Team will consider how the programme of learning and development is operationalised and make recommendations to BET. AP1.6 has been added to the Action Plan and is dependent upon HEIW.
AP1.5	Develop and commence the delivery of foundational leadership and management learning and development to increase skills, capability, and confidence.	IMTP milestone reporting Participation rates Evaluation feedback	Builds foundational leadership capability and confidence, supports operational and strategic delivery	Director of People and OD	30 September 2026	
AP1.6	Implement the National Leadership and Management Framework			Dependent upon HEIW	31 March 2027	**June 2026 updates:**

Gaps in Assurance / Action Plans for the cause C1 (Ineffective or inconsistent organisation leadership and culture)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						AP1.1 and 1.2 moved to the Controls section as per the April update. AP1.5 to be discussed at BET in June. A review of the delivery date will follow. .

Gaps in Assurance / Action Plans for the cause C2 (Lack of progress towards our ideal organisational culture and behavioural expectations)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.3	Refresh the high-level integrated engagement plan - using insights from the 2025 NHS Wales Staff Survey and Culture Pulse – to identify cultural priorities, strengthen flexible, equitable ways of working and foster a psychologically safe workplace where every colleague can thrive.	Staff Survey results Culture reporting Partnership and stakeholder feedback	Embeds cultural values. Responds to colleague feedback to improve employee experience.	Director of People and OD	31 March 2027	**August 2026 Updates:** AP2.3 is on track; the refreshed culture and engagement plan will go to BET for approval in September. AP2.4 / 2.5 / 2.6 / 2.6 added from the POD workplan. **June 2026 updates:** AP2.1 moved to the controls section as per the April update.AP2.3 is on track, will be discussed with BET in July.
AP2.4	Develop and embed a culture dashboard	Ability to track where we are with culture	Regular measurement	Director of People and OD	31 March 2027	
AP2.5	Apply our cultural narrative in POD policy development	Policy and culture alignment	Embeds cultural values	Director of People and OD	31 March 2027	
AP2.6	Develop and implement the Psychological Safety Resources Suite.	Staff Survey results Culture reports Speaking up Safely reports Partner and stakeholder feedback	Responds to colleague feedback to improve employee experience. Embeds cultural values.	Director of People and OD	31 Dec 2026	
AP2.7	Reassess organisational culture	Culture survey results	Assess progress towards desired culture	Director of People and OD	31 March 2028	

Gaps in Assurance / Action Plans for the cause C3 (Inability to effectively engage, our people)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
~~AP3.3~~ Links to AP2.3 / 2.6 AP3.1	~~Implement the Job Families Steering Group, and associated actions agreed by BET in 2025.26~~ Refresh the My Contribution Policy	~~People Strategy Implementation plan Staff survey scores~~ Staff Survey results Culture reporting Partner and stakeholder feedback	~~Supports career development and workforce planning~~ Embeds cultural values. Responds to colleague feedback to improve employee experience	~~Director of People and OD~~ Director of People and OD	~~31 Dec 2026~~ 31 March 2027	**August 2026 Updates** AP3.3 has been moved to AP4 to align with changes proposed and approved in the June update. AP3.1 has been added from the POD workplan and is on track. **June 2026 updates:** AP3.1 and AP3.2 moved to the controls section as per the April update. Next steps for AP3.3 will be discussed at Leadership Team in July.

Gaps in Assurance / Action Plans for the cause C4 (The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Implement the Job Families Steering Group, and associated actions agreed by BET in 2025.26	People Strategy Implementation plan Staff survey scores	Supports career development and workforce planning	Director of People and OD	31 December 2026	**August 2026 Updates** AP4.1 moved from AP3 / AP4.2 moved from AP5 to align with changes proposed and approved in the June update. AP4.1 is at risk due to conflicting organisational priorities. Leadership Team will consider how to progress job families in November. AP4.4 SWP activity for 2026-27 will be targeted / enhanced to support improvement in Screening Services. **June 2026 updates:** AP4.1 moved to the controls section as per the April update. Elements of AP4.2, AP4.5, AP4.6, AP4.7 map to the new SR5
AP 4.2	Established a fully integrated planning approach including long-term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme	IMTP reporting IMTP SWFPs	Ensures long-term workforce sustainability and strategic alignment. Improves resource efficiency and strategic delivery .	Director of People and OD	31 Dec 2026	

Gaps in Assurance / Action Plans for the cause C4 (The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						and will be removed as part of the next update to address duplication. AP4.4 is a 2026-27 IMTP commitment and is dependent on WG approval of the IMTP.

Gaps in Assurance / Action Plans for the cause C5: (Lack of integrated and strategic workforce planning)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
~~**AP5.2**~~	~~Establish a fully integrated planning approach including long-term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme.~~	~~IMTP milestone reporting Alignment with IMTP, SEP, and strategic priorities~~	~~Ensures long-term workforce sustainability and strategic alignment~~ ~~Improves resource efficiency and strategic delivery~~	Director of People and OD	30 December 2026	**August 2026 Updates:** AP5.2 moved to AP4 to align with change proposed and approved in June. **June 2026 updates** AP5.1 moved to the controls section as per the April update. AP5.2 is a 2026-27 IMTP commitment

Gaps in Assurance / Action Plans for the cause C5: (Lack of integrated and strategic workforce planning)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						and is dependent on WG approval of the IMTP.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 2.1.2

Corporate Risk Register	
Executive lead:	Claire Birchall, Nursing, Quality and Integrated Governance
Author:	Bethan Osborne, Risk Manager

Approval/Scrutiny route:	Leadership Team (20/08/2026). Corporate Risks are scrutinised and updated by the relevant Directorate Senior Leadership Teams. All Executives have had sight of the Corporate Risk Register via BET.

Purpose

The People and Organisational Development Committee have delegated responsibility to scrutinise the Corporate Risk Register on behalf of the Business Executive Team and ensure the ongoing management of corporate risks. This paper provides the corporate risks and any notable updates.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The Committee is asked to:

- Take **assurance** that the Corporate Risk Register is being appropriately scrutinised.

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	No decision required.
Risk and Assurance	This submission is the Corporate Risk Register.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act, in relation to the Duty of Quality and Candour by ensuring that the organisations most significant risks are being managed appropriately. They relate to all the Health and Care Quality Standards.
Financial implications	The financial implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	The people implications of failing to manage corporate risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.

1. Purpose / situation

This paper summarises the organisation's corporate risks highlighting any significant updates that require further discussion and any proposals for the escalation/de-escalation of risks onto or from the Corporate Risk Register. The Corporate Risk Register details the highest-level operational risks that are being managed on a day-to-day basis by relevant Directorate Senior Leadership Teams and their associated Executives. Leadership Team consideration provides assurance to the relevant Committees and the Board that corporate risks are being effectively identified and managed.

2. Background

The Corporate Risk Register is submitted to the Leadership Team to ensure compliance with the organisation's Risk policy and procedure. Where corporate risks are in part addressing any strategic risks, these linkages are referenced through the risk reporting template on the electronic risk management system. If further assurance or detail is required in respect of interdependencies between strategic and corporate risk registers, this can be requested through the risk management team.

3. Description/Assessment

The Corporate Risk Register was submitted to Leadership Team on 20th August 2026. The key points arising from the discussion and decisions made by Leadership Team are noted in the next section of this report, under each risk.

In addition, Leadership Team has commenced a series of deep dives for each corporate risk, which are scheduled to conclude in March 2027. The purpose of the deep dives is to provide a structured discussion to assess the current level of assurance, with a focus on the effectiveness of existing controls, assurance activities and governance arrangements. The deep dives will also identify any gaps in assurance and agree subsequent further actions required.

New risks proposed to be accepted onto the Corporate Risk Register

- None

Existing risks proposed to be accepted onto the Corporate Risk Register

- None

Risk proposed to be de-escalated

- None

Risk closed

- None

Changes to Risk Scores

- **1678** - There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.

  The residual score was **reduced** from **15** to **9**. This is due to the organisation receiving reasonable assurance from Internal Audit.

- **1946** - There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027.

  The residual score was **increased** from **12** to **16**. This is due to the lack of clarity in relation to the national solution which is the preferred way forward by the organisation.

- **2143** - There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.

  The residual score was **reduced** from **12** to **8**. This is due to the Environmental Public Health SBAR being submitted to the Business Executive Team and engagement with UKSA to seek an extension of the out of hours support.

Current Risks on the Corporate Risk Register

- **1533** - There is a risk of reputational damage and failure to effectively implement the Health Impact Assessment statutory regulations that form part of the Public Health (Wales) Act which requires Public Health Wales to give assistance to other public bodies carrying out health impact assessments.

  This is caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet

the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.

This would result in PHW not being able to fulfil its statutory duties either as a public body carrying out HIAs nor as a body which is required to provide assistance to other public bodies, as well as ineffective implementation of the regulations leading to missed opportunities to reduce inequalities and improve and protect public health in Wales.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	9	4

Progress Update
Action Plan updated - "Lunch & Learn" Action completed 30th June.

20th July - UK wide webinar took place and engaged with Local Authorities and Public Health Boards.

HIA Project Board with WG met on 13th July. All Public Bodies updated on the programme.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **1593** - There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.

  This is caused by lack of organisational capacity and capability to operationalise and embed due to competing priorities.

  This will result in noncompliance with the legislative requirements and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
9	6	2

Progress Update
Policy and Procedure written and ready for consultation website once BBU confirm the governance reporting process for QIA's LT or BET. Plan to post for consultation w/c 17.8.28.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **1648** - There is a risk that Public Health Wales will lose access to Primary Care data.

  This is caused by Audit+ (the current tool) used to gather primary care data having been discontinued in July 2024 and there has been no further support of Audit+ from March 2026.

  This results in the loss of Audit+ without a replacement equivalent service leading to PHW being unable to meet its statutory responsibilities.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	12	2

Progress Update
While no formal communication has been released, it is understood that the decision on the solution that was required from GPC Wales was approved in Jul-26. PHW have contacted DHCW for details regarding the planned implementation so that an assessment on the dependencies within the organisation can be completed. It is proposed that the review of the Audit plus risk is submitted to DDDA in Sep-Oct-26 once further details are available from DHCW.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **1678** - There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.

  This is caused by the organisation not yet having established a clear and consistent benchmark for good risk management, limiting its ability to assess whether risks are being identified and managed in line with the endorsed Risk Management Procedure and to identify themes, trends and areas requiring improvement.

  This might result in a loss of Board confidence and the omission of reportable risks at all levels. In addition, ineffective identification of themes and trends may result in improvement opportunities not being identified or acted upon, with potential harm to service users, reputational damage and financial implications.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
15	9	4

Progress Update

A deep dive by Leadership Team took place on 6th August to consider risk effectiveness and governance. Members concluded they could take limited assurance at present but that would move to reasonable assurance once the actions are in place.

The articulation of the risk was revised to reflect the need for the organisation to establish what 'good' risk management looks like in order to then assess how effective the organisation is.

A number of actions were identified, which will be subject to regular review, monitoring and scrutiny through Leadership Team and in conjunction with relevant risk handlers and owners. This will ensure traction and progress in relation to the management of this risk.

Summary of Leadership Team Discussion
Leadership Team were content with the revision of the risk following the deep dive and were content with the management of the risk.

- **1758** - There is a risk that Breast Test Wales is unable to sustain reliable and resilient mobile screening capacity across Wales.

  This is caused by the continued operation of prematurely ageing and low quality mobile screening units that are experiencing increasing levels of deterioration.

  This would result in reduced service continuity, potential loss of public confidence in Breast Test Wales, reputational risks for Public Health Wales, adverse impacts on workforce wellbeing and engagement, increased financial pressures and accelerated capital replacement requirements.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	12	2

Progress Update
Risk re-articulated and approved at BTW mobile unit remediation group and reviewed and approved by LT representatives KL, DG and MB by email. Controls and mitigations were updated to reflect the broader situation and rearticulation of risk.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **1946** - There is a risk that Public Health Wales may be unable to maintain an effective risk management system following the decommissioning of the current Datix Web system in November 2027.

This is caused by the proposed All-Wales solution which does not meet Public Health Wales' organisational requirements.

This would result in ineffective identification, monitoring, reporting and escalation of organisational risks.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	16	6

Progress Update
A deep dive by Leadership Team took place on 6th August where members focused on the efficacy of actions and governance/reporting of the risk.

Due to the recent letter received from the Chair of the Once for Wales Concerns Management Programme Board and PHW's decision to move forward with the national replacement rather than a local procurement, the articulation of the risk was updated along with a number of actions and controls.

It was agreed that a short update would be provided to Leadership Team each month to ensure they are aware of any new information of progress of the national replacement project.

Leadership Team concluded that they could take reasonable assurance at this time which was anticipated to change to substantial assurance once the risk element of the Once for Wales Concerns Management Programme has commenced. It was acknowledged that updates/decisions would be submitted to DDDA, BET and Change Board to ensure consistent and equitable reporting of the risk across the organisation.

Summary of Leadership Team Discussion
Leadership Team were content with the revision of the risk following the deep dive and were content with the management of the risk.

- **2003** - There is a risk that Public Health Wales will fail to achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.

  This is caused by:

- the inability to accurately measure our carbon emissions for all activities undertaken within Public Health Wales and to understand where we can make the greatest impact to reduce carbon emissions.

- Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years.
- Failure to effectively engage staff in our carbon reduction work across the organisation.
- Lack of dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to implement actions that would make a measurable difference to the reduction of our carbon emissions.
- Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions.
- Decisions not always prioritising the impact on the environment.

This will result in a failure to achieve net carbon zero by 2030. As a consequence of not being able to measure carbon emissions accurately, it is also likely that our current carbon emissions may be significantly underestimated providing a false position for Public Health Wales on its progress to net zero.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	12	4

Progress Update
No change to risk score. Risk was presented at CCPB. It was decided to re-review both strategic and corporate risks relating to strategic priority 6 in the November CCPB meeting. Members are still unclear as to whether new government is intending to uphold the 2030 target or whether this will be adjusted.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **2076** - There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible Information Standards.

  This is caused by the lack of an organisational capacity with overall responsibility for Equality, Diversity & Inclusion to ensure both a strategic and coordinated approach and that an associated infrastructure is in place to respond to the needs of the population.

  The impact will be a fragmented approach to Equality & Inclusion work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including:
  - submission of the Annual Equality Report;

- development of the Strategic Equality Plan and its implementation;
- the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS); and
- completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Dementia Action Plan and Learning Disability Action Plan.

This risk may also further impact on strategic risk 2 if not addressed.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	9	4

Progress Update

- A dedicated Equalities Steering Group has now been established, with an inaugural meeting held in June 2026 and monthly meetings planned thereafter.
- Terms of Reference being drafted as set out in the recommended approach agreed by BET.
- Membership of the steering group will remain deliberately small initially and be scaled as and when needed along with engagement and specialist input was required.
- Discussion taking place regarding equalities governance and where the Annual Equality Report and Strategic Equality Plan will be reported to in addition to PODCOM.
- A focus is now on upskilling corporate engagement team in equality specialism.

Summary of Leadership Team Discussion

Leadership Team were content with the management of the risk.

- **2143** - There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.

  This is caused the service being provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633; risk materialised).

  UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours.

  Resource capacity issues within the team.

UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.

This could result a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
16	8	3

Progress Update
Update from Deputy Head of Operations:
EPH SBAR Paper went to BET as noted below. BET approved interim arrangements (short-term proposals), engagement with wider teams to review long-term solutions follows.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

- **2144 -** There is a risk that service users may have a clinical procedure undertaken or make decisions on planned care without being fully informed if the All-Wales consent process is not adhered to. This could be from direct service delivery in PHW or as a result of national advice & guidance being published by PHW without taking consent and decision making into consideration.

  This is caused by clinicians or PHW staff not following the latest guidance as detailed in the All-Wales consent and decision-making policy and procedure.

  The impact might be poor quality service, service user harm, adverse financial implications (claims) and reputational damage.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
12	9	4

Progress Update
Risk reviewed and 2 /3 outstanding actions are now completed, one remains open. Awaiting final Publication of the All-Wales consent policy. PHW current consent policy has received a 12m extension at QSIC in June 2026.

Summary of Leadership Team Discussion

Leadership Team were content with the management of the risk.

- **2315 -** There is a risk that PHW will not be able to deliver an optimal and sustainable sexual health services to meet population requirements.

  This is caused the risk originated from Sexual Health IMT. Due to insufficiently robust processes and service issues, this risk was identified in IMT as the overarching risk that addresses wider service risk. These issues are: lack of appropriate use of technologies to improve storing, processing and sharing of patient information, and lack of appropriate infrastructure to enable information to be used to provide assurance, support effective quality control and risk management. Delivery of this is reliant on resources and support from the wider organisation (i.e. IG, Safeguarding, Digital Services).

  The impact will be a loss of public confidence, inability to sustain the service which may lead to service users harm and reputational damage to PHW.

Inherent Risk Rating	Residual Risk Rating	Target Risk Rating
20	16	6

Progress Update
Update from Senior Service Manager HW:
1) Recruited for Improvement Manager role to embark on improvement plans; completed and awaiting start date.
2) IMT closure pending Hep C report sign off. SRG approved an Improvement Plan to support assurance of governance in the service.

Summary of Leadership Team Discussion
Leadership Team were content with the management of the risk.

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

This work has been put together following the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:

	*The effective management of corporate risks supports the longevity of the organisation*
	*The effective management of corporate risks reduces the likelihood or consequence of harm being realised.*
	The identification and management of risks are integrated into decision making activities.
	Owners of corporate risks collaborate within their areas and any relevant Directorates to manage risks effectively.
	Senior Managers engage with relevant colleagues to ensure staff are empowered to raise risks.

4. Recommendation

The Committee is asked to:

- Take **assurance** that the Corporate Risk Register is being appropriately scrutinised.

PODC CORPORATE RISK REGISTER						RISK ARTICULATION			INHERENT SCORING			CONTROLS	RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS	ACTION PLAN				TARGET SCORING			RESPONSIBLE GROUP	
Datix ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	Directorate	Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating			Action Summary	Action Due date	Action Done date	Progress	Likelihood	Consequence	Rating	Group responsible for Risk	Associated Committee
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Tracy Black	Policy and International Health	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted)	This is caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.	This would result in PHW not being able to fulfil its statutory duties either as a public body carrying out HIAs nor as a body which is required to provide assistance to other public bodies, as well as ineffective implementation of the regulations leading to missed opportunities to reduce inequalities and improve and protect public health in Wales.	4 Highly Likely	4 Major	16	Updated June 2026: •A formal guide is in place to support Programme Boards, providing clear and consistent direction aligned to regulations and Welsh Government expectations •Training in place to reflect current regulatory requirements and reinforce consistent application across teams •Plans, structures and processes are established and operate to ensure alignment with regulatory requirements and Welsh Government expectations •The supporting website provides accessible, up-to-date guidance, improving clarity and consistency of information Risk recorded - Action plan is now in place to support this on going risk. Temporary changes have been put in place to bolster the WHIASU team as it delivers its IMTP deliverables as well as prepares for the duty. A highly experienced Band 7 is remaining as part of below and return at 0.4 WTE from 0.6 WTE in October. Other preparations include revamping training, providing quarterly Network of Practice meetings and masterclasses, mapping the stakeholder landscape and writing guidance and FAQs for example.	3 Likely	3 Moderate	9	Treat	17/07/2026 - Action Plan updated - "Lunch & Learn" Action completed 30th June. 20th July - UK wide webinar took place and engaged with Local Authorities and Public Health Boards HIA Project Board with WG met on 13th July. All Public Bodies updated on the programme.	Internal approach to be discussed at June meeting of the board	31/07/2026		Item on upcoming meeting agenda	2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
																		Launch new Elearning for public bodies on HIA regulations	30/11/2026		scheduled for November					
																		Awareness raising (to include Lunch & Learn sessions) with PHW to be undertaken	31/07/2026	17/07/2026	Completed 30th June					
																		Introduction to HIA for Public Bodies training commences Sept 2026 for 3 months. Then transition into training for applying HIA.	29/01/2027		Sessions scheduled.					
																		20th July - UK wide webinar to take place, speaking to Local Authorities and Public Health Boards.	31/07/2026		Scheduled					
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	Nursing, Quality and Integrated Governance	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are in embedded in all aspects of PHW business.	This is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	This will result in noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.	3 Likely	3 Moderate	9	1. Established Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation and 2.Refreshed I&I offer for to the organisation along with Training programmes 3. Implementation plan for PHW strategic priorities with identified leads for each theme and completed against road maps 4.Developed coaching support to be provided by I&I Hub for improvement projects 5.National guidance and support materials and designated SharePoint site available for PHW staff. 6.Annual Quality Report publication 7. Quality oversight group formal meetings with reporting to QSC 8. Quality standards with key lines of enquiry self assessment completed for all 6 standards with recurring themes/areas identified for improvement 9. Leadership forum and spotlight on sessions delivered in July 2024 for the duty and a QMS approach 10. Strategic priority 5 - excellent public services now linked into the STEEP format and roadmap being formulated 11. Quality Governance report submitted to QSC quarterly framed around STEEP domains and includes core quality elements and reporting. 12. Active participation in the NHS PI QMS meetings. 13.Peer review process completed of self completed QSQ, health and care standards 14. Participation in Clinical Excellence Framework meetings with NHSPI 15. NHS PI QMS self assessment tool completed following receipt in May 2026	2 Unlikely	3 Moderate	6	Treat	11/08/2026 - Policy and Procedure written and ready for consultation website once I&I confirm the governance reporting process for QA's L7 or BET . Plan to post for consultation w/c 17.8.26	Introduction of Quality Impact Assessment and governance process.	30/09/2026		Update 8.26 Policy and procedure due to be submitted to the consultation website. How to guides written and paper to be presented to BET in September Update 6.26: Draft policy and procedure written and meeting scheduled with I&I to finalise governance process	1 Highly Unlikely	2 Minor	2	Quality Oversight Group	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
2076	Statutory Duty	31/10/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Silcox	Nursing, Quality and Integrated Governance	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible information standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality Diversity & Inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	The impact will be a fragmented approach to Equality & Inclusion work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including submission of the Annual Equality Report, development of the Strategic Equality Plan and its implementation along , the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS) and completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Dementia Action Plan and Learning Disability Action Plan. This risk may also further impact on strategic risk 2 if not addressed	4 Highly Likely	3 Moderate	12	EDI workforce workstreams being addressed through people & Organisational Development and culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational wide Peoples experience group in place but no decision making authority Paper presented to BET describing a suggested approach and integrated in to the corporate engagement teams portfolio as previous business case developed for EDI post but not investment opportunity at present Scoping started led by NQSG with POD support for organizational roles and associated governance structure. Various degrees of engagement with diverse community groups occurring but without organisational oversight and coordination Leadership team reviewed the recently published Accessible information standards and associated implications and undertook a baseline assessment which will inform the planning of an approach to the management of corporate responsibilities for equalities in PHW	3 Likely	3 Moderate	9	Treat	18/06/2026 - A dedicated Equalities Steering Group has now been established, with an inaugral meeting held in June 2026 and monthly meetings planned thereafter. Terms of Reference being drafted as set out in the recommended approach agreed by BET. Membership of the steering group will remain deliberately small initially and be scaled as and when needed along with engagement and specialist input was required. Discussion taking place regarding equalities governance and where the Annual Equality Report and Strategic Equality Plan will be reported to in addition to PODSCIM. A focus is now on upskilling corporate engagement team in equality specialism.	Establish the governance infrastructure and the capability requirements to manage equalities through the development of a phased implementation approach over the next 12 months	30/09/2026		Paper presented to BET and further submission with detailed approach/plan scheduled for 9/26	2 Unlikely	2 Minor	4	Leadership Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
																		To attend Equality and diversity training to upskill the engagement team to support equality workstream within PHW	30/09/2026		Scoping current training options to meet the teams required needs					
2143	Operational	11/12/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	Health Protection and Screening Services	There is a risk that we will be unable to deliver an effective long-term sustainable and excellent Environmental Public Health service to the population of Wales.	- The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later re-negotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633; risk materialised); - UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be solely responsible for frontline response both in and out of hours. - Resource capacity issues within the team. 10/02/2026- Further information below: UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the duty desk service as a matter of custom and practice. However, no formal or documented arrangements were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed PHW that their frontline support for both in-hours and out-of-hours duty desk provision would cease.	The impacts might be a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.	4 Highly Likely	4 Major	16	1) Secure Support from Within the Health Protection Division Task Completed: A staff member from within the Division has been identified and has informally transitioned to support the Environmental Public Health function. This arrangement has been in place since 01 January 2026 and is scheduled for review by 31 March 2026 due to financial constraints. Result: An additional 1.0 WTE resource has been added to strengthen service resilience and sustainability. Recommendation: Review this arrangement on an ongoing basis to ensure continuity and alignment with transformation timelines. 2) Escalate the Risk to the Corporate Risk Register Task Completed: The escalation request was presented and approved at the HPSS Directorate Management Team meeting on 13 January 2026, reflecting BET's direction. Result: The risk has been formally escalated and will be included in the corporate risk register in due course. Recommendation: Continued monitoring and support from executive colleagues is essential to ensure appropriate oversight and mitigation of the identified risk. 22/07/2026: Following Head of Operations update at Risk Meeting, noted completion of two linked actions: EPH SBAR submitted to BET and Engagement with UKSA to seek extension of OOH support until end June 2026 completed. Reduced likelihood from 4 to 2 whilst impact remains the same; thus reduced residual score to 8 (2X4).	2 Unlikely	4 Major	8	Treat	07/08/2026 - Update from Deputy Head of Operations: EPH SBAR Paper went to BET as noted below. BET approved interim arrangements (short-term proposals), engagement with wider teams to review long-term solutions follows.	Commence Transformation and Integration Programme and Report to BET	29/01/2027		Stage 1 – Engagement and Scoping (Underway): Initial discussions have commenced within the Health Protection team. Meetings with the wider Environmental Public Health Team are scheduled for 28 January 2026 and 11 February 2026 to test the proposed direction of travel. Stage 2 – Development of Operating Model (By May 2026): A detailed operating model for an integrated In-Hours and Out-of-Hours service will be presented to BET with recommendations. Stage 3 – Formal Consultation (May–July 2026): Supported by People and Organisational Development colleagues, formal consultation on the proposed model will be undertaken with completion targeted by July 2026. Stage 4 – Implementation (July–January 2027): Transition to the new operating model will commence following consultation, with full implementation anticipated by January 2027.	1 Highly Unlikely	3 Moderate	3	Business Executive Team	Audit and Corporate Governance Committee, People and Organisational Development Committee, Quality, Safety and Improvement Committee
																		Engage with UKHSA to Seek Extension of Out-of-Hours (OOH) Support until end June 2026 (initially requested 31 March 2027, which was rejected by UKHSA, counterproposal of end of June 2026 was approved) Action edit date: 22/04/2026 Change details: date changed from 31 March 2027 to 30 June 2026 given rationale provided above	30/06/2026	22/07/2026	Task Completed: The Director of Health Protection has met with UKHSA colleagues and is actively negotiating an extension of the current OOH support arrangements until 31 March 2027. Result: Awaiting formal confirmation from UKHSA regarding continuation of OOH service provision. Recommendation: Maintain regular engagement with UKHSA, ensuring ongoing transparency regarding PHW's transformation progress. If negotiations are unsuccessful, escalation through Chief Executives may be required. 22/07/2026: Head of Operations EM noted in Risk subgroup meeting action completed.					
																		EPH SBAR has been submitted to BET which will take place on the 24th. After that it should be approved.	25/06/2026	24/06/2026	22/07/2026: Head of Operations EM noted at Risk subgroup meeting that SBAR was successfully submitted to BET in June but due to busy agenda was discussed on 21st of July 2026. Action completed. Awaiting approval following review; separate update to be captured next meetings.					

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People Strategy Implementation Plan Deep Dive for assurance

September/October 2026

Business Executive Team
People and OD Committee

People Strategy Implementation Plan

Update – September/October 2026

Purpose

To provide assurance on the development and management of the People Strategy Implementation Plan, including how it will support delivery while remaining responsive to changing government and organisational priorities.



The Committee is asked to:

Take **assurance** on the proposed governance, ownership and review arrangements; note the delivery risks, dependencies and mitigating controls; and provide input on prioritisation, deliverability, agility and the evidence required for future assurance.

People Strategy Implementation Plan

Working together for a healthier Wales

The refreshed People Strategy charts a course for building a flexible, sustainable, and thriving Public Health Wales workforce for 2025-2035.

Five key areas of focus:

1. Designed to Deliver
2. Talent Attraction and Inclusive Hiring
3. Cultivating Future-Ready Skills
4. Leading with Compassion
5. Exceptional Staff Experience



People Strategy Implementation Plan

From strategy to delivery

People Strategy 2025–2035 › **Five areas of focus** › **Implementation plan** › **IMTP and POD team workplans** › **Regular review and adaptation**

- Short-term actions (2026/27 – 2028/29)
- Medium-term actions (2029/30 – 2031/32)
- Long-term actions (2032/33 – 2034/35)

People Strategy Implementation Plan

Years 1-3

- Strengthen workforce planning and prepare for workforce system transformation
- Improve recruitment, employer brand and future talent pipelines
- Build leadership, management and future workforce capability
- Align performance and leadership approaches with our cultural narrative
- Improve colleague experience through engagement, wellbeing, and inclusion



People Strategy Implementation Plan

How the plan is managed

1

Define

Milestone, output, outcome and measure

2

Own

Responsible and accountable lead confirmed

3

Sequence

Dependencies, capacity and timing tested

4

Review

Quarterly progress review and annual refresh

5

Escalate

Material risks to delivery, significant cross-organisational dependencies

Assurance:

- **Plan owned by People and OD SMT**
- **IMTP objectives and IMTP reporting**
- **Business Executive Team**
- **People and OD Committee**

People Strategy Implementation Plan

Delivery confidence

Areas providing confidence	Areas requiring continued management
✓ Clear implementation framework established	! Capacity and competing priorities
✓ Alignment with IMTP planning	! Cross-organisational dependencies
✓ Defined milestones	! National programme dependencies
✓ Clarity regarding ownership and accountability	! Baseline and outcome measures
✓ Established governance arrangements	

Delivery confidence is conditional on active prioritisation, realistic sequencing and management of dependencies.

People Strategy Implementation Plan

Main risks and controls

Theme	Risk	Control
Capacity, agility and competing priorities	The scale of the portfolio exceeds available capacity.	A single view of commitments; agreed approach to accelerate, pause, stop, defer or re-sequence work.
Ownership and accountability	Gaps, duplication or unclear accountability across connected workstreams.	Confirmed responsible and accountable leads, intended outputs and contributors for each milestone.
Cross-organisational and national dependencies	Delivery is delayed by e.g. national ESR developments or contributions required to other priorities (organisational or national).	Mapped dependencies; clear owners; escalate unresolved dependencies.
Measures and evidence	Progress is described through activity without demonstrating improved outcomes.	Agreed proportionate success measures and baselines; combining workforce data and colleague insight.
Colleague experience, equality and Welsh language	Implementation activity does not adequately reflect colleague experience or differential impacts.	Colleague experience, Trade Union, staff network, equality considerations embedded in design, implementation and review.

People Strategy Implementation Plan

Delivery and emerging impact

Deliverable	Emerging impact
• Apprenticeships, Recruitment Toolkit, Careers Discovery event and Recruitment and Selection learning. • Leadership and Management Academy and Community of Practice. • Cultural assessment and narrative, engagement priorities and Culture Advocates. • Strategic workforce planning integrated more closely with service and financial planning. • Staff diversity networks and wider inclusion activity.	• Widening access to public health careers and strengthening diverse talent pipelines • Developing a sustainable, diverse leadership pipeline equipped to lead with compassion • Building local ownership of culture and engagement, with a stronger colleague voice • Improving workforce decisions through robust data and integrated workforce, service and financial planning • Supporting a more inclusive and representative workforce where people feel valued, respected and able to thrive

People Strategy Implementation Plan

What success looks like

Baseline

- Designed to Deliver: Stable foundations for role clarity and workforce planning.
- Talent Attraction & Inclusive Hiring: Diversity is improving, but representation gaps and declining early-career workforce numbers remain challenges.
- Cultivating Future-Ready Skills: Self-reported development and career progression measures have declined.
- Leading with Compassion: Leadership measures remain positive but have largely plateaued.
- Exceptional Staff Experience: Staff experience is broadly stable, with opportunities to strengthen participation, wellbeing and influence.

What success looks like

- Integrated, data-led workforce and financial planning aligns resources to Strategic Priorities
- Wider, more inclusive talent pipelines improve access to careers and representation at all levels
- Workforce plans address scarce and emerging skills through Job Families, career pathways and succession
- Skills and resources deploy flexibly across boundaries, reducing silos and strengthening collaboration
- Compassionate managers create psychological safety to raise ideas and concerns
- Staff feel valued and supported through flexible work, career growth and better wellbeing

People Strategy Implementation Plan

Your input

Welcome views on:

- Proposed governance arrangements
- Any risks or gaps not yet addressed
- Assurance for future reports
- Any additional equality, Welsh language or colleague experience considerations



People Strategy Implementation Plan

Update – September/October 2026

Recommendation

The Committee is asked to:

Take **assurance** on the proposed governance, ownership and review arrangements; note the delivery risks, dependencies and mitigating controls; and provide input on prioritisation, deliverability and the evidence required for future assurance.



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Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 4

Partnership Working Report – 1 April 2026 to 30 September 2026	
Executive lead:	Neil Lewis, Director of People and Organisational Development
Author:	Jenny Ansell, People and Organisational Development Operations Service Manager Claire Sullivan, Staff Side Committee Chair and co-Chair of the Local Partnership Forum

Approval/Scrutiny route:	People and Organisational Development Committee

Purpose

The purpose of this paper is to provide an update to the People and Organisational Development Committee on the work of the Joint Medical and Dental Negotiating Committee and the Local Partnership Forum for assurance.

The Committee is also asked to receive the Trade Union Recognition and Facilities Time Agreement, developed in partnership and agreed through the Local Partnership Forum during the reporting period.

The paper covers the period 1 April 2026 to 30 September 2026.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☐

The People and Organisational Development Committee is asked to:

- receive the report for information and to **approve** the attached Facilities Time Agreement.

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	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	An EQHIA is not required for this paper.
Risk and Assurance	Continued partnership working with Trades Unions and management remains a vital component in addressing people related matters within the organisation.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or considers the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability.
Financial implications	There are no financial implications arising from the update provided by the paper.
People implications	Effective partnership working with Trade Union colleagues is a key element of effective governance and support to our staff. Continued partnership working is a vital component in addressing people related matters within the organisation.

1. Purpose/Situation

The purpose of this paper is to provide an update to the People and Organisational Development Committee on the work of the Joint Medical and Dental Negotiating Committee and the Local Partnership Forum for assurance.

The Committee is also asked to receive the Trade Union Recognition and Facilities Time Agreement, developed in partnership and agreed through the Local Partnership Forum during the reporting period.

The paper covers the period 1 April 2026 to 30 September 2026.

The People and Organisational Development Committee is asked to receive the report for information.

2. Background

A core part of our governance structure, and as identified within our Standing Orders, is the Local Partnership Forum (LPF); this forum provides the formal mechanism where the organisation and recognised Trade Unions work together. Members of the LPF engage with each other to inform, debate and agree local priorities on workforce-related issues facing the organisation. Discussions focus on strategic, high-level organisational plans and priorities, enabling the LPF to be the formal mechanism for consultation, negotiation and communication between the recognised trade unions and management on specific workforce related matters that arise from the organisation's strategic priorities and plans.

Public Health Wales recognises the following Trade Unions for the representation of members employed by the organisation: GMB, MiP, Royal College of Nursing, Society of Radiographers, UNISON, and Unite.

In addition to the Local Partnership Forum (LPF), we have a Joint Medical and Dental Negotiating Committee (JMDNC) where the organisation works in partnership with our Medical and Dental Colleagues and their recognised Trade Union, the British Medical Association (BMA).

Members of both fora engage in partnership working to inform, debate and agree local priorities on workforce-related issues facing the organisation. Discussions focus on strategic, high-level organisational plans and priorities, and more informal or operational matters are addressed through regular informal meetings.

3. Description/Assessment

The LPF meets approximately every other month. During the period 1 April 2026 to 30 September 2026, the LPF met twice, on the 21 April and the 16 June.

The JMDNC meets approximately every 2-3 months. During the period 1 April 2026 to 30 September 2026, the JMDNC met on the 18 June and is scheduled to meet again on the 23 September.

Informal meetings to support partnership working also take place every other month, with the aim of resolving operational issues in an appropriate and timely manner.

3.1 Key topics of discussion

During the period of this report, the organisation and its Trade Union partners have worked on several workforce-related issues in partnership, alongside updates and discussions on wider organisational changes. These are outlined below:

Organisational Change and Staff-Side Engagement
A significant focus of the LPF was oversight of organisational change activity across Public Health Wales. LPF members discussed the principle of partnership working during change and emphasised the importance of early staff-side involvement in service reviews and working groups. There is currently considerable change work underway, particularly within NHS Wales Performance & Improvement. Concerns were raised about the capacity of Staff-Side Committee (SSC) to provide support to the large number of change programmes.

Workforce Policies and All-Wales Policy Implementation
The LPF spent considerable time reviewing and endorsing workforce policies, reflecting the significant national policy agenda across NHS Wales. Policy discussions included Family Leave, Personal Relationships at Work, Mental Wellbeing, Fixed Term Contract management, Neonatal Leave provisions, and implementation of the new All-Wales Disciplinary and Improving Performance at Work policies.

LPF Terms of Reference
Discussions took place around reviewing the LPF Terms of Reference, particularly to align with Welsh Partnership Forum guidance, considering opportunities to strengthen links between local and national partnership working arrangements and developing a refreshed workplan. The review of the Terms of Reference will be concluded by 30 September 2026.

Workforce Sustainability, Workforce Planning and Job Evaluation
The LPF discussed workforce sustainability challenges facing the organisation., this included future workforce requirements, succession planning, digital capability, workforce supply issues and long-term workforce planning arrangements.
Staff-side colleagues raised concerns regarding job evaluation activity including consistency of outcomes and partnership support required for job evaluation panels.

The vacancy for the Staff Side Job Evaluation Lead was also discussed and options remain under consideration to enable fulfilment of this important role.

Employee Relations Learning and Organisational Culture
The LPF considered how organisational learning is captured and acted upon following formal employee relations processes. Members discussed how recommendations arising from these cases are implemented, monitored and shared across the organisation to prevent recurrence of issues.

Alongside this, members considered staff-side capacity challenges, Facilities Time arrangements and the ability of trade union representatives to engage effectively in partnership activities. Discussion reflected a shared desire to strengthen trust, learning and constructive partnership working.

Facilities Time Agreement
During the reporting period, the LPF discussed the Trade Union Recognition and Facilities Time Agreement as part of wider discussions on staff-side capacity, effective partnership working and the need for clear, sustainable arrangements to support Trade Union representatives in carrying out their recognised duties.

Please see Appendix 1 for the updated Trade Union Recognition and Facilities Time Agreement. The updated agreement was co-developed by management and staff-side colleagues, with feedback incorporated through the LPF. This provides a clearer framework for Facilities Time, strengthens shared expectations between the organisation and recognised Trade Unions, and supports constructive engagement on workforce matters in line with Public Health Wales' partnership working arrangements.

Workforce Sustainability and Health Protection Service Resilience
JMDNC members discussed concerns regarding the resilience of the Health Protection service. A prioritisation framework has been implemented to maintain critical services, with recruitment arrangements progressing to improve capacity.

Resident Doctor Contract Implementation
During the period of the report, work has been ongoing to ensure compliance with the new Resident Doctor contractual arrangements effective from 1 August 2026. A local implementation group continues to meet to embed this change.

SAS and Fatigue and Facilities Charter Progress
Work continues to address compliance with the SAS Charter, including around patient activity recording. Progress continues on implementation of the Fatigue and Facilities Charter, compensatory rest arrangements are subject to ongoing discussions with colleagues and BMA representatives.

Consultant Job Planning
Consultant job planning compliance remains below the Welsh Government target. Further work is underway to improve compliance, identify barriers and support uptake of the electronic e-job planning system.

Recognition Agreement
The JMDNC considered the NHS Wales model recognition agreement during the reporting period. The agreement was signed off through JMDNC, confirming the local arrangements for recognition and engagement with Medical and Dental colleagues and their recognised Trade Union, the BMA. This provides a clear framework for partnership working, consultation and negotiation on matters affecting medical and dental staff, and supports consistent alignment with the wider NHS Wales approach to employee relations and staff-side engagement. Please see Appendix 2 for information.

4. Recommendation

The People and Organisational Development Committee is asked to:

- receive the report for information and to **approve** the attached Facilities Time Agreement.

Appendix 1 – Trade Union Recognition and Facilities Time Agreement (LPF)

Appendix 2 – Recognition Agreement between Public Health Wales and its Local Negotiating Committee (JMDNC)

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Version : 1** **Date : March 2026** **Review : March 2029**

Public Health Wales
Trade Union Recognition and Facilities Time Agreement
2026

This Trade Union Recognition and Facilities Time Agreement sets out the shared commitment between Public Health Wales and its recognised Trade Unions to work in partnership, with trust and mutual respect, to support positive industrial relations and the wellbeing of the workforce.

The document defines the framework for union recognition, representation, facility time, and partnership working across the organisation. It outlines the roles and responsibilities of accredited representatives, union officers, members, and managers, and details the processes for accessing facility time, training, communication, and the provision of appropriate physical and digital resources.

The agreement reflects relevant UK and Welsh legislation and national guidance, ensuring lawful, fair, and transparent engagement between unions and the organisation. Owned jointly by Public Health Wales and the recognised Trade Unions, the agreement provides a foundation for constructive collaboration, effective employee representation, and the resolution of issues through agreed procedures.

It will be reviewed every three years or sooner if required due to changes in legislation or organisational need.

Leads
Director of People and OD
Chair, Staffside Committee

Approved by	People and Organisation Development Committee
Approved date	March 2026
Review	March 2029
Accountable Exec Director	Neil Lewis, Director of People and Organisational Development
Author(s)	Public Health Wales Staff Side Committee and Local Partnership Forum

Public Health Wales

Trade Unions Recognition and Facilities Agreement

1. **Introduction**
   This agreement sets out Public Health Wales's approach to Trade Union recognition and representation for Agenda for Change staff throughout the organisation. The purpose of this document is to establish a framework within which the relationship between the employer, its workers and their unions can be further established and maintained; to evidence the enabling of meaningful union engagement in decisions affecting workforce wellbeing and service delivery, as set out in the Social Partnership Duty.
2. **Definition of Terms**
   2.1 The Organisation: refers to Public Health Wales NHS Trust

   2.2 The Unions: refers to recognised unions - UNISON, Unite, Royal College of Nursing, Society of Radiographers, Managers in Partnership (MiP) and GMB

   2.3 Staff: refers to all workers in the Organisation
3. **Background**

   3.1 The Organisation and the Unions are committed to implementing the values of working together with trust and respect to make a difference, and recognise that the core aspects of successful partnership working are:

   - Team working
   - Openness
   - Honesty
   - Mutual respect and trust
   - Recognition of individual contribution

   3.2 This policy reflects the following laws and guidance issued in the UK and Wales:

   - ACAS Code of Practice 3 (January 2010)
   - Section 199 of the Trade Union and Labour Relations (Consolidation) Act 1992, which came into force on 1st January 2010
   - Social Partnership and Public Procurement (Wales) Act 2023
   - Agenda for Change NHS Terms and Condition of Service Handbook – Part 4 Section 25: Time off and facilities for Trade Union Representatives (May 2009): NHS Terms and Conditions of Service Handbook | NHS Employers
   - Employment Rights Act 2025

4. **Who this Agreement Applies to**
   4.1 This agreement applies to accredited representatives of the specified Unions, who have been duly elected in accordance with the rules of the respective Unions Representatives will:
   - Abide by the rules of their Trade Union and the policies and procedures of the Organisation
   - Represent their members on matters that are of concern to the workers of the Organisation and the Organisation itself

Types of accredited representatives covered by this policy:

- Union Learning Representatives
- Union Health and Safety Representatives
- Union Equalities Representatives
- Union Environment Representatives
- Union Workplace Representatives/Stewards

4.2 This policy also applies to Officers of the specified Unions, who may not be representatives but who will be duly elected in accordance with the rules of the respective Unions.
Officers who are not also representatives will:

- Abide by the rules of their Trade Union and the policies and procedures of the organisation
- Conduct TU business related to their role

4.3 This policy also applies to members of the specified Unions in relation to accessing the following:

- Trade Union Branch meetings
- Membership services like TU-provided learning
- Their TU representation in meetings, formal and informal (where appropriate)
- Union-facilitated equality, health and regional committees, councils and conferences
- Partnership working activities, e.g. job evaluation panels

4.4 The Unions, in partnership with the Organisation, will determine the appropriate number of representatives they wish to appoint and seek to ensure that representation has due regard for the Organisation's workforce, different roles and locations. There is no arbitrary limit to the number of Union representatives possible in the Organisation.

4.5 The Unions agree to inform the Organisation in writing of all elected representatives and to notify the Organisation of any subsequent changes

5. Facility Time

5.1 Facility time is the time made available to TU representatives and members to allow them to carry out Trade Union Duties and Activities. There is a statutory right to reasonable paid time off from employment for representatives to carry out Trade Union Duties. The Organisation recognises the importance of supporting TU representatives, officers and members to be involved in the diverse range of activities available to Union members and therefore expects that requests for paid time off for Representatives, Officers and members will not be unreasonably refused.

Subject to the needs of the service and adequate notification (where possible), accredited representatives are permitted paid time off for union duties and activities, including time to prepare for meetings, disseminate information and outcome to members during working hours. It is neither practicable nor helpful to be prescriptive about the amount or frequency of paid time off which can be granted to Trade Union

Representatives. This will vary according to fluctuations in demand on the Union Representative's role and the immediate, and in some cases unexpected, needs of the service, members and other local factors.

The TUC position is that there should be no upper limit on paid time off for representatives.

Common types of Trade Union Duties and Activities can be found on the Acas website.

Representatives and Officers commit to:
- Requesting facility time as far in advance as is reasonable in the circumstances
- Indicate the general nature of the business for the request
- Indicate where they can be contacted if required for emergency service cover
- Provide details of any necessary travel in relation to the request

Union members commit to:
- Requesting facility time as far in advance as is reasonable under the circumstances
- Providing the start and end times of any meetings they wish to attend
- Indicate the possible period of absence so far as is possible
- Provide details of any necessary travel in relation to the request

Managers commit to:
- Be aware of the legal requirements in relation to Trade Union membership and activism
- Considering each request for facility time on its own merit
- Not unreasonably withhold facility time from members or representatives
- accommodate requests within reasonable timescales, in the interests of good industrial relationships
- Keeping in mind the TUC recommendation that no upper limit on paid time off should be applied to Representatives
- Recognising the vital importance of Trade Union work
- Ensure that Trade Union Representatives are not disadvantaged by losing time accumulated as a result of Trade Union work and/or travel, this includes in regard to accessing training, progression, out of hours/unsocial hours pay enhancements and other elements of the substantive role of the Representative
- Never using the requirements of the service merely as a device for restricting Trade Union representatives from performing their recognised Trade Union duties and activities
- Ensure that Trade Union members are not disadvantaged by their membership of the Trade Union
- Fund appropriate travel and/or accommodation for representatives regarding case representation and other duties/activities – the Public Health Wales Travel and TOIL Policy - Corporate Policies and Procedures Library

5.2 Part time, shifts or night duty workers
Trade Union Representatives who work part time, out of hours shifts or night duty will be treated equitably. Public Health Wales recognises that Union Representatives employed to work in these patterns may face particular issues in respect of effective

representation and communication with members (who may not typically work out of hours). As such, these Representatives / members shall have the following additional provisions in addition to being granted reasonable time off to undertake Union work during their normal working hours:

- May request to adjust or rearrange work commitments to enable participation in duties and activities
- Where the representative works occasional shifts and needs to swap a shift specifically to attend to Union duties or activities, they shall be entitled to the pay they would have accrued working that shift. This is to reduce the possible financial disadvantage faced by shift workers who are Union Representatives and have to rearrange shifts frequently.
- Likewise, where a shift worker is released on full time facility time, they shall be paid for out of hours shifts which they cannot work due to their changed hours
- In some scenarios, it may be vital for the service to have shifts covered by the representative and for them to attend to Union duties/activities outside of their normal hours.In this case, the Representative may request to work the additional hours for TOIL, following the principles in the TOIL procedure~~olicy *link*~~
- Both the Representative and the Manager must take care to ensure that their case work, role and responsibilities are proportionate and reasonable to their situation, e.g. if a Representative was accumulating >7.5 hours of TOIL each week regularly, they may struggle to take it in good time and would need to review their situation with both their Union and their Manager

5.3 Ad hoc member phone calls/meetings outside of work hours

The aim of this agreement is to allow Trade Union members to discuss their cases with Trade Union Representatives during work hours.

The Organisation recognises that there may be circumstances in which a member does not feel able to request facility time directly from their Manager, particularly where the matter relates to the conduct of that Manager.

In order to reduce the possible disadvantage felt by Trade Union Representatives who take phone calls outside of their usual work hours, the Organisation will provide TOIL for ad hoc calls/meetings with members, however all efforts should be made to enable Union work to take place during working hours.

5.4 Refusing a request for Facility Time

If facility time is refused, the manager should provide the reason(s) for the refusal, e.g. a likely adverse impact on the service or an inappropriateness of request. This must be provided in a reasonable time frame and in writing. For example, if annual leave slots are available on a day where facility time is requested then that request shall be treated as reasonable unless there is another reason for refusal.

Reasonable grounds for refusal include:

- Adverse effect on service
- Inappropriate request, e.g. some educational courses or activities may need to be applied for using the study/development policy rather than Facility Time
- Unreasonable notice period given (if for a non-urgent duty/activity)

The Representative has the right to appeal the Manager's decision via the Respect and Resolution Policy (see section 10.). Informal resolution should be attempted first through a discussion with the POD Advisor on the member's case and an agreement reached between the Manager, POD and TU Representative for release. Or, if the facility time request is not for casework, a written submission to POD would be appropriate. All parties are committed to working in partnership to resolve issues with facility time promptly and appropriately.

5.5 Recording of Facilities time

Following the repeal of the statutory requirement for public bodies to publish facility time data under recent Employment Rights Act reforms - which remove the obligation for public sector employers to report facility time publicly -the Organisation and the recognised Trade Unions agree to maintain a light-touch internal system for recording facility time. This record will be held solely for the purposes of supporting effective workforce planning, ensuring transparency in partnership working, and resolving any queries regarding time off. The recording process will be proportionate, minimally burdensome, and consistent across the Organisation, and will not be used to limit or restrict Trade Union duties or activities.

5.6 Summary

Paid time off for Trade Union duties and activities will be granted subject to:

a. The provision of reasonable notice of the request for facility time. This is to allow sufficient time for the Manager to make alternative arrangements for the provision of cover for the Representative's work. It should be recognised that emergency meetings are called occasionally at short notice and a request for time off should be granted following consideration
b. The request for time off being for legitimate Trade Union duties or activities
c. An appropriate form being filled in, if required
d. A record of time off shall be kept by the Manager and the Trade Union Representative, this can be digital or paper based, and is for use retrospectively in case of any dispute. It is not to be used to limit facility time.
e. Reasonable travelling time and costs to attend to Union duties and activities will be given. Wherever practicable, the Trade Union Representative will return to their workplace once they have completed their Trade Union duties. Travelling time beyond the Trade Union Representative's contracted hours will be reimbursed. Follow the TOIL/Travel policy for appropriate processes for travel and TOIL - Corporate Policies and Procedures Library
f. A Trade Union Representative should not leave their post or take time off for Trade Union duties or activities without their Manager's express permission, other than in exceptional circumstances. Such permission will not be unreasonably withheld by the Manager
g. Reasonable time off for Trade Union duties and activities will be granted, as long as the permission does not hinder or adversely affect the provision or maintenance of associated health care service provided by the Organisation

6. Other activities in relation to partnership working

6.1 Training for Representatives

The Organisation recognises that representatives need certain skills and knowledge to carry out partnership working effectively. To this end, the Organisationwill support Trade Unions to discharge their responsibilities for the training of their Representatives, by providing reasonable time off with pay for relevant training, whether organised internally or externally.

Training for both newly appointed and more established Union Representatives will be supported. In addition, from time to time and where resources permit it, joint training and development activities between Trade Union Representatives and Managers to occur.

Trade Union training needs shall be addressed under this facility time agreement rather than Learning and Development Policy.

6.2 Union full time officials and organisers (staff who are not employed by the Organisation) will be permitted to meet Representatives, members and potential members on or off site during working hours by prior arrangement with management. Requests will not be refused without just cause.

6.3 Senior Union Representatives chosen by the Unions will be provided with a list of all workers leaving or joining the Organisation. Representatives will be given the opportunity to meet all newly recruited staff during working hours, including during the induction period, at induction events or in general staff meetings to offer them the benefits of Union membership.

6.4 Prior to the commencement of any TUPE proceedings, a nominated Trade Union Representative or staff member must be provided with adequate Acas-accredited TUPE training. Ideally each Union will have TUPE-trained Representatives available for all staff. This is a legal requirement and must be fulfilled.

7. Physical/Digital Facilities

7.1 The Acas code states that Trade Union Representatives should be provided with the following:

- Dedicated office space
- Accommodation for Union meetings
- Access to a secure computer
- Internet and email, secure telephone, photocopier, fax
- Dedicated Union noticeboards

7.2 The organisation also endeavours to provide the following:

- Storage for Union merchandise
- Space on appropriate intranet webpages and the ability to update these regularly
- Access to Teams, Outlook and all Microsoft products in use within the Organisation for communication
- Cost code for the Organisation’s franking machine – for postage of letters/parcels on Union business

- Where appropriate, e.g. for laboratory or screening-based staff, who may not have access to a private room/ office space with a computer, a laptop to enable meetings to be taken in private

8. Disclosure of information

Access to all joint documentation relating to local partnership working.

The Organisation recognises the need to provide recognised Trade Unions with relevant information to assist them in carrying out their functions effectively. The nature of documentation will be in accordance with the Acas Code of Practice 2 on "disclosure of information to trade union for collective bargaining purposes".

9. Industrial Action

The Organisation and the Unions have a responsibility to use agreed procedures to settle problems and avoid industrial action. Time off therefore may be permitted for this purpose, particularly where there is a dispute.
There is no right to time off for industrial action. However, where a Trade Union Representative is not taking part in industrial action but represents members involved, normal arrangements for time off with pay should apply to the Representative.

10. Resolving Disputes in relation to Facilities Time Requests

Where a dispute arises as a result of a request for facility time for Trade Union duties or activities, in the first instance management will endeavour to resolve the matter informally. If an informal resolution cannot be found, the matter will be dealt with following the All Wales Respect and Resolution Policy.

11. Variation of Agreement

If either the Organisation or the Trade Unions wish to suggest variations to this agreement, this shall be subject to negotiation.

12. Communication

The Organisation and the Trade Unions undertake to make known the contents of this agreement to all who may in any way be affected by it or required to operate it.

13. Review

This agreement will be reviewed every three years or sooner if required due to changes in legislation or organisational need.

Recognition Agreement

1. Agreement and Title

1.1 This Recognition Agreement (the Agreement) is between Public Health Wales NHS Trust (henceforth referred to as the Health Board) and the British Medical Association Cymru Wales (BMA) and its Local Negotiating Committee (henceforth referred to as the LNC).

1.2 The committee shall be called the PHW UHB/Trust joint medical and dental staff local negotiating committee (JLNC).

2. Recognition

The Health Board recognises that it is to the mutual benefit of the Health Board and its employees for the employees to be represented by Trade Unions and professional Associations and therefore recognises the BMA and its LNC as having sole recognition and collective bargaining rights in respect of medical and dental staff employed in the Health Board.

3. General Principles

3.1 The Health Board and the BMA recognise they have as common objectives: -

a) The efficient operation and development of the Health Board and the best interests of the patients and staff.

b) The maintenance of harmonious and constructive relations.

3.2 Both sides recognise their pursuit of these common objectives shall be by: -

a) Negotiation – for the purposes of reaching agreement and avoiding disputes.

b) Consultation – the exchange of views involving an opportunity to influence decisions and their application.

c) Information – keeping each side informed of all relevant matters.

3.3 The BMA recognises the Health Board's responsibility to plan, organise and manage its activities to achieve its set objectives.

3.4 The Health Board recognises the BMA's responsibility to represent the interests of medical and dental staff and to work for improved conditions of employment.

3.5 The LNC will also be informed and consulted on all matters that may pertain to the wider workforce, and impact on the Health Board and its services. Policies which apply to all Health Board staff will also be shared

with the LNC for approval. Although the JLNC is the exclusive forum for engaging with the Health Board, the LNC does wish to engage as appropriate with the Health Board Local Partnership Forum in line with the principle of true partnership working between staff organisations and Health Board Management whilst maintaining the integrity of the LNC.

4. Scope of the Agreement

4.1 The Agreement specifies the following areas as appropriate for collective bargaining including, but not limited to, that specified in the Trade Union and Labour Relations (Consolidation) Act 1992 and the following:

a) Interpretation and application of national pay and terms and conditions of employment/terms of engagement for medical and dental staff.

b) Local implementation of pay, salary structure and terms and conditions of employment/terms of engagement, in accordance with national agreements.

c) Representational rights relating to disciplinary, suspension, restriction of practice and termination of employment/terms of engagement of one or more medical/dental staff.

d) Issues and policies relating to recruitment, redundancy, redeployment, suspension, termination of employment/terms of engagement, discipline (Upholding Professional Standards in Wales) and grievance and all other employment policies relating to medical and dental staff in accordance with national agreements.

e) Matters of health and safety including the physical conditions in which medical and dental staff work.

f) Facilities and time off for BMA LNC representatives.

g) Negotiation or consultation machinery including recognition rights.

h) Introduction of new working practices, new technology, new equipment and new techniques.

i) Contracting out/Transfer of Undertakings, Protection of Employment (TUPE).

j) Strategic Planning decisions including the allocation of resources that have workforce implications, reorganisation of staff and relocation of offices.

k) Organisational decisions likely to affect the job prospects or job security of medical and dental staff.

l) Any other matters which both sides agree to refer.

4.2 The Health Board shall disclose information for collective bargaining purposes including, but not limited to, matters pertaining to pay, benefits, conditions of service, productivity and financial information. This information may be of a sensitive or commercial nature and could be subject to the confidentiality clause in the employment contract or by the professional codes of conduct.

5. Negotiation and Consultation Procedures

5.1 Where national terms and conditions of service or All-Wales policies agreed through MDBG are silent, the LNC will be the sole recognised body to negotiate on all local terms and conditions of service and/or local policies affecting medical and dental staff employed/engaged within the Health Board.

5.2 The LNC will consist of representatives of all branches of practice of medical and dental staff engaged with the employer

5.3 Representatives will be drawn from those with an interest in the items for negotiation/discussion. However, the LNC may choose to co-opt any other person who may not be an LNC representative for consultation purposes or to address a specific issue that is on the agenda.

5.4 The Health Board's representatives will comprise of the Executive Medical Director, Executive Director of Workforce and OD and Head of Medical Staffing (or equivalent). In addition, the Chief Executive will attend at least on an annual basis. Other senior managers may attend depending on the agenda.

5.5 The JLNC shall typically meet quarterly and at least four times a year.Written notice of the venue and agenda shall be circulated 10 working days in advance of the JLNC meetings. The minutes shall be circulated within 10 working days of the JLNC meeting being held. The dates of the meetings shall be agreed in advance for a 12-month period

5.6 Chairing of the meetings will rotate between the Staff Side LNC Chair and Executive Medical Director or Deputy.

5.7 The Health Board will appoint secretarial support who will be responsible for administrative arrangements for JLNC meetings and will agree agendas and minutes with both Chairs.

5.8 Sub-Groups may be established to deal with matters of specific interest.

6. Facilities and Time Off

The LNC Chair and/or associate/hospital site Chair will receive a minimum of 1 session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours.

A Deputy Chair will receive a minimum of half a session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours

Notification of appointment as an accredited representative will be provided to the Executive Medical Director to enable them to confirm with the employing department the requirement to facilitate paid time off for trade union duties/activities (including preparation time associated with those duties/activities) plus, where necessary, regular sessions in the Job Plan.

Accredited representatives of the LNC will receive reasonable paid time off to attend LNC meetings (both pre and main) including reasonable preparation time during normal working hours. LNC representatives who are able to identify the need for additional time, will be granted an additional sessional allowance and/or as appropriate trade union time off.

Accredited representatives will also have reasonable paid time off and facilities to carry out the duties and activities of the LNC and the BMA. No accredited BMA representative will suffer any loss in pay due to their trade union duties/activities.

7. Flexibility

Both sides recognise the varying demands and the flexibility required of the role as a BMA union/LNC representative, and employers will therefore ensure that they accommodate additional requests for time off in a flexible manner.

Where a union/LNC representative undertakes trade union duties/activities/training outside of their normal working hours, the Health Board/Trust must have a suitable mechanism in place to ensure paid time is being recognised e.g. through agreeing Time off In Lieu or via a local claim form.

8. Maintaining Good Relations

8.1 Both parties recognise that it is in their mutual interest to observe a negotiating procedure, by which issues arising between meetings can be considered and resolved.

8.2 Both parties agree that at each stage of the procedure, every reasonable attempt will be made to resolve issues raised until such efforts have been exhausted, and there shall be no action taken which would unreasonably exacerbate the dispute.

8.3 In the event of failure to agree, matters should be referred to ACAS or a neutral third party by either side for conciliation or jointly for arbitration. While the matter is in dispute both parties agree that the status quo will be observed.

9. Review and Changes

This Agreement will be reviewed after 12 months and at agreed intervals thereafter. Changes to this Agreement may only be made by agreement of the JLNC. There will normally be a 6-month notice period for changes, unless otherwise agreed

10. Document approval

This document is approved by the signatories below.

On behalf of PHW NHS Trust Health Board: Mr Neil Lewis,

Director of People & Organisational Development

Date of approval: 24th April 2026

On behalf of LNC: Dr Stephen Monaghan, Consultant, LNC Chair

Nia Potter, Senior Employment Advisor, BMA Cymru Wales

Date of approval: 03 February 2026

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Integrated Culture and Engagement Priorities and Action Plan

September/October 2026

Business Executive Team
People and OD Committee

Integrated Culture and Engagement Priorities

IMTP Commitment Q4 2026 /7

Refresh the high-level integrated engagement plan - using insights from the 2025 NHS Wales Staff Survey and Culture Pulse – to identify cultural priorities, strengthen flexible, equitable ways of working and foster a psychologically safe workplace where every colleague can thrive.



Integrated Culture & Engagement Action Plan

From Priorities to Action

2024 Integrated Engagement Action Plan

2024 Cultural Priorities

Analysis of new insights
2025 staff Survey
Culture Pulse Survey
Feedback
Learning

2026 Single Integrated Plan for Culture Engagement and Employee Experience

Five Organisation Priorities and one cross cutting enabler

Co-Created Action Plans building on existing work and each with an Executive Sponsor

Integrated Culture and Engagement Priorities

creating organisation conditions that support positive employee experience

Consistently identified as having the greatest influence on colleague experience, team effectiveness and organisational performance

1. Psychological Safety and Empowered Voice
2. Inclusive and Participative Decision Making
3. Culture in Action – Policy, Practice and Accountability
4. Careers and Growth
5. Sustainable Work and Wellbeing

- Embedding and Measuring our Cultural Narrative

Together provide a framework for aligning improvement activity, focusing resources and measuring progress. Collectively will strengthen our culture, employee experience and organisation effectiveness



Developing the Action Plans

Q4 2026/7

- Develop collaboratively with key stakeholders, including the Cultural Advocates Network
- Build on existing work and effective practice as well as new ideas
- Share learning, amplify success
- Reducing duplication
- Ensure activity remains evidence-informed and proportionate.



Psychological Safety & Empowered Voice

Create an environment where people feel safe to contribute and challenge in service of improvement and delivery

- Strengthening speaking-up opportunities
- Increasing visibility of action taken
- Building manager capability to create psychologically safe team environments including People Manager Essentials and supporting toolkits
- Embedding approaches that encourage constructive challenge and learning
- Promoting personal and team ownership, resilience and improvement



Inclusive & Participative Decision Making

Strengthen involvement, transparency and trust, where colleagues are empowered to contribute to decision-making and understand how and why decisions are made.

- Establishing consistent approaches to involving colleagues in change;
- Embedding engagement approaches for significant organisational changes;
- Roll out of Evaluation of Employee Experience of Change questionnaires;
- Improving clarity on decision-making processes – how and where decisions are made and transparency around trade-offs.
- Building Managing Change into the People Managers core programme and strengthening leadership visibility and opportunities for dialogue



Culture in Action – Policy, Practice & Accountability

Create an environment where systems, policies and behaviours align to and support cultural ambitions

- Reviewing key policies and process through a cultural lens
- Introducing proportionate cultural impact assessments within organisational policy process
- Developing a clear operating framework and reducing unnecessary bureaucracy and duplication
- Clarifying accountability for cultural outcomes
- Improving consistency in leadership and management practice.



Careers and Growth

Enable equitable development, career progression and growth opportunities for all colleagues

- Developing clearer career pathways and job family frameworks;
- Improving equity of access across staff groups through improving blended delivery approaches
- Strengthening talent and succession approaches;
- Embedding leadership and management development expectations, including People Management Fundamentals



Sustainable Work and Wellbeing

Create conditions for sustainable performance balancing wellbeing and performance in a way that supports both people and organisational outcomes

Indicative areas of action:

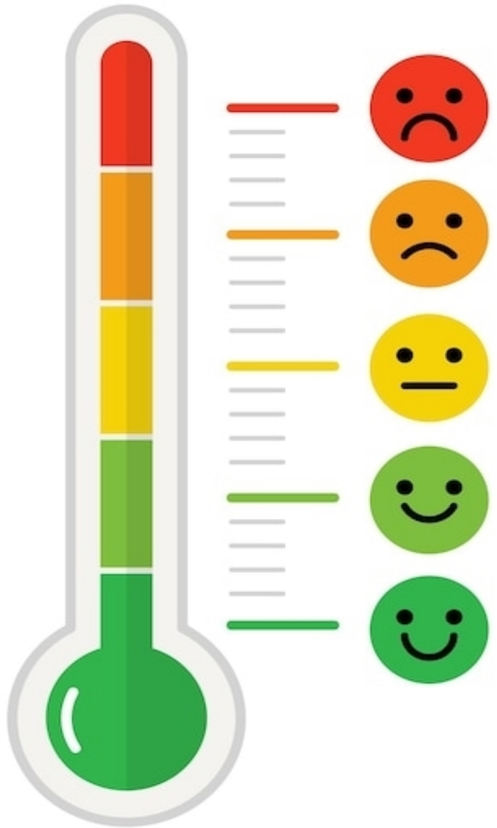
- Improving organisational understanding of workload pressures, capacity and work design to support more sustainable performance;
- Strengthening approaches to preventing burnout;
- Refreshing My Contribution to support performance, development and wellbeing;
- Ensuring wellbeing considerations are embedded within management practice.



Embedding and Measuring our Cultural Narrative

Cross cutting enabler

- Using the Cultural Narrative as our ‘primary language’ and embedding its use in informing leadership expectations and organisational decisions;
- Establishing a core culture measurement framework, aligned with the Cultural Narrative;
- Developing integrated organisational and local dashboards that triangulate culture, people measures and performance measures
- Supporting teams to use culture data for improvement.
- Identifying and sharing examples of positive cultural practice



Outcomes and Measures

Together across the actions

Anticipated outcomes:

- Support colleagues to have a voice and contribute to improvement;
- Strengthen trust, transparency and involvement in organisational decision making;
- Align organisational systems, policies and behaviours with our cultural ambitions;
- Build workforce capability through equitable opportunities for growth and development;
- Create the conditions for sustainable performance, wellbeing and retention

Potential measures:

- Organisation and Local Culture Pulse findings (using narrative language and indicators)
- Staff Survey indicators triangulated with People and Performance measures
- Organisational and local dashboard utilisation
- Workforce data sources
- Increased participation in engagement and development opportunities
- Improvement actions informed by cultural insights

Implementation and Management

Requires visible and sustained leadership

- Priorities reflect organisational rather than departmental issues therefore the Executive Team collectively owns delivery of the Plan
- Progress will be monitored through Leadership Team
- Assurance provided to the People and Organisational Development Committee
- The People and OD function will lead the development and delivery of many of the actions
- To strengthen accountability and leadership focus, each priority area will have an assigned is Executive sponsor



Culture and Engagement Action Plan

Your input

- We would welcome your views on the proposed actions.
- Do these actions provide sufficient confidence that we will deliver the required anticipated outcomes?
- Are there any gaps, risks, dependencies or opportunities that you feel we should address to strengthen the plan?



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Working together for a healthier Wales

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 6

Bi-annual Corporate Policies and Procedures Update	
Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Reanne Reffell, Board Governance and Policy Manager

Approval/Scrutiny route:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit

Purpose

The report provides the People and Organisational Development Committee with an update on the status of the policies, procedures and other written control documents for which it is the approving body.

Appendix 1 is an extract taken from the Corporate Policy, Procedures and Other Written Control Documents register and shows the status of documents as of 28 September 2026.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☐	☐	☐	☒

The People and Organisational Development Committee is asked to:

- Take **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

Link to Public Health Wales Strategic Plan

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

Summary impact analysis	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment isnot required in support of this report. An impact assessment should be undertaken for each of the respective policies when they are developed or reviewed.
Risk and Assurance	A risk assessment has been undertaken for each policy which has passed its review date.These are captured in the accompanying register (see Appendix 1) and a summary is detailed below.
Health and Social Care (Quality and Engagement) (Wales) Act	Corporate Policies and Procedures support the implementation of the act ensuring its embedded into our processes.
Financial implications	N/A
People implications	N/A

1. Purpose / situation

The report provides the People and Organisational Development Committee with an update on the status of the policies, procedures and other written control documents (policies) for which it is the approving body. The Committee last considered an update at its meeting on 16 April 2026.

Appendix 1 is an extract taken from the Corporate Policy, Procedures and Other Written Control Documents register and shows the status of documents as of 28 September 2026.

2. Background

The Board approved a new organisation-wide wide Policy and Written Control Documents Policy and Procedure in July 2022. All new/revised documents are now developed and approved in accordance with the provisions and processes set out in these documents.

The procedure specifies that the Register will be reported annually to the Board, and the relevant sections reported to Board committees Bi-Annually. The Leadership Team considers a compliance report on a quarterly basis for ongoing monitoring and management of the main policy register.

This report provides the Committee with assurance that required policies, procedures and other written control documents within its remit are being developed and maintained and that progress is being made to review and update policies that have passed their review date.

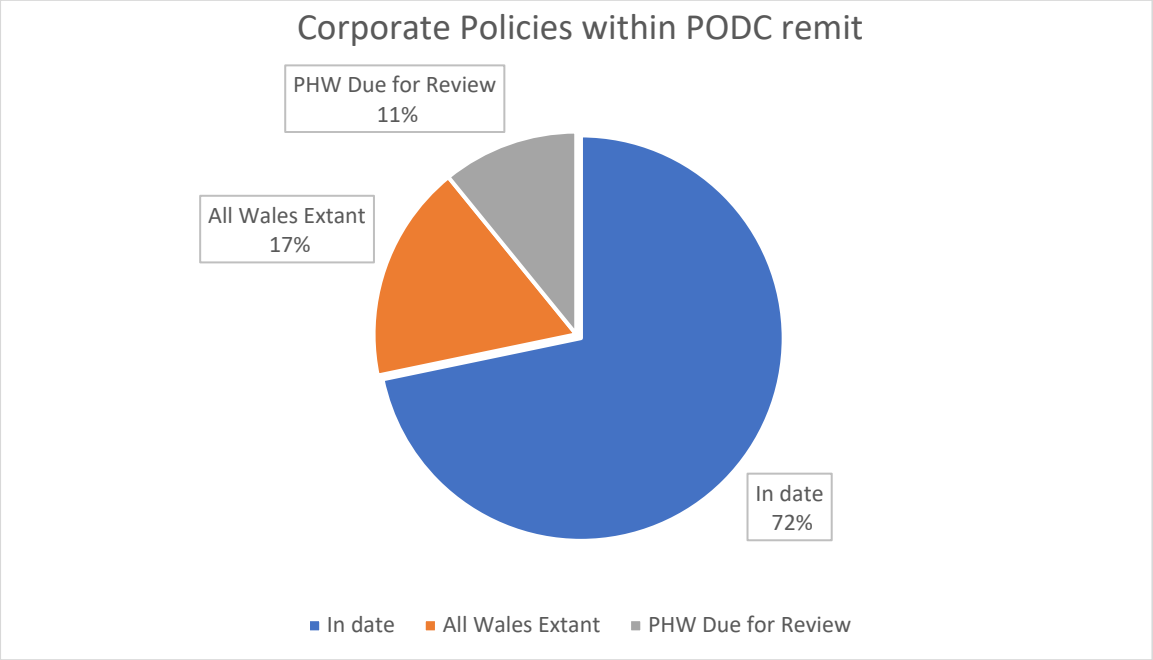
3. Description/Assessment

Status of policies and other written control documents

There are 46 policies on the policy register, which were approved by the People and Organisational Development Committee (PODC) or have been delegated to the Committee by the Board.

As of 28 September 2026, 33 (72%) policies are in date, and 13 (28%) policies are overdue for review. Of the 13 policies due for review, 5 are Public Health Wales (PHW) policies and 8 are All Wales policies.

On the 8 June 2023, the Welsh Partnership Forum Business Committee agreed to a new approach to the review of All Wales People policies and procedures and therefore the 8 All Wales policies due for review are marked as extant. Policies that are out of date are still valid, and the requirement to follow these remains in place.



Of the overdue policies, 4 have been submitted for approval at the October Committee meeting. Subject to approval, this will increase overall compliance to 80%, demonstrating the progress in reducing the number of overdue policies within the Committee's remit.

Policies submitted for approval at the October Committee meeting:

- All Wales Organisational Change Policy
- All Wales Employment Breach Scheme
- Family Leave Policy
- Family Leave Procedure
- My Contribution Policy (currently in date)

The Committee is asked to note that all of the overdue policies are rated as '**low risk**' to the organisation. All of the existing policies will remain current pending development of the documents.

Appendix 1 sets out the current status of all the policies, including the actions being undertaken to review the policies due for review.

Executive colleagues responsible for the policies due for review are aware and taking active steps to ensure policies/procedures are reviewed and appropriate approval sought.

Work is ongoing to review the overall policy list with each lead to review the number of policies on the register and look to reduce and combine where possible.

4. Recommendation

The People and Organisational Development Committee is asked to:

- Take **assurance** on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.

PHW/AW	Policy ref.	Policy title	Executive Lead	Approval date	Review date due	Status*	Risk Asses	Quarterly Reviews	Expected Date for issuin
PHW	PHW45	Family Leave Policy	Director of People and Organisational Development	15/03/2023	15/03/2026	Policy out of date	Low	**October 2026: Policy & Procedure are scheduled for PODC on 15 October** July 2026:The policy was endorsed for approval at LPF on 16 June and is with the Leadership Team for endorsement to PODCOM March 2026: The policy/ procedure was discussed at LPF on 24 February and requires a further review. LPF have been asked to provide additional comments by 31 March.	15/10/26 PODC
PHW	PHW45/TP01	Family Leave Procedure - Pay and Leave for New Parents	Director of People and Organisational Development	16/02/2023	16/02/2026	Policy out of date	Low	**October 2026: Policy & Procedure are scheduled for PODC on 15 October** July 2026:The policy was endorsed for approval at LPF on 16 June and is with the Leadership Team for endorsement to PODCOM March 2026: The policy/ procedure was discussed at LPF on 24 February and requires a further review. LPF have been asked to provide additional comments by 31 March. Oct 2025: Policy review workshop held on 15th September 2025	15/10/26 PODC
PHW	PHW49	Substance Misuse (Drugs and Alcohol) Policy	Director of People and Organisational Development	06/09/2022	06/09/2025	Policy out of date	Low	**October 2026:The policy is now being re reviewed following further feedback** July 2026:Some further updates are required following feedback from LPF March 2026: The policy will got for 28 consultation and then scheduled for LPF on 21 April Oct 2025: Policy Review Workshop held on 11 September	14/01/27 PODC
PHW	PHW54	Mental Wellbeing Policy	Director of People and Organisational Development	06/09/2022	06/09/2025	Policy out of date	Low	**October 2026: LT provided further feedback that is being incorporated into the policy** July 2026:The policy was endorsed for approval by LPF and now with the Leadership Team for endorsement to PODCOM Oct 2025: Policy Review Workshop held on 09 September Formerly Prevention of Stress and management of Mental Wellbeing Policy	14/01/27 PODC
PHW	PHW11	Personal Relationships at Work Policy	Director of People and Organisational Development	06/09/2022	06/09/2025	Policy out of date	Low	**October 2026: LT provided further feedback that is being incorporated into the policy** July 2026:The policy was endorsed for approval at LPF on 16 June and now with the Leadership Team for endorsement to PODCOM March 2026:The policy was discussed at LPF on 24 February and requires a further review. LPF have been asked to provide additional comments by 31 March. Oct 2025: Policy Review Workshop being held on 09 October	14/01/27 PODC
PHW	PHW71	Registration for Health Professionals Policy	Executive Director Nursing, Quality and Information Governance	16/04/2026	16/04/2029	Policy in Date			
PHW	PHW71/TP01	Registration for Health Professionals Procedure	Executive Director Nursing, Quality and Information Governance	16/04/2026	16/04/2029	Policy in Date			
PHW	PHW06	Annual Leave and Bank Holiday Policy	Director of People and Organisational Development	20/01/2026	20/01/2029	Policy in Date			
PHW	PHW75	Use of Welsh Language Policy	Director of People and Organisational Development	20/01/2026	20/01/2029	Policy in Date			
PHW	PHW/STP08	Regulatory Bodies for registered Healthcare Professionals	Executive Director Nursing, Quality and Information Governance	17/02/2025	17/02/2028	Policy in Date		Joint responsibility with HPSS	
PHW	PHW51	Adverse weather conditions/transport disruption policy	Director of People and Organisational Development	20/01/2026	20/01/2029	Policy in Date			
PHW	PHW/STP01	Time off In Lieu TOIL Procedure	Director of People and Organisational Development	20/01/2026	20/01/2029	Policy in Date			
All Wales	AW09	Procedure for NHS staff to raise concerns (All Wales)	Board Secretary and Head of Board Business Unit	06/02/2024	06/02/2027	Policy in Date			
All Wales	AW23	Respect and Resolution Policy	Director of People and Organisational Development	17/02/2025	17/02/2030	Policy in Date			
PHW	PHW66	My Contribution policy	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: Policy & Procedure are scheduled for PODC on 15 October** July 2026: Policy workshop scheduled for 30 June	15/10/26 PODC
All Wales	AW06	Special Leave Policy (All Wales)	Director of People and Organisational Development	09/07/2024	09/07/2027	Policy in Date			
All Wales	AW34	Voluntary Early Release Scheme	Director of People and Organisational Development	09/07/2024	09/07/2027	Policy in Date			
PHW	PHW70	Learning and Development Policy	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: A second workshop was scheduled for 01 October 2026, as the discussions were extensive and additional time was needed and agree the next steps** July 2026: Policy workshops will be held in September to maximise attendance and ensure all staff have the opportunity to take part following the school holidays	15/01/27 PODC
All Wales	AW05	Improving Performance at Work Policy	Director of People and Organisational Development	01/04/2026	01/04/2029	Policy in Date			
PHW	PHW50	Recruitment and selection policy	Director of People and Organisational Development	17/02/2025	17/02/2028	Policy in Date			
PHW	PHW79	Trans Inclusion Policy	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: Legal Advice has not yet been received by the NHS Equality leads** July 2026:There's been a recent legal update to the Equality Act relating to trans people, but the guidance is complex and still being worked through. NHS equality leads will be seeking legal advice over the coming months to support consistent interpretation. The Board are aware of the position and have requested an update on the legislation as soon as possible. The policy will be reviewed and updated once the legal advice is received	2026/27
All Wales	AW03	Disciplinary policy and procedure (All Wales)	Director of People and Organisational Development	01/04/2026	01/04/2029	Policy in Date			
PHW	PHW09	Redeployment Policy	Director of People and Organisational Development	06/02/2024	06/02/2027	Policy in Date		**October 2026: This policy will require minor updates to reflect the Employment Rights Act changes due to come into effect next year. Will be aligned with the current review of the Managing the Expiry of Fixed-Term Contracts (FTCs) Procedure**	2027
PHW	PHW78	Work How It Works Best (Agile Working) Policy	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: Policy workshop held in September, updated draft of the policy will proceed to consultation** July 2026: Policy workshops will be held in September to maximise attendance and ensure all staff have the opportunity to take part following the school holidays	15/01/27 PODC
PHW	PHW/STP09	Mobilisation Procedure- To support enhanced or major incident response	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: Following discussion at the workshop, it was agreed that the policy will require a complete rewrite, involving the relevant stakeholders throughout the development process** July 2026 :Policy workshops will be held in September to maximise attendance and ensure all staff have the opportunity to take part following the school holidays	2027

PHW	PHW80	Employing Ex-Offenders and People with a Criminal Record Policy	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: Policy workshop held in September, updated draft of the policy will proceed to consultation** July 2026: Policy workshops will be held in September to maximise attendance and ensure all staff have the opportunity to take part following the school holidays	15/01/27 PODC
PHW	PHW/STP10	Employee Recognition Procedure	Director of People and Organisational Development	08/11/2023	08/11/2026	Policy in Date		**October 2026: As the procedure took a considerable time to implement and, following feedback received at the Staff Conference, it has been agreed that it will not be reviewed at this time.** July 2026:Policy workshops will be held in September to maximise attendance and ensure all staff have the opportunity to take part following the school holidays	
All Wales	AW25	Flexible Working Policy (All Wales)	Director of People and Organisational Development	16/07/2026	16/07/2029	Policy in Date			
PHW	PHW/SCD19	Protocol for the Reporting and Oversight of Speaking Up Safely Within PHW	Board Secretary and Head of Board Business Unit	06/02/2024	06/02/2027	Policy in Date			
PHW	PHW09/TP01	Redeployment Procedure	Director of People and Organisational Development	06/02/2024	06/02/2027	Policy in Date		**October 2026: This policy will require minor updates to reflect the Employment Rights Act changes due to come into effect next year. Will be aligned with the current review of the Managing the Expiry of Fixed-Term Contracts (FTCs) Procedure**	2027
All Wales	AW27	All Wales Medical Appraisal Policy (Designated Body Public Health Wales)	National Director Health Protection and Screening Services, Executive Medical Director	17/05/2024	17/05/2027	Policy in Date			
PHW	PHW85	Carers Policy	Director of People and Organisational Development	21/10/2024	21/10/2027	Policy in Date			
All Wales	AW29	Appraisal and Revalidation Policy - UKPHR Specialist Registrants	National Director Health Protection and Screening Services, Executive Medical Director	21/10/2024	21/10/2027	Policy in Date			
All Wales	AW31	Flexible Pensions Policy	Director of People and Organisational Development	17/02/2025	17/02/2028	Policy in Date			
All Wales	AW32	Job Evaluation Policy	Director of People and Organisational Development	17/02/2025	17/02/2028	Policy in Date			
All Wales	AW33	Pregnancy Loss Policy	Director of People and Organisational Development	17/02/2025	17/02/2028	Policy in Date			
PHW	PHW89	Disclosure and Barring Service (DBS) Policy	Director of People and Organisational Development	22/09/2025	22/09/2028	Policy in Date			
All Wales	AW36	Anti Sexual Harassment Policy (All Wales)	Director of People and Organisational Development	14/10/2025	14/10/2028	Policy in Date			
All Wales	AW04	Secondment policy (All Wales)	Director of People and Organisational Development	23/08/2021	01/03/2023	All Wales Extant	Low	Sept 2023 Welsh Partnership Forum Business Committee confirmed that All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum.	
All Wales	AW21	Reserve Forces Training and Mobilisation Policy (All Wales)	Director of People and Organisational Development	21/07/2020	21/07/2022	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW11	Employment Break Scheme (All Wales)	Director of People and Organisational Development	16/03/2020	16/03/2023	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW13	Pay Progression Policy (All Wales)	Director of People and Organisational Development	16/03/2020	16/03/2023	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW01	Managing Attendance at Work Policy	Director of People and Organisational Development	04/12/2019	04/12/2022	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW12	Organisational Change Policy (All Wales)	Director of People and Organisational Development	04/02/2019	04/02/2022	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW15	Menopause Policy (All Wales)	Director of People and Organisational Development	04/02/2019	04/02/2022	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	
All Wales	AW10	Recruitment and retention payment protocol (All Wales)	Director of People and Organisational Development	04/07/2017	01/04/2022	All Wales Extant	Low	Please refer to the Sept 2023 Welsh Partnership Froum Business Committee Update	

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 7

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	**All Wales Employment Break Scheme** **All Wales Organisational Change Policy**
Policy Lead	**Welsh Partnership Forum**
Lead Executive	**Neil Lewis, Director of People & OD**
PHW / All Wales?	**All Wales**
Date of last Review	**N/A**
Is the current policy / procedure within review date?	**All Wales Policies remain extant**
Approving Body /Group	**People and Organisational Development Committee**
Version Number	

Section 2: Recommendation

The Committee is asked to:
 	
• **Consider** the revised All Wales Employment Break Scheme and All Wales Organisational Change Policy
• **Note** that the Leadership Team have endorsed the documents to the Committee
• **Approve** the:
  ○ All Wales Employment Break Scheme
  ○ All Wales Organisational Change Policy

Section 3 – Details of the Review:	
Background:	
Reason for review	Whilst all Wales policies remain extant, they are reviewed periodically to ensure they remain up to date with legislation and best practice.
Description/Assessment	There are no fundamental changes to either policy. NHS Employers at the request of the Welsh Partnership Forum have updated the dates.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Staff Consultation Database
Date range of consultation:	03/06/2026 - 01/07/2026
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	N/A
Had this policy / procedure been considered by any other groups?	Welsh Partnership Forum
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	N/A

Section 4: Impact Assessments	
Equality and Health Impact Assessment	All Wales Policies will be accompanied by an All Wales Equality Health Impact Assessment- we are seeking these documents from WPF.
Welsh Language Impact	The Policy / Procedure will be translated to welsh and available on the internet bilingually.
Risk and Assurance	N/A

Health and Social Care (Quality and Engagement) (Wales) Act	The Employment Break Policy and Organisational Change Policy support the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act by promoting workforce wellbeing, engagement, fairness and sustainable service delivery. Together, they help ensure staff are supported through flexible working arrangements and organisational change processes, contributing to a resilient workforce and enabling the continuous improvement of safe, effective and high-quality services in line with the Duty of Quality
Financial implications	There are no direct financial implications associated with the review and continued implementation of these policies. Any costs arising from individual employment break or organisational change cases will be managed within existing budgets and governance arrangements
People implications	The Employment Break Policy and Organisational Change Policy support workforce wellbeing, engagement and fair employment practices. The policies provide clear frameworks for managing employment breaks and organisational change, helping to support staff through different stages of their employment while maintaining organisational effectiveness, consistency and employee experience
Socio Economic Duty	The Employment Break Policy and Organisational Change Policy support the organisation's commitment to reducing inequalities and promoting fair access to employment opportunities. The policies provide consistent and transparent arrangements for employees requiring flexibility or affected by organisational change, helping to minimise disadvantage and support equitable workforce outcomes in line with the Socio-economic Duty

Section5 - Implementation

Following approval and adoption by the People & OD Committee, both policies will be published on the staff intranet and socialised with the Business and Planning Leads Group for consideration of the implementation of the policies throughout the Organisation.

Section 6 – Dissemination

The primary source for dissemination of these policies within the organisation is via the intranet site.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** AW 12 **Version Number:** 15 **Date of next review:** Extant

ALL WALES ORGANISATIONAL CHANGE POLICY

Policy Statement

This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within NHS Wales. NHS organisations will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.

At times of organisational change it is particularly important to ensure that support, guidance, training and development opportunities are made available to all staff employed by NHS organisations within Wales in accordance with best practice. The wider NHS in Wales will be responsible for assisting in the redeployment of employees from any NHS organisations affected by organisational change.

Equality and Health Impact Assessment	An EHIA has been completed.
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	Extant
Date of Implementation/ Publication:	
Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis, Director of People and Organisation Development
Author	Welsh Partnership Forum

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date by contacting Corporate Governance.

DRAFT

NHS Wales Organisational Change Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Approved
Welsh Partnership Forum

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1. Introduction

This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within NHS Wales. NHS organisations will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.

At times of organisational change it is particularly important to ensure that support, guidance, training and development opportunities are made available to all staff employed by NHS organisations within Wales in accordance with best practice. The wider NHS in Wales will be responsible for assisting in the redeployment of employees from any NHS organisations affected by organisational change.

2. Scope of the policy

This policy replaces the Organisational Change Policy published in March 2009.

The Organisational Change Policy will apply to all NHS Wales employees. It will apply to all situations of organisational change, whether these are internally generated service reviews or externally approved mergers or de-mergers.

3. Policy statement

3.1 In the application of this policy all employees will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership (also known as “protected characteristics”). No employee should be treated less favourably due to their hours worked (full-time or part-time) or trade union membership.

3.2 Organisations are required to monitor the implementation of this policy and ensure that they assess its impact across the “protected characteristics” and in respect of human rights. This will require the collection, monitoring and reporting of workforce equality data for all employees identified as being at risk and subject to the provisions of the policy.

4. Principles to be observed

4.1 It is the policy of NHS Wales to prevent all avoidable compulsory redundancies, which could potentially occur as a result of organisational change. As such, it is the aim of this policy to ensure that the NHS retains the valuable knowledge, skills and experience of its workforce, by utilising a number of strategies, to assist displaced employees to find suitable alternative employment and / or retraining opportunities, which will enable them to continue to contribute positively to the service.

4.2 Subject to the processes outlined below, when the need arises to redeploy employees, NHS organisations will;

a) consider the use of short-term temporary staff in any period of change, to maintain service requirements until the change is completed and to maximise potential redeployment opportunities;

b) use early retirement and / or voluntary severance schemes where circumstances and / or resources allow;

c) after consultation, identify (in pay and conditions) suitable alternative work in the employing organisation for employees affected by change;

d) transfer employees affected to suitable alternative work with other organisations, by agreement with the employees concerned and the organisations concerned;

e) support employees who wish to retrain and are qualified to undergo training for posts in other disciplines / areas, where reasonable; and

f) by means of the development review / personal development plan process, assist and support employees to overcome constraints which may prevent them undertaking a new role.

All employees are entitled to be represented by a recognised trade union official, local trade union representative or accompanied by a workplace colleague, when subject to any of the arrangements arising from this policy.

5. Consultation with staff interests

5.1 Each employing organisation's senior managers will continue to work in effective partnership with representatives of trade union on the implications for employees in respect of strategic and other major plans concerning the organisation and provision of services. Such discussions will take place through local partnership arrangements.

5.2 In conducting such consultations, management will follow the principles set out in the following section **6 The Introduction of Change**. They will also be required to provide in advance, written details of any proposed organisational change and / or the workforce implications, to facilitate discussion with the employees affected. Such consultations should be conducted over a specified period of time, which should be of no less than four weeks duration unless agreed otherwise as noted in paragraph 5.3.2c.

5.3 Collective Consultation of Proposed Redundancy

5.3.1 NHS Wales and the trade unions recognise that, where organisational change includes or leads to a proposal to dismiss 20 or more employees as redundant (within the meaning of the definition within the trade union and Labour Relations (Consolidation) Act 1992 (TULRCA)) at one establishment within 90 days or less, then the statutory consultation framework under s188 TULRCA will be engaged. NHS Wales and the trade unions also recognise the desirability of exploring alternatives to redundancy before such proposals are formulated.

5.3.2 To ensure that these requirements are addressed within the context of this policy, NHS Wales and the trade unions have agreed the following:

a) as far as possible, the procedures set out in the OCP will be followed in order to avoid a situation in which an employing organisation is proposing to dismiss 20 or more employees as redundant at one establishment within 90 days or less;

b) where proposals to dismiss employees as redundant are in prospect but have not been formulated, the relevant NHS Wales employer will notify the local and regional representatives of the relevant trade unions in writing that this is the position and will invite them to participate in a formal “OCP Consultation Period”. The notification will specify the start date for the OCP Consultation Period which will be not less than 7 days from the date of the notification;

c) the OCP Consultation Period will normally last for a period of at least four weeks from the start date specified in the written notification. The OCP Consultation Period may be extended or shortened by such further period as may be agreed in writing by the NHS Wales organisation and each of the relevant trade unions, but the unanimous agreement of all parties will be required to such a duration;

d) the OCP Consultation Period may involve representatives of the relevant trade unions at local, regional and/or national level although the trade unions’ choice of representation will not unreasonably delay the progress of substantive consultation during the OCP Consultation Period;

e) that in agreeing to participate in the OCP Consultation Period on any given occasion, the respective trade unions accept that:

(i) there is not a “proposal” such as to trigger an obligation on the relevant NHS Wales employer to consult under s.188 TULRCA; and/or;

(ii) if there is such a proposal (or one is subsequently formulated after the OCP Consultation Period), none of the relevant trade unions will seek to argue that consultation on that proposal under s188 TULRCA has not begun “in good time” (or that the NHS Wales

employer is otherwise in breach of s188) by reason of the NHS Wales employer having first participated in the OCP Consultation Period; and

(iii) if there is a proposal to which s188 applies (or one is subsequently formulated after the OCP Consultation Period), the consultation undertaken during the OCP Consultation Period will be taken into account when assessing the nature, duration and content of the further consultation to be carried out in accordance with s188 TULRCA, bearing in mind that the shared aim of s.188 and OCP consultation is to find ways to avoid redundancies if possible. Further consultation under s188 will, as a general rule, take place after the OCP Consultation Period.

6. The introduction of change

6.1 The Organisation

a) Recognises that employees and their representatives have an expectation that management will discuss with them the reasons for and the implications of any proposals or options, which appear likely to have a significant impact on the nature of the work they perform or the arrangements or conditions under which the work is carried out; and

b) Undertake that its managers will, in a timely manner, discuss with employees and their representatives, at departmental and other appropriate levels, the workforce implications of particular proposals or developments, which appear likely to, or have the potential to have a significant impact on the work of individuals, the departments or staff group concerned, before any final decisions are taken.

6.2 The Trade Unions

a) Recognise that in the interests of patient care and the efficient use of resources, the organisation's managers have a responsibility to review from time to time the activities of individuals and groups of employees and the arrangements and conditions under which such activities are performed; and

b) Undertake to advise their members to participate in the introduction of changes arising from such reviews, where the principles set out in this policy are followed.

6.3 Both management and trade unions also recognise that there is no single universal prescription, which can be meaningfully followed in every case where changes are proposed.

Where, however, the changes proposed are of a significant nature, some prior discussion regarding the reasons for them, any available options and their implications will be necessary. As a general rule, such discussions are best conducted between the responsible manager, the employees affected and their representatives.

Where the changes envisaged appear likely to affect the location, hours of work, grades / bands or earnings of the employees concerned, the responsible manager should consult the accredited representative(s) of the employee(s) concerned, at the earliest possible stage.

6.4 Particular consideration should be given to the following points during the discussion of any proposed changes, as applicable;

a) health and safety implications;

b) training or re-training needs;

c) staffing requirements;

d) arrangements for redeploying or transferring any displaced employees;

e) arrangements for recruiting any additional employees;

f) any required changes to shift patterns, location and / or hours of work;

g) any grade / band implications; and

h) applicability of any relevant protection arrangements.

7. Anticipating and preparing for change

7.1 Restrictions on vacancy filling

Restrictions on the filling of vacancies in certain categories of posts (other than on a short-term temporary basis) will be introduced to assist in creating suitable alternative positions for employees affected by the change.

Employers will consult with trade unions in a timely manner, in respect of the categories of posts which need to be brought within this restriction, as required.

7.2 Temporary appointments to maintain services

A number of fixed term appointments or secondments may be required to maintain services whilst rationalisation or reorganisation of services or organisations takes place. These temporary arrangements will be required either to fill gaps in the service or organisation that is undergoing change, or to fill gaps elsewhere, to ‘reserve’ places for employees who will become displaced but who are required to remain in their current post for the time being, to maintain adequate services.

The reasons for the temporary nature of the appointment must be given clearly in writing to any employees appointed in this capacity and an estimate should be given as to how long the appointment will last. In these circumstances fixed term appointments or secondments will not normally be made where the position concerned is likely to continue for a period of more than one year.

7.3 Creating Flexibility

To reduce the potential for compulsory redundancies, there may be a need to consider the merits of inviting employees to volunteer for a voluntary severance payment or redundancy at an early stage and prior to the implementation of the selection process.

7.4 Employees affected by the change and notice provisions

A list of employees at risk of being displaced from their substantive post as a result of each approved reorganisation, rationalisation or reduction of services should be compiled at the earliest practicable date. Managers will be responsible for the compilation of such lists, in conjunction with Workforce and OD departments and for informing relevant representatives.

Whilst every effort must be made to find a suitable alternative employment and arrange redeployment in line with the change timetable, employees affected must be advised by their line manager as to their position in writing, throughout the change process.

Careful consideration must be given, in the light of the circumstances of the change programme, as to the timing of the issue of any notices of redundancy.

8. Managing employees at risk of displacement

8.1 Placing employees at risk of displacement

The timing of when employees will be declared at risk is important and this will be agreed in partnership with the trade unions, at the start of any period of organisational change.

8.2 Consideration for posts in a new structure

Employees that will be affected by any change process and who are at risk of being displaced from their substantive post will receive priority consideration for appointment to suitable alternative roles in the new structure.

8.3 Seconded and acted up employees

Specific arrangements govern seconded, acting up and fixed term employees and these are covered in Appendix 3.

8.4 Support arrangements

Managers must ensure that local arrangements are established to assist employees who are at risk of being displaced or whose posts are potentially at risk. The following points can be regarded as a checklist of support facilities, which could be offered:

- access to career advice;
- access to counselling;
- access to suitable senior staff to act as mentors and provide external advice and guidance as appropriate;
- arrangements for accessing and/or restricting vacancies as appropriate, using NHS jobs;
- assistance and advice on CV writing, application form filling, interviewing skills, etc.;
- assistance with access to NHS jobs, job centres, recruitment consultants, etc.;
- facilities and assistance for sending CVs to all-Wales NHS bodies, organisations and employers;
- contact with and access to retraining opportunities and allowances, further education establishments, etc.; and
- access to independent financial and pension advice in the event of redundancy or early retirement.

The above list is not exhaustive. It is intended to be a general guide on areas for consideration.

9. Procedure for filling posts during organisational change

9.1 Scope

This procedure will apply to all employees affected by organisational change.

Employers should make appropriate arrangements to ensure that all employees affected by change, including those on any form of authorised absence, which may include maternity leave, parental leave, carers leave, term-time working, long term sick leave or secondment, are considered at each stage of this procedure and are not disadvantaged in any way.

9.2 Principles for filling posts

The arrangements for filling posts should be based on the following broad principles, applied to all employees with a permanent contract of employment, but may exclude those employees employed on fixed term contracts (please refer to Appendix 3);

- all those eligible for consideration for a post should be treated on the basis of equality;

- all employees should have a legitimate expectation that they will be supported to secure a post with similar pay and conditions of service (suitable alternative employment);
- where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the 'Arrangements for Salary Protection', set out in section 10 of this policy ;
- in making decisions consideration should be given to making adjustments to accommodate the different circumstances of employees with caring responsibilities outside of work and give flexibility around part time employees;
- employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;
- reasonable consideration/adjustments should be made to accommodating employees with flexible working arrangements e.g. term-time working, job-share, part-time, to avoid, wherever possible, these employees being disadvantaged by the process. All requests to work flexibly must be given full and fair consideration and handled consistently;
- reasonable adjustments should be made to a role and/or working environment to support disabled employees to gain an alternative post or suitable alternative employment;
- opportunities for career development and maximising an employee's employment potential should be encouraged wherever possible;
- where the implementation of change covers more than one organisation there should be consistency in approach between all organisations involved in terms of time-scales and processes to ensure equality;
- all job applicants should be treated fairly and with dignity and respect: Principles of equality will apply and the process will be transparent;
- the organisation must commit to supporting employees in their efforts to secure employment for all employees affected by the change, including the use of redeployment schemes, trial periods and retraining;
- all appointment decisions should be based on merit and on the suitability of each candidate for the post, based on an assessment of their knowledge, skills, experience etc., against the new post's person specification and job description;
- details of available posts in a new structure must be available to all employees (including indicative pay band, title, job description and person specification) and provided in a timely manner, including to those on an authorised absence;
- where posts or groups of posts are judged not to have altered substantially, the principles of 'slotting in' and 'prior consideration' should be applied;
- a post may be considered as substantially unchanged if the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification; and
- all employees must be considered against the roles in the new structure and slotting in and prior consideration must be applied at the outset to determine the potential appointment status to the structure of the existing employees (subject to sections 9.3 to 9.10 below).

9.3 Appointment/Selection process

Organisations should seek to progress appointing to new structures in a timely manner and with the minimum of delay.

To progress this, managers should undertake a “mapping exercise” where employees within the existing structure are considered against the posts in the new structure, to understand the scope of slotting in, prior consideration and restricted competition. The mapping outcome should be published and drawn to the individual employee’s attention.

Employees who are eligible for slotting in should be identified and their new/revised roles confirmed in writing at the outset of the process.

Where appointments to posts are subject to prior consideration or restricted competition, an interview will be the minimum selection process requirement. The process of selection will be carried out by reference to the relevant job description and a person specification and KSF outline (for employees on AfC terms and conditions), including the following objective criteria, against which the requirements of the post will be measured:

- qualifications;
- relevant experience;
- skills and knowledge and any other particular aptitudes/attributes identified for the post;
- suitability for trial period/retraining to meet the criteria; and
- the need for reasonable adjustments to posts in accordance with the Equality Act 2010.

Every employee involved in the process will be able to receive feedback on their performance during the selection process, from a nominated member of the interview selection panel.

9.4 Slotting in

Slotting in will apply where a post is substantially unchanged and there is only one candidate or equal numbers of posts and candidates, who currently undertake this role. In this circumstance the post would not be advertised and the individual(s) whose post(s) meets the criteria would be slotted into the post(s).

Consistency in the approach to and the application of the slotting in principles are essential. A flowchart is attached at **Appendix 1**, which describes the steps to be followed.

In cases of disagreement about whether the job is substantially unchanged, the current and new job descriptions and person specifications will be considered by an independent review undertaken by a panel including a member of the Workforce and OD team, a management and a trade union representative. Anyone involved in the review will have no working relationship or have had any involvement in previous discussions relating to the review, with the aggrieved employee(s). It will be the role

of this independent panel to review the original outcome and to reach an objective decision. Should the employee(s) continue to disagree with the independent review decision, they may lodge an appeal, in accordance with the All-Wales Respect and Resolution Policy.

9.5 Prior consideration

Prior consideration will apply where a post is substantially unchanged (e.g. the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification) and there is more than one potential candidate. Selection will be undertaken by interview.

Where an employee is eligible to express an interest in more than one post they will be required to indicate their preferences in rank order.

Consistency in the approach to and the application of the prior consideration principles are essential. A flowchart is attached at **Appendix 1**, which describes the steps to be followed.

If following the prior consideration process employees have been unsuccessful in being allocated to a post, they may be eligible for consideration in respect of a restricted competition post at the same or a lower level, if there are no other employees at that level with slotting in or prior consideration rights.

9.6 Restricted competition

Where a post is considered to be new or substantially changed it should be filled in the first instance by restricting competition to employees directly affected by the changes.

9.7 Collection of information

Employees who are identified as being "at risk" of being displaced and who are not eligible for "slotting in" or "prior consideration" should be informed of their position and interviewed by their manager, with appropriate support and advice from their Workforce and OD department, as soon as possible and, if they so wish, in conjunction with their staff representative. This should be confirmed in writing. This provision will also apply to employees who are not appointed following the conclusion of a "prior consideration" process.

A formal record should be created for each employee considered to be at risk of being displaced, to record relevant personal details, circumstances, preferences (post the change), knowledge, skills, qualifications and experience.

To co-ordinate the number of employees at risk of displacement in any large-scale reorganisation, it may be necessary for affected employees to have their range of knowledge and skills assessed using a consistent format. This will ensure that appropriate vacancies and opportunities can be identified speedily and without the need for these employees to be interviewed on more than one occasion. This process

will be undertaken in partnership, by appropriately skilled managers and staff representatives.

9.8 Priority for redeployment

Priority will be afforded to those employees, that are displaced from their substantive posts, in consideration for appointment to roles in the new structure and who are not appointed to a role under “slotting in” or “prior consideration”. If employees are unsuccessful in securing a post, they will become a redeployment candidate and will be able to be considered for posts in the Health Board/Trust through “restricted competition”.

9.9 Appealing against a decision

In the case of a dispute in respect of the selection process associated with organisational change, an employee may lodge a grievance, in accordance with the All-Wales Respect and Resolution Policy.

9.10 Actions to be considered following the appointment process

Following the appointment process, the organisation will need to consider the position of any employees not appointed to posts in the new structure. Every practicable effort will be made to avoid compulsory redundancies. Organisations and affected employees are required to further explore the following options:

- redeployment elsewhere within the organisation;
- redeployment within other NHS bodies within Wales;
- secondment arrangements with other NHS bodies and public sector organisations in Wales where practical and feasible; and
- re-training to undertake a new role.

10. Protection of pay and conditions of service

10.1 Scope

Protection will apply to any employee, who, as a consequence of organisational change, is required to move to a new post, their shift pattern/rota changes or they suffer a reduction in basic hours worked within the standard working week.

This provision does not apply to individuals who voluntarily move to a post carrying a lower salary.

It provides:

a) Short-term protection of earnings, whether or not downgrading is involved.

b) Long-term protection of basic salary where downgrading is involved.

The short term and long-term protection arrangements set out below replace any local/legacy arrangements previously in place.

10.2 Definitions

New post
For the purposes of defining entitlement to protection, this section refers to employees undertaking a new post. This specifically refers to the post the employee undertakes immediately following an organisational change; this may be a new role considered as suitable alternative employment or the same role but with revised contractual arrangements e.g. a different shift pattern or hours of work.

Basic salary
Basic salary is the weekly or monthly sum due in respect of basic hours worked in the substantive post by the employee within the standard working week on the day immediately preceding the first day of employment in the new post (i.e. the last day in the old post). This excludes any payments made in respect of temporary movement to a higher band or seconded positions. This will normally be the incremental point within a band/grade and will form the basis of the sum used to calculate protection for the duration of long-term protection.

Earnings in the new post
The sum of the basic salary in the new post and any remuneration in respect of overtime, shift work, on call and emergency work and other additional duties where appropriate. Earnings in the new post will be subject to national pay awards and increments (where applicable).

Protectable earnings
The weekly or monthly average earnings over the 17 weeks/four months or appropriate rota where applicable, immediately preceding the first day of employment in the new post.

Downgrading
This occurs when the new post, irrespective of its title, has:

- a salary scale with a maximum incremental point, lower than that applying to the post held previously or;
- a salary lower than that held in the previous post.

10.3 Short Term Protection of Earnings

Short-Term Pay Protection applies when, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade. An example would be change to work/shift pattern. Organisations should ensure that any situation where an employee may be subject to short term protection is continuously managed with the impact on the employee being minimised so far as is possible.

Employees are entitled to have certain earnings (“protectable earnings”), following the change, protected in accordance with the following table –

Reckonable Service	Protection Period (Months)
Up to 2 years	2
After 2 Years' Service	4
After 3 Years' Service	6
After 4 Years' Service	8
After 5 Years' Service	12

The employee's earnings are protected at the average weekly/monthly pay level received in the 17 weeks/four months immediately preceding the first day of employment in the new post, or in line with their previous rota if applicable. For employees who have been on Maternity Leave a representative reference period will be identified to ensure an appropriate level of short-term protection is applied.

The earnings eligible for protection are:

- Contracted Hours
- Unsocial hours payments
- Regular or contracted overtime/extra hours
- Allowances for:
    - Stand-by/on-call duty/work done
    - Any other appropriate allowances / earnings described in the relevant Terms and Conditions Handbook.

Earnings in the new post/rota/shift pattern will be offset against protectable earnings. If for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/ shift/ will be paid in full for that particular pay period.

When calculating earnings, the rates used for calculating payments in respect of additional hours, overtime, shift work and other additional duties shall be those applicable to the new post.

The continued receipt of short-term protection of earnings is conditional on the employee undertaking any overtime, shift work on call, emergency work and additional duties where applicable which may be needed in the new post up to the level at which earnings in the new post equal the protected earnings. Beyond this point, normal arrangements will apply and payments will be made at the rates applicable to the new post.

Short-term protection of earnings is also conditional on the employee accepting any subsequent offer (during the period of protection) of another suitable post with the same Health Board/NHS Trust which attracts a higher level of average earnings than that applying to the new post.

10.4 Long-term protection of basic wage or salary where downgrading is involved

Long Term Pay Protection applies when, through organisational change, an employee is moved from one post to another and who is downgraded as a result to suitable alternative employment or where an employee's duties change which result in a down-grade to a post carrying a lower band/grade. In such circumstances employees will be entitled to full protection of basic salary until;

a) the period specified in the table below expires, or;
b) the employee is appointed to a post in which the normal salary is equal to or exceeds the protected salary, or;
c) the employee moves on his or her own application to a post with a salary which is lower than that of the new post, or;
d) the employee refuses to apply for three posts deemed to be suitable alternative employment, or;
e) the employee refuses an offer of suitable alternative employment, or;
f) the employee retires, or;
g) the basic salary of the new post is equal to or exceeds the protected salary.

Reckonable Service	Length of Protection Period
After 2 Years' Service	6 Months Protection
After 3 Years' Service	1 Year Protection
After 4 Years' Service	2 Years Protection
After 5 Years' Service	3 Years Protection
After 6+ Years' Service	6 Years Protection

When an employee commences in their new post they will be placed on the appropriate incremental pay point commensurate with their service history. This may provide for incremental progression within the new band/grade. The basic salary during the period of protection will be assessed against the salary in the old post to maintain the level of protection for the full eligible Length of Protection Period. As noted in g) above, the basic salary of the new post may at some point be equal to or exceed the protected salary, in which case protection will end.

Long-term protection entitlement is assessed on the basis of actual hours worked in the new post, paid at the hourly rate applicable to the previous post. If the hours in the new post exceed hours worked previously, long-term protection entitlement is based on (hours worked previously) x (rate applicable previously) with any additional hours in the new post being paid at the rate applicable to the new post.

Any additional earnings derived from work in the new post will be remunerated at the rate appropriate to the new post.

Long-term protection of basic wage or salary is also conditional on the employee giving an undertaking to move to a post on their previous i.e. protected band/grade with the Health Board/NHS Trust and actively seeking/applying for such opportunities as they arise. Health Boards and NHS Trusts have a duty through this policy to actively support individuals with securing such appointments and will ensure that suitable opportunities and vacancies are brought to individuals' attention.

Accordingly there is an explicit requirement that staff, whilst in the receipt of long-term protection, will be proactive in managing their careers as a condition of the continued receipt of protection. The refusal to apply for suitable alternative employment on three occasions; or to accept an offer of a suitable alternative post will result in the immediate cessation of protection.

To support staff on long-term protection Health Boards/NHS Trusts will use the provisions of the Redeployment Policy to enable staff to be afforded “restricted competition” status at any appropriate interview(s) for posts at their previous band/grade provided there are no employees at risk of redundancy who are eligible for priority interview.

Moving to an alternative post during protection may be instrumental in employees re-establishing their careers, but such moves may not necessarily result in individuals securing a post at their previous band/grade. In such circumstances, there will be no loss of eligibility for protection, where an employee moves within their Health Board/NHS Trust to a post not at the previous band/grade but where such a move is considered supportive in their career development/a step to returning to the previous band/grade. In such circumstance the level of protection may need to be recalculated based on the new post.

Exceptionally, protection may be transferred when an employee moves on his or her own application to a post with another Health Board or NHS Trust in NHS Wales with a basic wage or salary which is equal to that of the existing post, but only at the discretion of the organisation which would have to meet the cost of protection after such a move and only where that organisation can justify the continuation of protection as being in the interest of the service.

10.5 Possible Protection of Pension Following Down-Grading / Reduction in Hours

Employees who are members of the NHS Pension Scheme (with more than 2 years' pensionable service) who are eligible for long term pay protection following organisational change may apply to have their pension protected at the higher rate, subject to the approval of the NHS Pensions Agency. Individuals are advised to contact the Pensions Department on this matter, within 3 months of the reduction in salary to discuss how this option is accessed.

10.6 Interaction between Long and Short-Term Pay Protection

An employee to whom both short-term and long-term protection is applicable shall be paid both entitlements at the same time for the duration of the short-term protection. At the end of the short-term protection period payment will be made on the basis of the remaining entitlement to long-term protection.

10.7 Appeals

Appeals arising out of the application of this section of the policy shall be dealt with in accordance with the All-Wales Respect and Resolution Policy.

11. Excess mileage and travel

Where an employee's base is changed as a result of organisational change and this results in additional mileage from home to base then the excess miles incurred can be claimed.

Excess mileage will be reimbursed in accordance with the Reserve Mileage Rate for a period of up to 4 years. Alternatively, staff may claim a lump sum equivalent to 2 years excess travel payments.

If the employee moves their residence/home closer to their new work base during the period of entitlement, the excess mileage/travel will be reduced accordingly. If the individual moves their residence/home further from their new base no additional mileage/travel will be paid.

For those employees who have lease cars, any reimbursement will be subject to national insurance and tax deductions.

Staff are able to retain their entitlement to excess travel should they apply and obtain promotion or transfer to a new role on the same band at their new base.

If the employee voluntarily takes up another post at a different location, then payment of excess mileage will cease from date of appointment.

Non driving employees will be reimbursed for additional incurred public transport costs for a period of four years, or are entitled to receive two years' excess mileage paid as a lump sum.

Car parking charges will be reimbursed where an employee is redeployed under this policy, to a site where such charges are mandatory and the charges will therefore be necessarily incurred. Reimbursement of car parking charges in these circumstances will be made for a period of four years (arrangements for parking including location and rate should be agreed by the organisation and the employee in advance). As an alternative to the above, the NHS organisation may offer two years car parking fees paid as a lump sum. Lump sum payments will be subject to a pro rata 'claw back' clause, should the employee leave their employment before the end of the two-year period.

12. Relocation / Removal expenses

Organisations should have a relocation/removal expenses policy, which makes provisions for the payment of removal expenses, in circumstances where employees are required to move their home base and the organisation is satisfied that the arrangements proposed are reasonable in the circumstances.

Employees, who may be contemplating relocating their home as a result of, or in anticipation of an organisational change process, should obtain confirmation of the entitlement to relocation/removal expenses, prior to entering into any binding arrangements

13. Review, evaluation and monitoring arrangements

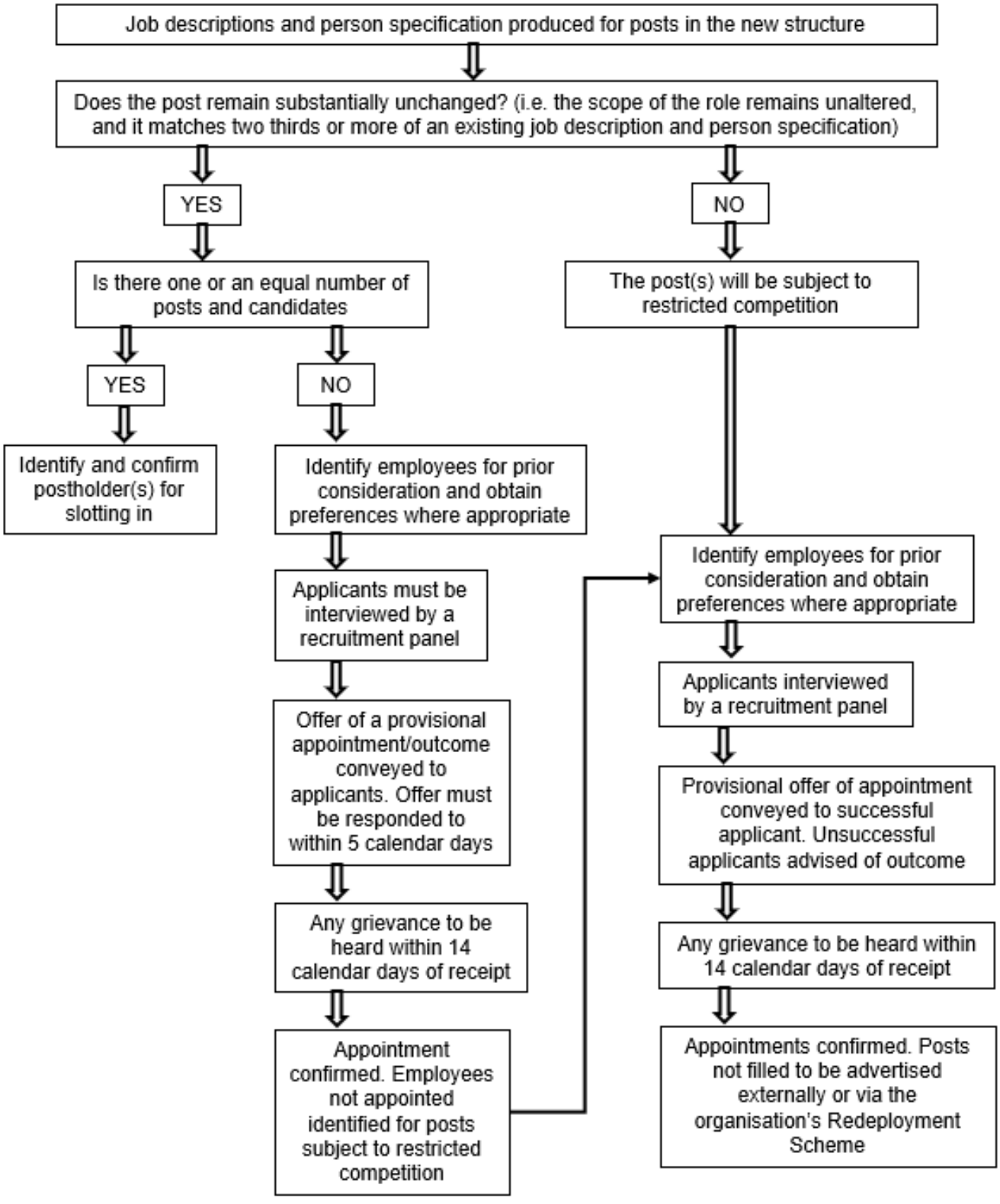
13.1 Evaluation

There will be ongoing evaluation of this policy with the trade unions, employees and NHS organisations, particularly in the context of equality impact assessments.

13.2 Monitoring

A monitoring proforma will be developed and the policy will be monitored, in partnership, after each organisational change, to ensure that the principles have been adhered to.

Appendix 1 – Procedure for filling posts during organisational change: flow chart



Appendix 2 – Redundancy policy

1. Statement of Intent

Definition of Redundancy

Redundancy can be defined as a dismissal, which is wholly or mainly attributable to:

- The fact that the employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed by them, or has ceased or intends to cease to carry on that business in the place where the employee was so employed; or
- The fact that the requirements of that business for employees to carry out work of a particular kind or for employees to carry out work of a particular kind in the place where they were so employed, have ceased or diminished or are expected to cease or diminish. (Section 139 (1), Employment Rights Act 1996).

NHS Wales organisations are committed, as far as is possible, to providing continued employment for existing permanent employees. These organisations are therefore required to take all reasonable, practical and affordable steps to retain valuable skills, knowledge and experience and avoid making employees compulsorily redundant.

This policy sets out all the measures which organisations must explore to avoid compulsory redundancy and the procedure to be followed, in the event of compulsory redundancy having to be affected.

The organisations will:

- encourage full and open consultation with employees and their representative(s) during a period of change, which may result in redundancy;
- facilitate the redeployment of employees;
- ensure appropriate and fair processes are followed; and
- endeavour to ensure that wherever possible, or affordable, reductions in employee numbers are achieved through natural wastage, or by means of voluntary early retirement or voluntary early release.

2. Procedures

2.1 Consultation

Where it is evident or strongly considered that changes planned will have a significant impact on employee contracts or will result in redeployments or redundancies then the statutory requirements concerning the provision of information to, and consultation with, recognised trade unions/staff representatives will be followed in accordance with section 5.3 of the OCP - Collective Consultation of Proposed Redundancy.

Employees at risk of redundancy will have the right to representation throughout the process.

Management must do their utmost in all circumstances to ensure that the consultation process commences at the earliest possible stage.

2.2 Measures to be taken to minimise or avoid redundancies

Wherever practicable all possible steps will be taken to minimise or avoid redundancy in accordance with the provisions set out in the Organisational Change Policy.

Any offer of alternative employment, which is considered to be suitable should be made in writing, providing sufficient details of the post and allowing reasonable time for the employee to consider it, prior to expiry of the notice period. The offered alternative post should be available no later than four weeks, from the date the old contract is ended. The offer should, where appropriate attempt to indicate the principal ways in which the new job differs from the old. Where this procedure is followed but the employee fails to respond to any such offer, the employee shall be deemed to have refused suitable alternative employment.

The acceptance of any alternative employment, which is considered suitable, may by agreement be subject to a four-week trial period. Trial period arrangements, including mechanisms for assessment and review should be agreed between the manager and the employee before the trial period beings.

If during the trial period it becomes clear that the redeployment is not in fact suitable, this will not affect the employee's entitlement to any redundancy payments that might be due under their old substantive contract. Redundancy payments will be put at risk if an employee withdraws without reason from an agreed trial arrangement.

2.3 Selection Methods

Selection methods will be agreed locally according to the circumstances of the reduction in posts, the staff groups involved and the requirements of the service and the organisation following the change. Any or all of the following may be considered as criteria for selection, bearing in mind the requirement that selection must be based on objective criteria:

- length of service;
- attendance record;
- sickness record (use of this criterion must be carefully managed in accordance with the Equality Act (2010);
- disciplinary record;
- qualifications;
- skills;
- competencies;

- work experience; and
- performance records (based on formal documented and objective evidence e.g. performance management/development review documentation.

The organisation must take care when designing and applying their selection criteria, to avoid using factors, which may directly or indirectly discriminate against any employee, on the grounds of gender, race, disability, religion or belief, age, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership. The same consideration should be given to part-time employment status and trade union membership. Organisations must undertake an equality impact assessment of the chosen selection method.

2.4 Time off to look for work

Employees will be given reasonable time off, with pay and reimbursement of expenses, to consult with management, trade union and staff representatives, to visit any new locations where they may be seeking alternative employment, to attend for interview and to attend training and retraining.

2.5 Retraining

Appropriate preparatory training, induction and on or off the job training will be provided to enable employees to move into areas of work, not fully covered by their original training or recent experience. This will include attendance at any courses or seminars that may be pertinent to current vacancies.

2.6 Additional assistance

Each employee who is displaced or at risk of redundancy will be given the opportunity for individual counselling, including provision of information e.g. entitlements and specific support as identified in section 8.6 of the OCP Support arrangements.

2.7 Notice periods

Contractual notice should be served to any employees that are given notice of termination of employment by reason of redundancy.

Circumstances will dictate whether the organisation can offer a notice period which is longer than the employee's contractual notice. Notice periods may be extended, to maximise the opportunity to find the employee suitable alternative employment.

Subject to mutual agreement an employee may leave before the expiry of their notice period if:

- they obtain other employment outside of the NHS. In such a circumstance the new termination date will become the revised date of redundancy, for the purposes of redundancy calculations; or
- the employee, after having been given notice by their employing organisation, gives written counter notice, which with agreement may be less than the contractual period, with no loss of redundancy payment rights.

An employee may also be required to leave if:

- they engage in conduct resulting in another reason for dismissal, during their redundancy notice period.

In respect of the above, the organisation reserves the right to make an outright payment in respect of notice and the redundancy entitlement, by way of full and final settlement, subject to statutory regulation.

2.8 Equality

In applying this redundancy policy, organisations will ensure that any proposed arrangements do not discriminate on the basis of disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, trade union membership, age (except in so far as it is affected by the age retirement policy) etc. Part time employees should be treated in the same way as full time employees in all respects.

3. Entitlements of employees who are redundant

3.1 All NHS employees who are eligible to receive a redundancy payment will have their entitlement calculated and paid in accordance with section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.

3.2 Provision also exists for eligible NHS employees to retire early without reduction of their pension benefits subject to the specific criteria set out in the NHS Pension Scheme membership rules and the provisions of Section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.

3.3 It should be noted that these redundancy pay provisions apply to all NHS employees not just those covered by the Agenda for Change NHS Terms and Conditions of Service.

4. Right of appeal

4.1 Redundancy process grievances

In the case of dispute in respect of the redundancy process, associated with organisational change, an employee may follow the procedure set out in the All-Wales Respect and Resolution Policy.

4.2 Employees who are served notice of redundancy must be advised of their right of appeal. Any such appeal should be lodged within 21 days of the date of the letter of notice. Such appeals will be managed and conducted in accordance with the relevant organisation's dismissal procedure.

Appendix 3 – Arrangements for managing seconded, acting up and fixed term staff.

Seconded and acted up employees

The procedure for filling posts during organisational change, set out in section 9 of this policy, will not be applicable to a 'seconded' or 'acted up' role, which will be affected by the organisational change process, unless the employee has been in the post for a period of four continuous years or more, on the date on which they are displaced.

An employee who is 'seconded' or 'acting' up may however be included in the provisions of section 9, if they hold a substantive role which is subject to organisational change. In these circumstances the secondment or acting up arrangement may cease if appropriate where the employee may be slotted in or have prior consideration rights in regard to their substantive role.

1.1 Seconded and acted up employee with less than four years continuous service

Where an employee has been seconded or acted up in a post for a period of less than four continuous years, on the date on which they are displaced, the banding/grading and terms and conditions of service of their substantive post will be used to determine offers of suitable alternative employment, should they be unable to return to their substantive post.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive post**, it will be the responsibility of their substantive employing organisation to find them suitable alternative employment where possible, at the end of the secondment/acting up period. This post should be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive employing organisation**, it will remain the responsibility of their former substantive employing organisation to find them suitable employment. This post should be where possible at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee's substantive employing organisation no-longer exists, it will be the responsibility of the successor organisation to the original employing organisation to honour their return to their substantive post, where this is still available, or to find them suitable employment where possible, should the post no longer be available or exist. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where a seconded employee has a substantive contract but never held a substantive post with their employing organisation, i.e. their contract is hosted, it

will be the responsibility of their employing organisation to find them suitable employment where possible. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee enjoyed in their secondment post.

1.2 Seconded and acted up employee with four or more years continuous service

Where an employee has been seconded or acted up in a post for a period of four continuous years or more, on the date on which they are displaced this will be considered to be their substantive post.

In these circumstances the employee's secondment/acting up banding/ grading and terms and conditions will be used to determine offers of suitable alternative employment, should they not be appointed to a post using the slotting in or prior consideration principles.

Fixed term employees

Under the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002, an employee on a fixed term contract, (e.g. the employee has been appointed to work in a fixed term or temporary post until a specified end date, event or task) is entitled to equal treatment. This equal treatment applies in terms of pay, benefits, equal opportunities for promotion, training and further development, including the right to be informed of all suitable available vacancies, and equal access to the occupational pension scheme, unless the less favourable treatment can be objectively justified by the employer.

Where an employee has been appointed on a fixed term contract and is affected by organisational change, the manager should liaise with the Workforce and OD department. Where an employee has been employed specifically to cover e.g. maternity leave, sickness absence, or to undertake a specific project, it is unlikely that they will have an entitlement to the provisions outlined in section 9 of this policy.

Where an employer is proposing to dismiss an employee on a fixed term contract, there should be full consultation with the affected employee and a thorough consideration of alternative employment prior to this decision being taken.

Appendix 4 – Transfer to a new employer

1. Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014

2. The Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 are commonly known and referred to as the TUPE Regulations. These Regulations provide employment rights to employees when their employer changes as a result of a transfer of an undertaking. The effect of these Regulations is to preserve the continuity of employment and terms and conditions of those employees that are transferred to a new employer, when a relevant transfer takes place. This means that employees employed by the previous employer when the transfer takes effect will automatically become employees of the new employer on the same terms and conditions of service. The Regulations also contain specific provisions to protect employees from dismissal before or after the transfer.

The Regulations therefore ensure that employees are not penalised when they are transferred by being placed on inferior terms and conditions. Therefore, not only are their pre-existing terms and conditions transferred across on the first day of their new employment with the new employer, the Regulations also impose limitations on the ability of the new employer and the transferred employees to agree a variation to terms and conditions thereafter.

3. Partnership and Management Change Agreement

The Partnership and Management Change Agreement issued by the Welsh Assembly Government Workforce Forum in February 2008 provides employees with a further reassurance, as it requires the public sector to treat TUPE as applicable upon any change of employer as a result of reorganisation in the public sector.

4. Information rights

The Regulations requires the existing employer to provide information to the new employer regarding transferring employees, prior to the relevant transfer date. The Regulations state that this information should be given at least 28 days before the completion of the transfer, or if special circumstances make this not reasonably practical, as soon as is reasonably practicable.

As such existing employer is required to provide the new employer with specific information (in writing or other forms which are accessible to the new employer) which will assist then to understand the rights, duties and their obligations in respect of the transferring employees.

5. Consulting with affected employees

The TUPE Regulations place a duty on both the existing and new employers to inform and consult employees who may be affected by the transfer. The Regulations do not prescribe a timescale for such consultations, other than to state that such consultations should take place "long enough before a relevant transfer to enable the employer of any affected employees to consult with the appropriate representatives".

5.1 Employees who are trade union members

NHS Wales encourages all employees to join a trade union. Where employees may be affected by a TUPE transfer are represented by a recognised trade union, the existing employer must inform and consult with a recognised authorised official i.e. local or full-time officer of that union.

5.2 Non-unionised employees

Where employees that may be affected by the transfer are not represented by a recognised trade union, the employer is required to inform and consult with an appropriate representative of these employees.

The employer will enable employees who wish to elect a representative to do so and will inform and consult with them as appropriate.

6. Refusal to transfer

It is accepted that some employees will struggle to accept change and may fail to make the adjustment, and may therefore need to be counselled as to their options. The legal position of those employees who may decide not to transfer is that they will be voluntarily leaving their employment without any entitlement to notice or other severance compensation.

Employers should treat such employees sympathetically and arrange to meet with them to fully explore their reasons for refusing to accept a transfer and discuss alternative re-deployment opportunities should they exist.

7. Re-engagement following redundancy

For NHS Terms and Conditions of Service purposes, NHS organisations are 'associated employers'. Therefore if an employee is made redundant and accepts and commences a new NHS post within four weeks of leaving the previous post, they are not entitled to redundancy pay under the regulations. Steps should therefore be taken by NHS organisations to actively identify and pursue suitable vacant/advertised posts, to avoid a redundant employee receiving a significant redundancy and/or termination payment and then taking up another post elsewhere in the NHS, after the four-week period. Detailed legal advice may be necessary according to the individual circumstances and compliance with WG policy and directives.

8. Career planning and support for displaced employees

Local mechanisms will be established to provide support to those employees that are displaced or who may need support to adjust to a new working environment. The aims of developing such a scheme are to:

- retain skills and experience within NHS Wales;
- avoid unnecessary loss of staff and reduce redundancy costs;
- effectively support individuals whose career is in transition;
- ensure fair and equal treatment of employees across NHS Wales; and
- provide personal support for those employees who may not be displaced but who are generally concerned about the effects of organisational change on them.

Appendix 5 – Organisational Change within NHS Wales – Redeployment Policy

1. Introduction

The National Health Service (NHS) in Wales is committed to attracting and retaining excellent, committed staff and values the depth and breadth of experience, knowledge and skills that they hold and contribute to the service.

The changing needs of the NHS in Wales, as a result of ongoing organisational change and the requirement to pro-actively manage these changes, means that some employees may need to be redeployed into alternative roles, should they be displaced from their current post and / or their post has been identified as being at risk of redundancy. In these circumstances, it is recognised that the employees affected will have experience, knowledge, skills and expertise, which will enable them to continue to contribute to the success of a Health Board (LHB) / NHS Trust, should they be given suitable opportunities to do so.

It is the responsibility of each of the LHB and Trusts to make all reasonable efforts to assist employees, where necessary to find suitable alternative employment, to enable them to continue their careers within the National Health Service. This will include fully supporting the potential and actual redeployment of NHS Wales's staff from outside of their own organisations, into suitable vacancies in other organisations in circumstances where it is appropriate and where there is agreement to do so.

During any period of organisational change, the following Redeployment Policy will be utilised by all LHBs and Trusts when there is a requirement for them to seek to find suitable alternative employment for employees that have been displaced from their current post and / or their post has been identified as being at risk of redundancy.

The Policy must be read in conjunction with other NHS Wales policies.

2. Scope

This Policy will only apply in instances where redeployment is appropriate as a result of organisational change.

This Policy will apply to all NHS Wales employees who hold a substantive or fixed term contract that have been displaced from their current post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process.

Each NHS Wales organisation will establish arrangements within their Workforce & OD Departments to co-ordinate and manage the process of managing employees

who are eligible for redeployment and will ensure that collaborative arrangements are put in place with their counterparts within the other NHS Wales LHBs/Trusts.

Displaced employees will be designated as a Redeployment Candidates, once it has been confirmed in writing that they have been unsuccessful in securing a suitable post within the new organisational structure, i.e. they have been formally displaced or their post has been identified as being at risk of redundancy and it has been confirmed that continuing in their current post is not tenable.

Such employees will retain the designation as a Redeployment Candidate for a maximum period of 3 months, unless they secure a substantive post in the intervening period. It is anticipated that LHBs and Trusts, working co-operatively, should be able to find candidates, suitable alternative employment within the above timescale. It should be noted that any staff at risk of redundancy will be given precedence in identifying suitable alternative employment over staff who are already in an alternative post and on protection. Additionally, an employee being made redundant, and who is taking leave such as statutory maternity leave, must be offered any suitable vacancy before any other employee. Also, they do not have to apply for it. If the organisation has doubts about the employee's suitability for the role, it can assess/interview them for the role – and if they are found to be suitable, they must be offered the role first. However, if there is not a suitable role, they can be made redundant if the decision is not because of their legally protected leave, and the redundancy process is fair.

All Redeployment Candidates will have all of their employment rights protected, as required by the Employment Rights Act (1996). It should be noted and specifically communicated to employees in writing that where they are redeployed to a post within a new NHS Wales employer, they would be given a new start date in post with that employer, however their continuous NHS service would be counted as reckonable in respect of sick pay, annual leave and incremental credit.

3. Purpose

This Policy will assist employees to identify suitable alternative posts within NHS Wales, when they are unable to continue in their current substantive post, by providing a commitment and process which allows them preferential consideration when applying for identified vacant posts.

The purpose of the Redeployment Candidate designation is to:

- ensure that displaced employees are made aware of vacancies prior to them being advertised via the open competition process;
- ensure that displaced employees are matched to appropriate vacancies, to secure alternative employment in accordance with the 3-month timescale and in accordance with best practice;
- ensure that a fair, equitable and consistent approach is adopted in the management of suitable alternative employment, within NHS Wales, during any organisational change process;

- maintain continuity of service and service efficiency and effectiveness during all organisational change processes;
- ensure that all employees remain valued and that their ongoing contribution to NHS Wales is recognised and supported during any organisational change process;
- provide effective and ongoing support to employees who have been displaced from their current post or their post has been identified as being at risk of redundancy and is no-longer tenable for them to continue working in that post:
- assist and support employees to find suitable employment and where possible, provide for their career development and aspirations; and
- ensure that NHS Wales's organisations meet all of their relevant legal obligations, as regards finding suitable alternative employment for employees at risk of redundancy, in accordance with the Employment Rights Act (1996).

4. Equality Statement

All employees subject to redeployment will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in civil partnership. No employee should be treated less favourably due to their hours worked (full-time or part-time) or trade union membership.

Selection for suitable alternative employment or training / re-training will be on the basis of the employee's qualifications, knowledge, skills and relevant experience, against the job description, essential person specification criteria and requirements of the role.

5. Roles and responsibilities

The effective operation of this all Wales Policy is dependent on the full co-operation of all Welsh NHS LHBs and Trusts working collaboratively, to ensure that all appropriate vacancies are made available to staff Redeployment Candidates.

Each LHB and Trust will therefore review and consider all of their new vacancies, against any notified Redeployment Candidates, to determine whether they may provide suitable alternative employment opportunities.

NHS Wales LHBs and Trusts will not therefore arrange open competition interviews for new vacancies, until potential eligible redeployment candidates have been considered for these posts, via the agreed recruitment process.

5.1 Executive Organisational Change Redeployment Lead

The Director of Workforce and OD will have overall organisational responsibility for ensuring the effective resourcing and operation of this Policy.

It will also be their role to facilitate local discussions with senior managers and appointing managers within their own organisation (as well as cross organisational discussions with their counterparts), where it is identified that there are challenges, which may be preventing an employee being deployed to a suitable alternative post, which they clearly have the knowledge, skill and experience to fulfil.

The Director of Workforce and OD will also ensure that their organisation implements a vacancy control process. This process will ensure that no vacancies are authorised to be advertised via an open competition process, until it has been confirmed that these vacant posts will not offer a potential suitable alternative opportunity, to any Redeployment Candidates.

5.2 Head of Department

Initial responsibility for finding suitable alternative employment opportunities for an employee, displaced from within a departmental structure, will rest with the Head of Department*

The Head of Department* will initially be required to make every effort to find a suitable alternative position for the affected employee, within their new structure.

The Head of Department* must liaise with their HR representative, supporting the organisational change within their structure, to obtain and provide appropriate advice to the affected employee, in relation to the Organisational Change Policy, redeployment etc. This will be necessary to ensure that any employees designated as Redeployment Candidates receive timely and appropriate support and advice throughout the change process.

* **N.B.** This responsibility may rest with the head of department, functional head, line manager or professional lead, depending on the organisation's structure.

5.3 Nominated HR Officer/Manager

Each NHS LHB and Trust will nominate a HR Officer / Manager, to support Redeployment Candidates in their search for suitable alternative employment. Such HR nominees will act as the "Case Manager" for all such redeployments cases.

It will be the role of the nominated Case Manager to:

- work proactively with redeployment candidates to assist them to secure where possible suitable alternative employment, within 3 months of being designated as such;
- Seek completion of and signature on the Agreement Form to confirm that both parties (the employee and the LHB/Trust) are committed to work

together, within the specified period to find a suitable post;

- ensure the identified employee's information is recorded by the LHB / Trust in a system which can ensure appropriate management of all employees designated as Redeployment Candidates;
- review all vacancies that are submitted via the vacancy control process, to establish whether any of these posts could offer a potential suitable alternative opportunity, to redeployment candidates.
- make regular contact with redeployment candidates;
- as necessary, assist redeployment candidates to access NHS jobs and download vacancy information;
- ensure that all appropriate vacancies and the associated recruitment documentation are made available to redeployment candidates;
- discuss appropriate vacancies with redeployment candidates to assist them to assess and make an informed decision regarding their suitability of the post, with particular reference to the person specification, job description and any other information available, which is relevant to vacancy;
- as necessary, assist redeployment candidates with their application for suitable alternative posts, where it has been identified that they meet the essential selection criteria for a post;
- ensure that employees designated as redeployment candidates that meet the essential short-listing criteria are offered the opportunity to discuss the post with the appointing manager, prior to the agreed redeployment recruitment process;
- liaise with a more senior HR Manager, should an appointing manager fail to consider an employee, that meets the essential criteria for the post, to ensure the matter is investigated and resolved appropriately and in a timely manner;
- liaise with a more senior HR Manager, in view of the potential consequences, should a registered employee decline to apply for a potential suitable alternative employment post, which has been brought to their attention.
- provide *initial* constructive and timely feedback to the employee, following their application being considered for a post, as appropriate;
- as appropriate provide support to redeployment candidates in seeking approval for requests in respect of funding for training, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
- ensure employees designated as redeployment candidates have access to counselling / careers advice services, communicating the availability of such services as appropriate;
- ensure the details of redeployment candidates is maintained and kept up to date
- manage the transactional processes associated with redeploying an employee e.g. any agreed pay protection, terms and conditions protection, and excess mileage payments arrangements etc.

5.4 Appointing Manager

The appointing manager is responsible for;

- ensuring that redeployment candidates that express an interest in a vacancy and meet the essential person specification criteria for the post are offered the opportunity to have an informal discussion about the role, prior to the redeployment interview;
- ensuring where redeployment candidates, meet the essential person specification criteria for the post (based on the content of their formal application for the post) are offered a formal interview, prior to any open recruitment competitive process;
- seeking advice from the HR Case Manager where there is an application from a redeployment candidate for their post and they consider that they do not meet all of the essential elements of the person specification and provide written reasons.
- Approval to advertise the posts for open competition will not be granted until this information is provided by the appointing manager;
- notifying the HR Case Manager supporting the redeployment candidate of the outcomes from any meetings/interviews and providing initial feedback to them;
- notifying the candidate of their recruitment decision and providing constructive feedback, following a recruitment interview, should the employee not be appointable; and
- providing the HR Case Manager with a copy of the recruitment documentation, to ensure the reasons for not appointing are reasonable and documented.

5.5 Employee

All employees that are displaced from their substantive post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process, will be designated by their LHB and Trust as a Redeployment Candidate.

These Redeployment Candidates may also request that their details be notified to other NHS Wales LHB/Trusts for consideration of vacancies. The appointed HR Case Manager will ensure that the employee's details are forwarded to the LHB/Trust HR Case Manager, for consideration of vacancies within that organisation.

It will be the responsibility of these Redeployment Candidates to:

- maintain regular contact with their LHB/Trust HR Case Manager (and the HR Case Managers of any external LHB/Trust , which they have requested to be considered for), including notifying them of any protracted periods of absence, such as extended leave whether annual, maternity, sick leave etc., to ensure that information about vacancies can continue to be made available to them;

- complete and sign the Redeployment Registration Form, providing all relevant information / documentation in relation to contact details, employment record, qualifications, experience and role / job preferences;
- submit their Form to their HR Case Manager, so that their base-line skills levels and competencies can be established;
- complete and sign the Redeployment Scheme Employee Agreement Form to comply with the terms of the redeployment scheme and work proactively with the LHB/Trust to secure alternative employment within the prescribed 3-month timescale;
- access and review NHS jobs on a daily basis and other relevant recruitment media on a regular basis to assist in the identification of potentially suitable internal and external NHS vacancies;
- consider and pursue all reasonable suitable alternative employment opportunities within NHS Wales, expressing an interest in those vacant posts for which they may be potentially suitable (with reference to their knowledge, skills, qualifications and experience) and submitting an application;
- contact their HR Case Manager, should they require any additional information regarding a potential suitable vacant post, to enable them to make an informed decision regarding the suitability of the vacancy;
- consider alternative posts, which would be regarded as suitable except for the rate of pay, terms and conditions of service, location etc. In such circumstances the employing LHB / Trust organisation will give full and fair consideration to offering pay and / or terms and conditions of employment protection and / or excess travel expenses etc. in accordance with the provisions set out in the Organisational Change Policy;
- co-operate fully and to exercise reasonable flexibility when considering and being considered for suitable alternative posts, to ensure where possible that they are able to secure substantive employment, prior to the expiry of their Redeployment Candidate status. Whilst reasonable attempts will be made to accommodate employee's preferences, they should not unreasonably refuse a post within a reasonable travelling distance or at a lower band, as pay protection will be given in accordance with the terms set out in the OCP. Should an employee unreasonably refuse a post that has been assessed as one which could provide suitable alternative employment, the matter will be dealt with in accordance with Section 6.6 of this policy "Refusal of an Offer of Suitable Alternative Employment";
- contact their HR Case Manager, should they wish to consider attending a training course, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
- complete the application process in respect of all identified suitable alternative post and attend all associated arranged meetings and interviews;
- approach their manager to request reasonable time off work to find suitable alternative employment, including attendance at interviews and

meetings in relation to their redeployment and training events;
- meet with a senior HR Manager should their HR Case Manager believe that they have unreasonably refused an offer of suitable alternative employment.

All Redeployment Candidates will be entitled to be accompanied by a trade union representative or a work colleague, if they so wish during any redeployment related meetings.

5.6 trade union / Professional Organisation Representative

At the request of the displaced employee the trade union / professional organisation representative is responsible for;

- Supporting the employee and attending meetings with them in relation to their redeployment. This will **not include** attendance at formal meetings with an appointing manager to discuss a specific post or recruitment interviews;

- Working with the Health Board/Trust representatives to address any concerns they may have regarding the organisation and/or the employee's adherence to the provisions of this policy, seeking to resolve any issues of concern, informally where possible.

6. Interview and appointment process

6.1 Process for identifying suitable alternative employment vacancies

All recruitment to suitable alternative employment vacancies must be undertaken in line with the NHS Wales Shared Services Recruitment Process and Procedures.

The person specification and job description for a post will be the principal documents used as the means by which the HR Case Manager and the Redeployment Candidate will identify and determine potential suitable alternative posts.

To be eligible for consideration for vacant posts, the employee must be able to demonstrate that they meet all of the essential person specification criteria for the post.

Whilst consideration of suitability will necessarily focus on knowledge, skills, experience and qualifications, it will also be necessary to take into consideration any personal circumstances which may render the post unsuitable such as caring responsibilities and hours of work. In addition, due regard must be given to the requirement to make reasonable adjustments to posts in accordance with the Disability Discrimination Act (2005) and the requirement not to unlawfully discriminate against disabled staff seeking redeployment opportunities, by providing staff at risk of redundancy with preferential treatment.

An employee will not have a right to more than one offer of suitable alternative employment, unless it can be established that the offer did not in fact provide them with a suitable alternative post.

6.2 Identified appropriate suitable alternative employment vacancies

Where a post has been identified as a potential suitable post for a Redeployment Candidate, the HR Case Manager will advise the appointing manager that they are required to consider and offer the employee an interview. Such vacancies will not be the subject of an open competition recruitment process, unless an appointment cannot be made from any eligible Redeployment Candidates.

If a full skills match does not exist at the outset, the vacancy may still be deemed suitable if it is agreed that after a trial period (see 6.6 below) and/or a period of training it is assessed that there is certainty that the full skills match would be achieved.

6.3 Appointment process

Where it has been identified and agreed that an employee on the Redeployment Candidate list is able to demonstrate, via their job application that they meet the essential person specification criteria for a vacant post, the appointing manager must meet with them to discuss the post and role requirements, prior to the recruitment interview process.

The purpose of the meeting will be to establish whether the employee is potentially appointable to the post. This will ensure that both parties are confident going into the recruitment process that the post may provide suitable alternative employment and could potentially be filled by the identified employee.

Where only one individual is involved, the decision to offer a post will still be based on whether the individual could reasonably be expected to undertake the duties to the required standard through a formal recruitment interview as the only candidate.

Should it be determined that the post would represent a significant change in responsibilities and pay band for the employee, a formal recruitment interview would be required under the normal open competition arrangements, to ensure that there was no unfair advantage in securing a promotion.

Where more than one redeployment candidate expresses an interest in a vacancy and they meet the essential person specification criteria for the post, they will all be interviewed for the post. The selection decision will be based on the appointed individual's ability, as demonstrated via the interview process, that they could undertake and perform in the role to the required standards.

Where appropriate, redeployment to a fixed term or temporary post on an interim basis will be considered if this is deemed to be in the best interests of an employee and the service. In such cases, the employee's designation as a Redeployment Candidate will be suspended, while they undertake this post. Their designation will

resume once the fixed term / temporary post comes to an end. In such circumstances, and in preparation for the ending of this post, the employee will be able to apply for vacancies as a redeployment candidate 3 months prior to the end of the fixed term/temporary arrangement.

Where an employee has been identified as suitable for a post and they can demonstrate that they meet the essential person specification criteria, and they are the only candidate, but they are not considered to be suitable by the appointing manager (either at the formal meeting or interview stage), the appointing manager will be required to provide written objective reasons to the HR Case Manager supporting the displaced employee, copied to the Director of Workforce and OD. The purpose of this written documentation will be to confirm the reason(s) for their decision, based on their deliberations against the post's essential person specification criteria, the job description and the candidate's knowledge, skills, qualifications and experience.

In such circumstances the appointing manager will not be permitted to proceed to appoint to the post, via a process of open competition, until they have met with a senior Workforce & OD Manager and / or executive lead (depending on the seniority of the post). The purpose of this meeting will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the post would offer the employee suitable alternative employment.

Should it be concluded that the appointing manager can objectively justify not considering the employee for their post, the senior Workforce & OD Manager / executive lead will contact the HR Case Manager, to advise them of this decision.

If no other Redeployment Candidates are eligible/suitable for appointment to the post, the HR Case Manager should notify the appointing manager, to enable them to put the vacancy through the Vacancy Process for approval to advertise the post via a process of open competition.

6.4 Appointment to the post

Should an appointing manager recommend that a Redeployment Candidate is appointable following an interview process, they should inform the relevant HR Case Manager of the outcome, the associated terms and conditions of service and where applicable the agreed commencement date. The manager will confirm the recruitment decision in a letter to the employee, which will be followed up with the official appointment letter and contract.

It will be the responsibility of the relevant HR Case Manager to ensure that the employee's status as a Redeployment Candidate is changed.

6.5 Not recommended for appointment to the post

Should an appointing manager conclude that a Redeployment Candidate is not appointable following an interview process, they should not inform the candidate of the outcome until they have discussed their decision with the HR Case Manager. (depending on the seniority of the post). Initial contact regarding this matter, will be

via the HR Case Manager who will refer the matter to a senior HR Manager /Executive Lead, depending on the seniority of the post.

Prior to contacting the HR Case Manager, the appointing manager should ensure that they have produced written objective reasons, supporting their decision. These reasons should be mapped across to the post's person specification criteria, the job description content and the candidate's knowledge, skills, qualifications and experience and fully explain why the employee was unsuccessful at interview.

This information will be used for the following purposes:

1. to aid the discussion between the appointing manager and the senior Workforce & OD Manager / or their executive lead (depending on the seniority of the post).

2. to enable the HR Case Manager to provide initial constructive feedback to the unsuccessful employee.

It will be the responsibility of the appointing Manager to provide the unsuccessful employee with detailed and constructive interview feedback.

The purpose of the meeting between the Appointing Manager and the senior HR Manager / or the executive lead (depending on the seniority of the post), will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the employee is appointable to the post.

Depending on the reasons given not to appoint the employee, the Appointing Manager may be asked to consider offering the employee a minimum four-week trial period, in accordance with the statutory provisions set out in the Employment Rights Act (1996), to provide them with training and adaptation time in the new post.

Should the appointing manager agree to allow the employee to take up the post on a trial period, they must be advised during this meeting that they would be required to confirm the employee's appointment as permanent, at the end of this agreed period, should the trial prove successful.

They should also be advised that should a trial prove unsuccessful, due to practical and reasonable reasons the employee would return, where practicable to their previous position on a supernumerary basis. Where a return to their previous post is not possible, the employee's former manager will allocate them meaningful work to undertake, in accordance with the provisions set out in **Section 7** of this policy.

Should it be concluded that the appointing manager's decision not to appoint the employee was justified and it would not be appropriate in the circumstances to offer a trial period, the senior Workforce & OD Manager / an executive lead (depending on the seniority of the post) will contact the HR Case Manager, to advise them of this decision.

6.6 Trial period

In accordance with the employee's statutory rights, as set out in the Employment Rights Act (1996) redundancy provisions, they are entitled to a four-week trial period, to provide them with some time to decide whether they consider the new post to be suitable. A trial period may also be used where the suitability of the post is disputed or unclear to either the LHB/Trust or the employee. A longer trial period may be agreed by the appointing manager and the employee, in limited circumstances, for example to provide training or re-training.

Where a trial period is agreed, the appointing manager and the employee should establish in writing, the agreed duration of the trial and how both parties will assess the suitability of the post during and / or at the end of this period.

At the end of the trial period, it is the responsibility of the appointing manager to inform the employee and the HR Case Manager whether or not the appointment to the post has been regarded as successful. Where the employee proves to be competent in the new post at an early stage, the appointment can be confirmed at any stage prior to the end of the 4-week period.

Where the appointment is deemed not to have been successful at the end of the agreed trial period, the written objective reason(s) must be provided to the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

Where the manager concludes that the trial appointment has been unsuccessful and the employee is not suitable for the post, they will be responsible for putting the reason(s) in writing to the employee using the Record of Trial Redeployment Period Form, copied to the HR Case Manager.

Where the employee concludes that the trial appointment has been unsuccessful and the post is not suitable for them, they will be responsible for putting the reason(s) in writing to the Appointing manager and the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

The written reasons will be reviewed by the HR Case Manager and discussed with the senior HR Manager/ Executive Lead (depending on the seniority of the post), to determine what follow up action may be required.

Where it is concluded that an employee has **unreasonably** refused an offer of suitable alternative employment, following a trial period, their entitlement to a redundancy payment will be forfeited and the LHB / Trust reserves the right to proceed to terminate their employment.

Where it is established that an employee has **reasonably** refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.7 Refusal of an offer of suitable alternative employment

Where the senior HR Manager/ executive lead concludes that an offer of suitable alternative employment has been **unreasonably** refused, a formal meeting will be held with the employee.

The employee will have the right to be accompanied by a trade union / professional organisation representative or a work colleague. The purpose of this meeting will be to fully explore and discuss the reasons for the refusal and to establish whether the reasons are valid and reasonable in the circumstances.

Where it is established that the employee has unreasonably refused an offer of suitable alternative employment, their entitlement to a redundancy payment will be forfeited and the employing LHB / Trust may reserve the right to proceed to terminate their contract of employment. An employee may appeal against this decision directly in accordance with the All-Wales Respect and Resolution Policy.

Where it is established that an employee has reasonably refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.8 Failure to secure a suitable alternative employment post

If at the end of the 3 month redeployment period a Redeployment Candidate has not secured suitable alternative employment, as a last resort, the LHB / Trust organisation may need to consider terminating the employee's contract of employment by reason of redundancy, in accordance with the provision set out in the Employment Rights Act (1996), Section 16 of the NHS Agenda for Change Terms and Conditions of Service Handbook and their contract of employment.

No redundancy payment will be made where suitable alternative employment has been identified but the displaced employee has unreasonably refused the post.

6.9 Posts advertised under open competition

Should no Redeployment Candidate meet the specified essential person specification criteria and the vacancy is not considered to provide a suitable alternative employment opportunity, then posts will be advertised via the open competition process. In these circumstances Redeployment Candidates may apply for the post, in accordance with the LHB's/Trust's recruitment and selection policy. As such these candidates will be considered for the post, in competition with other applicants.

Where a Redeployment Candidate secure a post via a process of open competition, they are required to advise their HR Case Manager as soon as practicably possible, to ensure that their status as no longer being a Redeployment Candidate is appropriately recorded.

7. Allocation of meaningful work

Wherever possible, employees who have been displaced and / or identified as being at risk of redundancy will remain in their original post, and continue to report to the appropriate manager.

Where it is not possible for an employee to remain in their original post and they cannot be immediately redeployed to a suitable permanent post, their manager in conjunction with the Head of Department / Function will find and allocate the employee, meaningful, interim work

In such cases, the employee is expected, through discussion and agreement with their Head of Department / Function, to be flexible regarding the type and nature of work that they are allocated to undertake, to ensure that the LHB / Trust can provide continuity of service and meet its operational needs, during the period of organisational change.

In any such discussions, the employee would be offered reasonable interim work, which was broadly commensurate with their substantive pay band / grade and which would best utilise their knowledge, skills, experience and expertise. The employee's personal circumstances and commitments outside of work would also be taken into consideration, during any such discussions.

The employee would be entitled to be accompanied by a trade union or work colleague, should they so wish during any meetings to discuss this matter.

8. Secondments and fixed term posts

A Redeployment Candidate who takes up a secondment or fixed term post will have their displaced / at risk status suspended until the contract comes to an end.

If the secondment or fixed term post is for less than 12 months, they would have the balance of their 3 months as a Redeployment Candidate reinstated and the search for suitable alternative employment continue from the date of the termination of the fixed term / temporary post.

If the secondment or fixed term post is for more than 12 months, then the employee will become displaced 3 months before the secondment or temporary post is due to end and their status as a Redeployment Candidate will be re-activated for a further 3 months at that stage.

9. Pay Protection

Where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the **Arrangements for Salary Protection**, set out in **Section 10** of the **Organisational Change Policy**.

10. Grievance and right of appeal

Where an employee has a grievance, in respect of the application of the Organisational Change Redeployment Policy or the management of their case, they may follow procedures as set out in the All-Wales Respect and Resolution Policy.

Should an employee raise a grievance which is not entirely within the control of their LHB / Trust (*for example; failure of an external LHB / Trust to consider an application from an eligible displaced* employee), their organisation should treat the matter in the same way as any other internal grievance.

In such circumstances the employing LHB / Trust will be required to make the third-party organisation aware of the grievance and their need to fully engage, participate and contribute to the investigation process. Where appropriate the employing LHB / Trust will also inform the third-party organisation of their obligation to be involved in the implementation of any agreed resolution, decision or recommendations.

Once this process has been exhausted the employee will have no further recourse to the All-Wales Respect & Resolution Policy.

11. Monitoring and review

This Policy will come into effect in December 2025 and will be used solely for the purpose of managing employees who are displaced / at risk during the implementation of an organisational change process.

The Welsh Government in conjunction with the NHS Wales LHB / Trust will regularly monitor and review the effectiveness and any issues of concern, regarding the implementation of this Policy and the local management arrangements for supporting Redeployment Candidates.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** xxxx **Version Number:** v11 **Date of next review:** Extant

ALL WALES EMPLOYMENT BREAK POLICY

Policy Statement

This policy recognises that employees may wish to take a break from their substantive employment for specific reasons and provides a means of facilitating this. This break may be longer than that provided by other flexible working policies. All applications will be considered subject to the needs of the Service, and as a consequence, approval cannot be guaranteed

Supporting Procedures and Written Control Documents

Other related documents are:

Flexible Working Policy
Annual Leave Policy

Equality and Health Impact Assessment	See accompanying EQIA
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	Extant
Date of Implementation/ Publication:	
Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis, Director of People and Organisational Development
Author	Welsh Partnership Forum

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date by contacting Corporate Governance.

DRAFT

Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
v11	1 March 2017			Amendments agreed by Welsh Partnership Forum
	December 2025			Amendments agreed by Welsh Partnership Forum


All Wales
Employment Break Scheme

Sections

01

All Wales Employment Break Scheme

02

Appendix A: Employment Break Scheme

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Appendix B Case Studies – Application of the Policy

01

All Wales Employment Break Scheme

Approved by: Welsh Partnership Forum

Issue Date: December 2025

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01 Policy Statement

1. The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support employees working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by employees in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

This policy recognises that employees may wish to take a break from their substantive employment for specific reasons and provides a means of facilitating this. This break may be longer than that provided by other flexible working policies. All applications will be considered subject to the needs of the Service, and as a consequence, approval cannot be guaranteed.

2. Definition

An employment break is an opportunity to leave the work place for a specific period of unpaid leave and to return to the same or a similar position inside

at the end of that period. It should however be recognised that all NHS Wales organisations are subject to internal and external change, over which there may be little or no control. The All Wales Organisational Change Policy covers this issue. For this reason, it may not be possible to guarantee in all instances, a return to the same or a similar post.

The employee does not have to resign from their post but their contract will be suspended for the duration of the employment break.

Employment breaks are intended for childcare, elder care, care for another dependant, training, study leave or to undertake voluntary work. Other reasons will be considered, on their merits.

This policy excludes sabbatical leave for consultants.

The principles, timescales and parameters included in this policy are derived from Section 36 of the NHS Terms and Conditions of Service Handbook.

3. Benefits to the Employee and the Organisation

3.1 The Employee

- Although the period of the break should count towards continuous employment for statutory purposes, the employee's contract of employment is suspended for the duration of the break. The period of leave is unpaid. The period of absence will not be regarded as a break in service. The period of the break itself will not be reckonable in accordance with the NHS Terms and Conditions of Service.

- Other provisions dependent on length of service, e.g. contractual redundancy payments, will be suspended for the period of the break.

- Normal incremental progression will be suspended for the duration of the

employment break, but the salary on return will include any annual pay awards that have occurred during the absence.

- Healthcare professionals may be given incremental credit for service in a developing country (for doctors and dentists this will be subject to the provisions of WPM (81) 30).

- An employment break can avoid the situation of an employee having to begin their career again, when they are able to return to work.

- A break can help reduce stress in those trying to balance work and home commitments.

3.2 The Organisation

- It can provide an opportunity to retain a high level of skill and experience which might otherwise be lost to the Organisation, with the departure of an employee.

- It can provide development opportunities for other staff in the Organisation who may be able to acquire new skills and knowledge, during the absence of those on an employment break.

4. Eligibility

All permanent employees who have accrued a minimum of 12 months' service with NHS Organisation are eligible to apply for an employment break.

5. Length of Break

The minimum duration which an employment break will be approved for is 3 months. The maximum duration should be 5 years. Approved employment breaks may be taken as a single period or more than one period.

The length of an employment break must balance the needs of the individual employee with the needs of the service. Employment breaks may be extended with appropriate notice, subject to the agreement of the manager. The employee may also request to return to work earlier than the agreed date.

If any individual circumstances change and an earlier return to work is desired, this will be fully considered by the line manager, but this cannot be guaranteed.

6. Application Procedure

Applicants should apply for an employment break at least three months in advance. This may be relaxed in the case of urgent and unforeseen situations where a break is required.

The attached application (Appendix 1) for an employment break should be completed and submitted to the line manager, detailing the reason(s) for the request and outlining when they would like the break to start and end.

7. Professional Registration and Maintenance

The employee should maintain their professional registration in line with their professional regulatory body's requirements.

8. Drafting an Agreement

All breaks should be subject to a signed agreement between the employer and applicant before the break begins.
The agreement should cover the following elements:

- the length of the break (and the criteria by which the decision will be made in relation to whether an employee can return early);
- the employee will not receive any salary from the

for the duration of the employment

break;
- any outstanding entitlement for annual leave must be taken before commencement of the employment break;
- the employee will be required to return all equipment (laptop computers, mobile telephones etc.) keys, uniforms etc. These will be returned upon their return from their employment break. Any payments received for e.g. telephone rental will also be suspended for the period of the employment break;
- the effect of the break on various entitlements related to length of service;
- a guarantee that, if the applicant returns to work within one year, the same job will be available, as far as is reasonably practicable;
- if the break is longer than one year, the applicant may return to as similar a job as possible (include parameters for identifying these posts);
- return to work at the equivalent previous salary point, reflecting increases awarded during the break;
- arrangements for keeping in touch during the break, the employee will be requested to attend an annual meeting in person with their manager (unless abroad) and six monthly by phone;
- requirements on the applicant to keep up to date with their relevant professional registration needs, including attendance at specified training courses and conferences, and any assistance the employer may give in the support of this;
- notice periods for return to work;
- training arrangements for re-induction to work;
- during the employment break the employee maybe required to undertake work for the organisation. This should be agreed with their manager, prior to the commencement of the employment break. Any work undertaken will be paid at the appropriate rate for the work undertaken;
- employees that have a lease car should contact the Finance Department to discuss the implications of their employment break on the lease hire agreement. These will vary depending on the duration of the agreed employment break;
- NHS pension arrangements during the break. Further information for Scheme members in England and Wales can be obtained from the NHS Pensions website at www.nhsbsa.nhs.uk/pensions; n.b. the NHS organisation will pay the employer contributions during the first six months of the employment break.

After six months, the employee may continue to contribute to the pension scheme for a further 18 months. During this period, the employee must pay the employee and employer contributions. It is essential that contributions are paid on time and arrears are not permitted to accrue. It should be noted that if pension contributions are not made, the pension record is closed 364 days after the break commences. These provisions apply to members of both the 1995, 2008 and 2015 sections of the pension scheme. (Employees are responsible for contacting the Pensions Agency to check how the employment break will affect their pension rights);

- consideration of the inclusion of a time limited claw back clause in the agreement to recover employer pension contributions where an employee leaves within a specified period (e.g. 2 years) following their return;
- an employee commencing an employment break straight after maternity leave will if they fail to return, following the employment break, for the required period of 13 weeks, be expected to repay any occupational maternity pay received;

advice on qualifying periods for maternity/adoption provisions (sought from the Workforce & OD team); any other conditions required either by the employer or the applicant.

Please see appendix B for case studies to support the implementation of the policy and agreements.

9. Taking up Employment Elsewhere

- The employee will not normally be allowed to take up employment with another employer, except where, for example, to work overseas or undertake charitable work, which could broaden their experience, and/or for the purposes of maintaining their professional registration (on a short term basis). In such circumstances, written authorisation from the

  would be required, as part of the approval process.

- Individuals may register to work on a NHS Bank and whilst undertaking "Bank" duties will remain a "worker" and not an employee.

10. Return to Work at the End of the Employment Break

Prior to the employee's expected date of return, it is the manager's responsibility to arrange a meeting to discuss their return to work. This is particularly important when the employee's post has not been held open and there is a need to identify a suitable alternative post, into which they can return.

Arrangements for the meeting should ensure sufficient time is allowed to begin a process of discussion with the employee and to allow suitable roles to be identified.

During the pre-return to work meeting, the manager and employee should discuss the employee's departmental induction/training needs and their position in relation to their KSF outline and potential objectives, linked to the

objectives.

Return to work is subject to medical clearance depending on the nature / period of the employment break and the type of employment that the individual is returning to. Managers should seek advice from their Occupational Health team. A renewed DBS check may also be required along with appropriate departmental re-induction. Depending on the outcome of these discussions and necessary clearances the employer has the right to delay a return to work.

In such circumstances the reasons and duration of the delay must be clearly outlined, noting the basis on which a return would be approved, and a decision would need to be made in relation to whether the employee receives pay during the period. There is no automatic entitlement.

If the employee wishes to return to work on less than their contracted hours, they must complete the appropriate flexible working request application form. This request may be refused if there are business reasons for doing so.

The same arrangements as outlined above will be in place should an employee request to return early from an employment break. However, it may not be possible to accede to such a request and employees should be realistic in their expectations when requesting an early return, particularly if alternative time limited arrangements have been put in place to cover the post.

10.1 Notice Periods

The employee will be required to provide

with the following notice of their proposed return to work date:

Duration of the Employment Break	Notice Period
3 – 6 months	1 months
6 – 12 months	2 months
1 – 2 years	3 months
2 – 5 years	6 months

An employee may return from their employment break before the agreed date of return, providing there is a suitable vacancy.

11. Appeals

Employees may contact their next in line manager as a means of appeal against their application being rejected.

Employees have the right to be represented by a Trade Union representative or work colleague.

Employees should submit written notification highlighting reasons for their appeal, within 2 weeks of receiving the written decision.

A discussion meeting will take place within 2 weeks of receipt of the appeal notification.

12. Training and awareness raising

All staff will be made aware of this policy upon commencement with the NHS Organisation. Copies can also be viewed on
Intranet or obtained via the Workforce and OD department. Training will be provided as appropriate depending on the complexity of the policy.

13. Equality

recognises the diversity of the local community and those that it employs; and the requirements placed on the organisations by the Equality Act 2010 and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

recognises that equality impacts on all aspects of its day to day operations.

This policy was assessed using the NHS Centre for Equality and Human Rights Equality Impact Assessment Tool and the results published on the website and monitored centrally.

This policy was originally impact assessed on 22 March 2013, and a decision was taken by the review group not to undertake a further impact assessment on an All Wales basis but to recommend that individual organisations monitor thier application against the protected characteristics and report to their Workforce and OD committees.

14. General Data Protection Regulations 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the

Data Protection Policy.

15. Freedom of Information Act 2000

All NHS organisation's records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context.

Details of the application of the Freedom of Information Act within the NHS organisation may be found in the NHS organisation's publications scheme.

16. Records Management

All documents generated under this policy are official records of the NHS organisation and will be managed and stored and utilised in accordance with the

Records Management Policy.

17. Review

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

18. Discipline

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the

disciplinary procedure.

02

Appendix A: Employment Break Scheme

2 Appendix A: Employment Break Scheme

Please answer the following questions and return this application to your line manager.	
Name:	
Address (for contact during break)	
Phone no. (for contact during break)	
Email (for contact during break)	
Current Post:	
Grade:	
Department:	
Extension No:	
Line Manager:	
Start Date with NHS Organisation (12 months minimum required)	
Are you a member of the NHS Pension Scheme:	
If yes, please indicate if you wish to preserve continuity	

Why have you applied for an Employment Break Scheme?	
Childcare	
Care of elderly / dependent relatives	
Study leave / Training	
Voluntary service overseas	
Travel Other (please state below)	
Other (please state below)	

What is the proposed length of the Employment Break?

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When do you intend to start the Employment Break?

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Please outline in detail why you want to take the Employment Break Scheme, indicating any likely outcomes and benefits for the NHS Organisation?

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Please outline your employment history to date within the NHS and within the NHS Organisation (you may attach your CV if appropriate)

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What are your long-term career plans? How does this Employment Break fit in with your long term career plans?

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What training / study leave have you had during your employment during the last 3 years of your employment in the *NHS Organisation*?

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What training / development or other support would you need to maintain your skills during the Employment Break or on your return to work?

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How do you intend to maintain your professional qualification whilst on the Employment Break? (Please detail all requirements of your relevant profession and how you intend to comply with these).

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Are there any constraints on when you could undertake this work?

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Would you be able to attend work for e.g. briefings and seminars that may be relevant to maintain contact during your break?

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Is there any other information you would like to put forward in support of your application?

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Signed:	
Date:	

Approved:	Yes/No
Signed by manager:	
Date:	

03

Appendix B: Case Studies – Application of the Policy

3 Appendix B: Case Studies – Application of the Policy

Scenario 1 – A member of staff develops a chronic illness/long term condition/becomes pregnant during the employment break and wishes to return to work

In this case the Equality Act 2010 would apply and any detrimental treatment could be discriminatory. In order to avoid discrimination, the employee would need to be considered for return against a set of non discriminatory criteria/parameters (it may be useful if these were included in the original agreement) and be considered in the same way as any other employee wishing to return early from an employment break.

If there is work available the employer may then have to consider reasonable adjustments but this should be carried out after the non discriminatory decision has been made.

Scenario 2 – A member of staff wishes to retire and takes a 6 month employment break, to take advantage of the fact that the employer will pay the pension contributions, before retiring.

Employers may want to consider including a claw back clause in the original agreement, if is possible/likely that an employee will give notice to retire at the end (or within 6 months of returning from an employment break).

Scenario 2 – A member of staff wishes to retire and takes a 6 month employment break, to take advantage of the fact that the employer will pay the pension contributions, before retiring.

Employers may want to consider including a claw back clause in the original agreement, if is possible/likely that an employee will give notice to retire at the end (or within 6 months of returning from an employment break).

Scenario 3 – A member of staff refuses the offer of an alternative role on return to work

As long as the original agreement includes reference to this issue, then the employee is agreeing to a variation in contract. If an employee does not accept an alternative post as outlined in the agreement on return to work, then it is their choice and non acceptance can be considered in effect a resignation.

However, if alternative posts were not properly defined in advance and they were offered a significantly different post which was not equivalent then there could be an argument by the employee of constructive dismissal / breach of contract.

Designed by the NWSSP Communications Team

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item** 7

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	**Family Leave Policy & Procedure**
Policy Lead	**Jayne Price**
Lead Executive	**Neil Lewis**
PHW / All Wales?	**PHW**
Date of last Review	**2023**
Is the current policy / procedure within review date?	**No- Due March 2026**
Approving Body /Group	**People and Organisational Development Committee**
Version Number	**4**

Section 2: Recommendation
The Committee is asked to: • **Consider** the revised Family Leave Policy, Procedure and the Equalities Impact Assessment • **Note** Leadership Team and Local Partnership Forum endorsement to the Committee • **Approve** the Family Leave Policy and Procedure

Section 3 – Details of the Review:	
Background:	
Reason for review	• review deadline due / passed
Description/Assessment	The policy and procedure were reviewed collaboratively during workshops held in September 2025, ensuring input from relevant stakeholders. This engagement process supports transparency, inclusivity, and compliance with governance requirements, while providing assurance that the revised policies reflect operational needs, legal obligations, and staff feedback.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	December 2025
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	n/a
Had this policy / procedure been considered by any other groups?	Yes – Local Partnership Forum and Leadership Team
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	Endorsed for approval by the Local Partnership Forum and Leadership Team. The Leadership Team recommended the roll out of a managers guide/flowchart in due course.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment is included.
Welsh Language Impact	The Policy / Procedure will be translated to welsh and available on the intranet bilingually.
Risk and Assurance	These policies are relevant to the Strategic Risk Register, Corporate Risk Register (CRR), and Directorate Risk Register because they directly address risks linked to workforce wellbeing, compliance, and operational continuity

Health and Social Care (Quality and Engagement) (Wales) Act	Collectively, these policies support the Health and Social Care (Quality and Engagement) (Wales) Act 2020 by fostering a positive, supportive and transparent workplace culture. They help ensure staff are well supported, able to work effectively, and confident to raise concerns and learn from mistakes, thereby strengthening Public Health Wales' ability to deliver high-quality services and fulfil its statutory Duties of Quality and Candour
Financial implications	There are no significant financial implications associated with the adoption of this policy. The policy primarily formalises existing arrangements and will be implemented within existing resources, staffing structures and budgets
People implications	The adoption of the revised policy and procedure is expected to have a positive impact on the workforce by promoting a supportive, fair and inclusive working environment and providing clarity on the support and expectations available to staff and managers. The policies aligns with organisational objectives relating to staff wellbeing, engagement and experience and may contribute positively to areas measured through the NHS Wales Staff Survey.
Socio Economic Duty	The Family Leave Policy is not expected to have any negative implications in relation to the Socio-economic Duty. This policy/procedure promotes fair, consistent and inclusive employment practices, helping to reduce barriers that may disproportionately affect individuals experiencing socio-economic disadvantage

Section5 - Implementation

Please complete the table below for this section, include any relevant actions required for implementation of this policy / procedure:

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
The policy and procedure will be published on the intranet. A news article will also be published	October 2026	Jayne Price

Section 6 – Dissemination

The primary source for dissemination of the Family Leave Policy and Procedure within the organisation will be via the intranet site.

Recommendations

The Committee is asked to:

- **Consider** the revised Family Leave Policy, Procedure and the Equalities Impact Assessment
- **Note** Leadership Team and Local Partnership Forum endorsement to the Committee
- **Approve** the Family Leave Policy and Procedure

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** PHW 45 **Version Number:** 3 **Date of next review:**

Family Leave Policy

Policy Statement

This policy sets out the entitlement of all staff to maternity, new parent support (paternity), adoption, surrogacy, and other parental leave, and also the entitlements for those staff planning/in receipt of In Vitro Fertilisation (IVF) treatment.

Policy Commitment

Public Health Wales is committed to creating a vibrant, inclusive, and healthy culture where all our people are supported to thrive.

As an organisation, we are committed to nurturing a positive, flexible and sustainable work environment. Our aspiration is to be an exemplar organisation for wellbeing, where our staff are supported to ensure that their experience of work enables them to be healthier, happier in work, and able to be at their best.

The organisation recognises the importance of family life and aims to support all employees to be able to make the choices that best support their wellbeing as they welcome a new member to their family, whether that be through childbirth, surrogacy or adoption.

The purpose of the policy is to advise colleagues of their rights in relation to maternity, new parent support (paternity), adoption, surrogacy and other parental leave, and also in respect of IVF treatment. It should be read in conjunction with the Family Leave Procedure, and the Family Leave Pack on the staff intranet, which provide further detail on entitlements and responsibilities within each of these areas for both employees and managers.

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

Other related documents are:

- Pregnancy loss Support Policy (All Wales)
- Family Leave Procedure - Pay and Leave for New Parents
- Family Leave Pack (staff intranet)
- Breastfeeding Guidelines
- How to: Apply for Shared Parental Leave (SPL) and Shared Parental Pay (ShPP)
- Flexible Working Policy
- Special Leave Policy

- Family Leave intranet pages (sharepoint.com)
- Being Our Best
- Records Management Policy

Scope

The policy will apply to all employees of Public Health Wales, regardless of sexual orientation or gender identity, for matters relating to their maternity, new parent support (paternity), adoption, surrogacy and other parental leave and also to those colleagues planning In Vitro Fertilisation (IVF) treatment.

The maternity policy and the guidelines around IVF are relevant to those giving birth or planning to give birth, regardless of gender identity; there are no restrictions on sex or gender identity to any of the other leave entitlements, which are also explicitly available to same-sex couples, so gender neutral terms are used throughout wherever possible.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis, Director of People and Organisational Development
Author	Jayne Price, People & OD Advisor

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or Board Business Unit

Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
	October 2025			Minor changes and amendments added to policy.

				Added section on Neonatal Care Leave.
	August - December 2022	15 March 2023	05 April 2023	Policy renamed to Family Leave Policy. Contents revised and updated throughout to reflect updated terminology. Added reference to further advice for employees and managers on the Family Leave pages of the staff intranet, Family Leave (sharepoint.com) Updated information provided in relation to surrogacy. Updated New Parent Support (Paternity) provisions. Added a section on review and feedback.
	March 2018			Updated to use gender neutral language where possible throughout the policy and explicitly state that the policy is for all staff regardless of sexual orientation or gender identity
	December 2017			Added a paragraph to Scope of Policy to explain use of gender neutral terminology wherever possible.
	December 2017			Updated gendered language throughout, excluding statutory leave and statutory pay terms such as 'Maternity', 'Paternity'.
	December 2017			Added reference to the Equality Act (2010); Shared Parental Leave Regulations (2014); Maternity and Adoption Leave (Curtailment of

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				Statutory Rights to Leave) Regulations (2014).
	December 2017			Added reference to the Foster to Adopt scheme.
	December 2017			Updated summary of Shared Parental Leave
	December 2017			Added a section on Equality and Welsh Language Monitoring.

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1. Introduction

Public Health Wales' values are working together with trust and respect to make a difference. We are committed to creating and nurturing a positive, flexible and sustainable work environment, where all our people are supported to thrive. Our aspiration is to be an exemplar organisation for wellbeing, where our employees are supported to ensure that their experience of work enables them to be healthier, happier in work, and able to be at their best.

The organisation recognises the importance of family life and aims to support all employees to be able to make the choices that best support their wellbeing as they welcome a new member to their family, whether that be through childbirth, surrogacy or adoption.
At Public Health Wales, we show compassion, respect, and support for one another, enabling everyone to be themselves. These principles are at the heart of our Being Our Best framework, which brings our values to life through everyday experiences, and should be applied throughout this policy.

2. Legislative and national initiatives

Pregnancy and maternity are a protected characteristic under the Equality Act 2010. Discrimination covers the unfavourable treatment of an employee during the "protected period" in relation to their pregnancy or illness suffered by them as a result of that pregnancy. Unfavourable treatment during the protected period because an employee is on compulsory maternity leave or they are exercising or seeking to exercise, or has exercised or sought to exercise, the right to ordinary or additional maternity leave, is also covered.

Public Health Wales has updated existing policies to reflect changes in relevant legislation. The Policy has been produced to ensure that all of the provisions offered to employees comply fully with:

- The Employment Rights Act (1996)
- The Employment Relations Act (1999)
- The Employment Act (2002)
- The Paternity and Adoption Leave Regulations (2002)
- The Social Security, Statutory Maternity Pay and Statutory Sick Pay (Miscellaneous Amendments) Regulations (2002)
- The Civil Partnership Act (2004)
- The Statutory Paternity Pay and Statutory Adoption Pay (Amendment) Regulations (2004)
- Work and Families Act (2006)
- Maternity and Parental Leave etc. Regulations (2009)

- Equality Act (2010)
- NHS Terms and Conditions of Service Handbook (March 2010)
- Additional Paternity Leave Regulations (2011)
- Maternity and Adoption Leave (Curtailment of Statutory Rights to Leave) Regulations (2014)
- Shared Parental Leave Regulations (2014)
- The Children and Families Act (2014)
- Neonatal Care Leave & Pay Act (2023)

3. Roles and responsibilities

The relevant responsibilities are detailed in each part of the policy and accompanying procedure, according to subject area.

In addition, Managers are expected to apply this policy in a way that reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure colleagues feel supported and informed, in line with the expectations set out in our people strategy.

4. Maternity provisions

All employees having a baby, or babies, have the right to take 52 weeks of maternity leave, regardless of length of NHS service. The amount of maternity pay for which they will qualify will, however, differ. If a stillbirth occurs from 24 weeks of gestation onwards, maternity provisions are available. For pregnancy loss before 24 weeks, support will be provided under the All Wales Pregnancy Loss Support Policy.

Further information about payment during the maternity leave period, and rules around information and documentation required before taking leave, when returning to work after maternity leave, and all stages in between are set out in the Family Leave Procedure. Further advice, guidance and practical tools aimed at helping employees and managers are available on the Family Leave pages of the staff intranet.

The Neonatal Care Act 2023 introduced the right of up to 12 weeks of additional leave and pay depending how much time the baby is in neonatal care. Refer to section 10 of the Family Leave Procedure for further information.

5. Adoption provisions

Statutory Adoption Leave of up to 52 weeks is available to all employees irrespective of length of service. This also applies in the case of the Foster to Adopt scheme. Further information about adoption pay entitlements, rules around information and documentation that must be provided, returning to work after adoption leave, and all stages in between are set out in the Family Leave Procedure. Further advice, guidance and practical tools aimed at helping employees and managers are available on the Family Leave pages of the staff intranet.

6. Surrogacy

Public Health Wales is committed to supporting staff involved in a surrogacy process. Couples or individuals who engage the services of a surrogate are known as Intended Parents (IPs), and as long as they intend on making an application for a parental order within 6 months of the birth, and they expect that to be granted, they will have rights to pay and leave equivalent to adopting couples or individuals.

Both the Intended Parents of a child, children born through surrogacy, and the surrogate giving birth have rights to leave, which will depend on an individual's circumstances.

Further information can be found in the Family Leave Procedure, and there is further advice and guidance for employees and managers in the Family Leave Pack on the staff intranet.

7. New Parent Support (Paternity) provisions

This refers to a period of leave granted to an employee to enable them to support their partner following the birth of a child/children or, in the case of adoption/surrogacy, to support the parent who is taking adoption leave. Further information is set out in the Family Leave Procedure, and there is further advice and guidance for employees and managers in the Family Leave Pack on the staff intranet.

Neonatal Care Leave provision is available for non-birthing partners, refer to section 10 of the Family Leave Procedure.

In the event of a miscarriage, provision is available for the non-pregnant partner, see the Pregnancy loss Support Policy.

8. Shared Parental Leave

Shared Parental Leave (SPL) allows parents to share statutory leave and pay following the birth, adoption or surrogacy of a child, or children. It enables parents to share 50 weeks of their 52 weeks maternity or adoption leave and 37 weeks of their 39 weeks statutory maternity or adoption pay with their partner. It is not necessary for both parents to be employed by Public Health Wales, but both parents have to meet the eligibility criteria in order to share leave in this way.

Further information is set out the Family Leave Procedure, and there is further advice and guidance for employees and managers in the Family Leave Pack on the staff intranet.

9. Parental Leave

This entitlement is not the same as *Shared* Parental Leave. Any employee with at least 1 year's continuous service with the organisation is entitled to take up to 4 weeks unpaid parental leave in any one year (to a maximum total of 18 weeks); this leave is not connected to birth, adoption or surrogacy, and can be taken at any time by the parent of a child under 18. Further information is available in the Family Leave Procedure, and there is further advice and guidance for employees and managers in the Family Leave Pack on the staff intranet.

10. Neonatal Care Leave

Under the Neonatal Care (Leave and Pay) Act 2023, parents of babies receiving neonatal care are entitled to Neonatal Care Pay and Leave. Eligible parents can take one week of leave for every 7 consecutive days their baby is in neonatal care, up to a maximum of 12 weeks

iThe neonatal care leave may be taken when the baby is no longer receiving neonatal care, for example at the end of maternity leave. Neonatal care could include:

- medical care received in a hospital
- care given to the baby after leaving hospital, under the direction of a consultant
- palliative or end-of-life care
- care or monitoring under the direction of a consultant but away from the hospital

Further information is available in the Family Leave Procedure.

11. In Vitro Fertilisation (IVF) and other fertility treatments

- Public Health Wales recognises that infertility can cause considerable distress and, as a provider of healthcare services, is committed to support colleagues who decide to undertake fertility treatment. Special leave may be applicable in these circumstances to employees with a minimum of 1 year's continuous service with Public Health Wales, where the request is supported by documentary evidence from the employee's GP or consultant/specialist. Further information can be found in the Family Leave Procedure, Special Leave Policy and there is further advice and guidance for employees and managers in the Family Leave Pack on the staff intranet.

12. Training and awareness raising

All staff will be made aware of this policy upon commencement with Public Health Wales. Copies can also be viewed on the Public Health Wales internet site or obtained via the People and OD Team, PeopleSupport.PHW@wales.nhs.uk.

In the event that individuals need to use this policy, advice and guidance can be sought from PeopleSupport.PHW@wales.nhs.uk

Trade Unions are also available to support their members through these processes.

13. Monitoring and auditing

The policy lead will monitor and audit this policy as outlined in the EqHIA to ensure it is compliant with current legislation, and that it is implemented and adhered to. Monitoring should include consideration of how the policy is experienced by staff to ensure it is applied in a way that supports wellbeing and inclusion.

14. Review and feedback

The policy will be reviewed every three years or whenever a relevant change in legislation occurs.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this policy. Feedback can be provided by emailing, PeopleSupport.PHW@wales.nhs.uk

15. Equality and Welsh language monitoring

This policy and supporting procedures are inclusive of all staff regardless of age, disability, gender identity, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. This policy will be available in both Welsh and English. Managers should be aware of the diverse needs of staff and apply this policy to reflect commitment to inclusive leadership and equitable access to support.

16. Information governance statement

All documents generated under this procedure are official records of Public Health Wales and will be managed and stored and utilised in accordance with the Public Health Wales' Guidance on Record Retention and Destruction.

This policy has the potential to deal with extremely sensitive information and Public Health Wales staff involved need to be fully aware of the material they are handling.
All personal information should be processed in accordance with the IG policy and procedures.
phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/information-governance-information-management-and-technology-policies/information-governance-policy/

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GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** PHW45/ TP01 **Version Number:** 3 **Date of next review:**

Family Leave Procedure - Pay and Leave for New Parents

Aim and Introduction

This procedure has been written to accompany the Family Leave Policy.

This document sets out the entitlements and obligations of Public Health Wales and its staff with regard to pay and leave when welcoming a new child into the family, whether that is through childbirth, adoption, surrogacy or IVF.

The document lays out the detail of the necessary procedures to ensure staff receive the pay and leave to which they are entitled. These are mirrored in the Family Leave Pack on the staff intranet, and it is recommended that both staff and managers refer to this for a comprehensive and user-friendly guide to all issues and procedures surrounding these types of leave.

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales Intranet Pages

Other related documents are:

- Family Leave Policy
- Breastfeeding Guidelines
- How to: Apply for Shared Parental Leave (SPL) and Shared Parental Pay (ShPP)
- Family Leave intranet pages (sharepoint.com)

Scope

The contents of this document will apply to all employees of Public Health Wales for matters relating to:

- Maternity leave
- New parent support (formerly paternity) leave
- Adoption leave
- Surrogacy arrangements
- In-Vitro Fertilisation treatment
- Shared parental leave
- Parental leave
- Neonatal Care Leave

The maternity leave entitlements are available for any staff who are pregnant and giving birth; no other entitlements are limited by sex, and are explicitly available to all staff who meet the qualifying criteria. Gender-neutral language is used wherever possible. When there is a requirement to provide or confirm any information in writing, this also includes communication via email.	
Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis, Director of People and Organisational Development
Author	Jayne Price, People & OD Advisor

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or Board Business Unit

Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
	October 2025			Added in Neonatal Care leave entitlement and Pay Minor changes and amendments added to procedure.
	August – December 2022			Procedure renamed to Family Leave Procedure - Pay and Leave for New Parents.

				Contents revised and updated throughout to reflect updated terminology. Added a link to UK Government website for latest eligibility criteria and statutory pay entitlements. Updated information provided in relation to surrogacy. Updated New Parent Support (Paternity) provisions. Added a section on leave for bereaved parents. Added a section on review and feedback. Added a paragraph on time off for carers.
	February 2022			Revision to streamline document and signpost to Family Leave Pack on intranet, Family Leave (sharepoint.com)
	December 2017			Added a paragraph to Scope of Policy to explain use of gender neutral terminology wherever possible.
	December 2017			Added reference to the Equality Act (2010); Shared Parental Leave Regulations (2014); Maternity and Adoption Leave (Curtailment of Statutory Rights to Leave) Regulations (2014).
	December 2017			Added information to clarify average earnings calculations.
	December 2017			Updated summary of Shared Parental Leave.
	December 2017			Added a section on Parental Leave.

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	December 2017			Added a section on Equality and Welsh Language Monitoring.

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1 Introduction

This document seeks to provide detail regarding the obligations, entitlements and procedures relating to:

- Maternity leave
- Neonatal Care Leave
- Parental Bereavement Leave
- Stillbirth
- New parent support (formerly paternity) leave
- Adoption leave
- Surrogacy arrangements
- In-Vitro Fertilisation treatment
- Shared parental leave
- Parental leave

The maternity leave entitlements are available for any staff who are pregnant and giving birth; no other entitlements are limited by sex, and are explicitly available to all staff who meet the qualifying criteria. Gender-neutral language is used wherever possible.

This procedure lays out the detail of the necessary processes to ensure staff receive the pay and leave to which they are entitled; colleagues are also directed to the Family Leave Pack <insert link> on the staff intranet, which contains fuller information, user-friendly guides, advice for staff taking leave and their managers, supporting tools and pro formas, and signposting to further assistance.

2 In the event of miscarriage and provision for leave, refer to the Pregnancy Loss Support Policy Legislative and National Initiatives

Public Health Wales has updated existing policies to reflect changes in relevant legislation. This document has been produced to ensure that all of the provisions offered to employees comply fully with:

- The Employment Rights Act (1996)
- The Employment Relations Act (1999)
- The Employment Act (2002)
- The Paternity and Adoption Leave Regulations (2002)
- The Social Security, Statutory Maternity Pay and Statutory Sick Pay (Miscellaneous Amendments) Regulations (2002)
- The Civil Partnership Act (2004)
- The Statutory Paternity Pay and Statutory Adoption Pay (Amendment) Regulations (2004)

- Work and Families Act (2006)
- Maternity and Parental Leave etc. Regulations (2009)
- Equality Act (2010)
- NHS Terms and Conditions of Service Handbook (March 2010)
- Additional Paternity Leave Regulations (2011)
- Maternity and Adoption Leave (Curtailment of Statutory Rights to Leave) Regulations (2014)
- Shared Parental Leave Regulations (2014)
- The Children and Families Act (2014)
- Neonatal Care (Leave and Pay) Act (2023)

Definitions / Abbreviations:

- EWC - Expected Week of Childbirth
- OML - Ordinary Maternity Leave
- AML - Additional Maternity Leave
- MATB1 - Maternity Certificate
- SMP - Statutory Maternity Pay
- OMP - Occupational Maternity Pay
- OAL - Ordinary Adoption Leave
- AAL - Additional Adoption Leave
- SAP - Statutory Adoption Pay
- OAP - Occupational Adoption Pay
- SPP - Statutory Paternity Pay
- SPL - Shared Parental Leave
- ShPP - Shared Parental Pay
- KIT - Keeping in Touch

A full Glossary of Terms is available in Appendix 1.

3 Roles and Responsibilities

The relevant responsibilities are detailed in each part of the document, according to subject area.

4 Maternity Provisions

All employees who are having a baby are entitled to take 52 weeks of maternity leave, regardless of length of NHS service. The flowchart in Appendix 2 maps out the period from pregnancy to returning to work after leave, for information.

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4.1 Responsibilities

4.1.1 Employees need to:

- Inform their manager at least 15 weeks prior to due date, or sooner so that a risk assessment can be carried out and preliminary arrangements for leave made.
- Provide a copy of the MATB1 certificate (proof of pregnancy supplied by the midwife or doctor)
- Complete a Maternity and Adoption Leave Application Form at least 15 weeks (but not more than 20 weeks) before they expect to go on leave, and submit this to People and OD. Using this form, they will advise when they are planning to go on leave and whether/when they plan to return afterwards.
- Give 28 days' notice (or as much notice as possible if this is not possible) in writing if they wish to change the start of their maternity leave.
- Give 28 days' notice in writing if they wish to change the date of their return to work once this has been advised.
- Notify manager of ante-natal care appointments, should the staff member wish to receive paid leave for the appointments

4.1.2 **Managers** need to:

- Ensure their approach reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure staff feel supported and informed.
- Respect their pregnant team member's confidentiality at all times.
- Carry out a risk assessment when they are informed of the pregnancy. If this confirms that their team member or their unborn child would be at risk if they continued with their normal duties, the manager will need to find them suitable alternative work (at their normal rate of pay). Where this is not reasonably practical, the team member could be suspended on full pay.
- Ensure that their team member is given paid time off to attend the relevant ante-natal care.
- Help their team member to access the necessary information about pay while they are on leave.
- Ensure the communication plan agreed with their team member before they went on leave is adhered to.

- Facilitate KIT Days as appropriate.
- Ensure a suitable welcome and re-induction when their team member returns from leave.
- Make arrangements for their team member to breastfeed/express milk if required.

4.2 Proof of Pregnancy

A midwife or doctor will issue a MATB1 form at around the time of the 20 week ante-natal appointment. This is needed as proof of pregnancy for Statutory Maternity Pay (SMP) and/or Occupational Maternity Pay (OMP), and should be provided to People and OD along with the Maternity and Adoption Leave Application Form.

4.3 Antenatal Care

Staff have the right to paid time off for antenatal care, which includes parenting and antenatal classes as well as antenatal appointments, if they have been recommended by a doctor or midwife.

An individual who has a qualifying relationship with the employee is eligible to take unpaid time off to accompany them to two antenatal appointments. These qualifying relationships include:

- the employee's spouse or civil partner
- the father of the expected child
- an individual in a long-term relationship with the employee
- the intended parent (in the case of surrogacy arrangements).

4.4 Sickness Absence During Pregnancy

Absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work, or a self-certificate for absences of 7 days or less, shall be treated as sickness absence in accordance with normal sickness absence provisions.

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the review prompt of the management of sickness absence.

If an employee is absent from work with a pregnancy-related illness during the last four weeks before their expected week of childbirth, maternity leave will commence at this point or at the beginning of the next week after they last worked, whichever is the later.

4.5 Maternity Leave Entitlements

4.5.1 Entitlement to, and Structure of, Maternity Leave

Any employee who is pregnant has the right to take 52 weeks Statutory Maternity Leave; there are no further conditions to this entitlement.

This leave is broken down as:

- Ordinary Maternity Leave (OML) – the first 26 weeks
- Additional Maternity Leave (AML) – a further 26 weeks

There is no obligation to take the full 52 weeks' leave but there must be a minimum of 2 weeks' leave after the baby is born.

The employee must inform their line manager of their due date and the anticipated start date for their maternity leave at least 15 weeks before their due date. For this purpose they should complete the Maternity and Adoption Leave Application Form and send it to the People and OD team with a copy of the MATB1 certificate. People and OD will write back within 28 days of receipt of the form, confirming the start and end dates of maternity leave.

4.5.2 Starting Leave and Early Births

Usually, the earliest an employee can start their maternity leave is 11 weeks before the expected week of childbirth.

Leave may also start:

- the day after the birth if the baby is born early;
- automatically if someone is off work for a pregnancy-related illness in the four weeks before the expected week of childbirth (Sunday to Saturday).

4.6 Entitlements to Maternity Pay

The type of pay an employee can receive while on maternity leave will depend on their record of service in the NHS, and whether they intend to return to work in the NHS after their leave has ended. There are two types of pay:

- Statutory Maternity Pay
- Occupational Maternity Pay.

See Appendix 3 for fuller details.

4.6.1 Statutory Maternity Pay

The conditions for Statutory Maternity Pay (SMP), and the amount of pay awarded, is determined by the UK Government, but it is paid by the employer.

SMP is paid for up to 39 weeks. In order to qualify, an employee must:

- earn at least £123 a week*; and
- have 26 weeks' continuous service with Public Health Wales at the 15th week prior to the expected week of childbirth (EWC).

SMP is paid in the same way as wages, and PAYE tax and National Insurance contributions will also be deducted.
*Please see Benefits and financial support for families - GOV.UK (www.gov.uk) for latest entitlements and eligibility criteria.

4.6.2 Occupational Maternity Pay

Occupational Maternity Pay (OMP) is the additional payment made by Public Health Wales to eligible employees on maternity leave. To be eligible for this, in addition to the requirements for SMP above, the employee must:

- have 12 months' continuous service with the NHS at the 11th week prior to the EWC; and
- intend to return to work in the NHS once their maternity leave has ended.

4.6.3 Maternity Allowance

Those staff not eligible for SMP/OMP might be eligible to receive Maternity Allowance instead. This is a UK Government benefit, and can be claimed online using their MA1 form.

4.6.4 Calculation of Maternity Pay

Maternity pay is calculated using the 'average weekly earnings rule'. Payroll will take the average of the employee's salary/wages for the two full pay periods prior to the week that is 15 weeks before the EWC (this is known as the qualifying week). Any increments or pay awards are taken into consideration. Note that these two full 'pay periods' are derived from the two previous salary payments, and any subsequent hours recorded (e.g. timesheets submitted after those payments have been made) are not considered.

If an employee is on sick leave and receiving reduced sick pay during the period used for calculating maternity pay, average weekly earnings are calculated on the basis of notional full sick pay.

If an employee is on an employment break or away from the workplace for any other reason (e.g. secondment, parental leave) during those two pay periods, this may affect maternity pay entitlement. Therefore, it is recommended that they and their manager seek guidance from People and OD, PeopleSupport.PHW@wales.nhs.uk

Once People and OD have confirmed entitlement to maternity pay, an estimate of the gross pay can be requested from the Payroll department, NWSSP.Payroll.PHW@wales.nhs.uk

If you do not return to work for a minimum of 3 months, after indicating your intention to do so, you may be liable to repay the maternity pay received, less any payments you may be entitled to receive under the Statutory Maternity Pay Regulations. See 13.8.

4.6.5 Stillbirths and Miscarriage

Employees will be entitled to the same maternity leave and pay if their baby:

- is born early;
- is stillborn after the start of the 24th week of pregnancy; or
- dies after being born.

In the tragic event of a child's death, or if you have a stillbirth after 24 weeks of pregnancy you may also be entitled to Statutory Parental Bereavement Pay and Leave.

In such circumstances, managers are strongly advised to contact People and OD for advice on how best to support their team member and access to further resources. There is more information on this in the Family Leave Pack on the intranet. Please also refer to the Pregnancy Loss Support Policy for further information.

4.7 Applying for Maternity Leave and Pay

Once the employee has completed and submitted the Maternity and Adoption Leave Application Form (between 20 and 15 weeks before their EWC), the People and OD team will send them a letter confirming:

- their entitlements to paid and unpaid leave and/or SMP entitlements;
- their expected return to work date (unless they have indicated an earlier return date, it will be assumed that they will take 52 weeks' leave); and
- their requirement to give at least 28 days' notice if they wish to return to work before the expected return date.

If they have any queries after applying for maternity leave, employees should contact the People and OD team via People Support.

5 Post-Natal Care and Breastfeeding

5.1 Post-Natal Care
Employees who have recently given birth and returned to work from maternity leave should be given paid time off for post-natal care e.g. attendance at health clinics.

5.2 Breastfeeding
Employers are required to provide employees who are breastfeeding with suitable rest facilities. The Health and Safety Executive also encourages employers to provide a healthy and safe environment for those who are breast feeding with suitable access to a private room to express and store milk. For further information please refer to the Breastfeeding Guidelines.

6 Adoption Provisions

All adoption provisions apply equally to mixed-sex and same-sex couples, as well as single people. An adopter is a person who has been matched with a child for adoption by an adoption agency. In the case where two people have been matched jointly, the Adopter/Primary Carer is whichever of them has opted to be the child's adopter for the purpose of taking Statutory Adoption Leave. The partner of the Primary Carer is entitled to New Parent Support (formerly Paternity) Leave and Pay.

Entitlements to adoption leave are applicable for a newly matched child (up to the age of 18 years) placed with adoptive parents. Adoption leave is not available in cases where a child is not newly matched for adoption, such as where a step-parent is adopting a partner's children.

Parents who will become the legal parents of a child under a surrogacy arrangement are entitled to take Statutory Adoption Leave.

Local authority foster parents who are also prospective adopters ('foster to adopt') are entitled to take Statutory Adoption Leave.

6.1 Responsibilities

6.1.1 **Employees** need to:

- inform their manager of the adoption as soon as possible, and follow up their conversation in writing
- provide their manager with written notification of having been matched with a child or children within 7 days of notification or, if this is not possible, as soon as they can after this date, supplying their Matching Certificate along with the completed Maternity and Adoption Leave Application Form. (In 'foster to adopt' situations, a letter from the local authority or court can be used in place of a Matching Certificate.)
- give their manager reasonable notice of intention to take time off to attend formal meetings/appointments connected to the adoption process
- give 28 days' notice in writing if they wish to change the start date of their adoption leave, or their return to work once this has been advised.

6.1.2 **Managers** need to:

- Ensure their approach reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure staff feel supported and informed.
- Respect their team member's confidentiality at all times.
- Ensure that their team member is given paid time off to attend the relevant pre-adoption meetings and appointments.
- Help their team member to access the necessary information about pay while they are on leave.
- Ensure the communication plan agreed with their team member before they went on leave is adhered to.
- Facilitate KIT Days as appropriate.
- Ensure a suitable welcome and re-induction when their team member returns from leave.

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6.2 Prior to Adopting a Child/Children

Primary Carers are eligible for paid leave to allow them to fulfil the requirements of the formal adoption procedure e.g. counselling, screening, interviews and meeting the child.

6.3 Commencing Adoption Leave

Adoption leave can begin:

- from the date of the child's placement (whether this is earlier or later than expected)
- from a fixed date which can be up to 14 days before the expected date of placement
- when the child arrives in the UK or within 28 days of this date (for overseas adoptions)
- on any day of the week.

6.4 Eligibility for Adoption Leave

Any employee who is adopting a child/children under the age of 18 as the Primary Carer is entitled to take Statutory Adoption Leave of up to 52 weeks; there are no further conditions to this entitlement.

This is made up of 26 weeks' Ordinary Adoption Leave (OAL) and 26 weeks' Additional Adoption Leave (AAL). This period of Additional Adoption Leave will commence immediately after Ordinary Adoption Leave.

Adoption leave counts as service for annual increments and for the qualification period for additional annual leave.

6.5 Entitlements to Adoption Pay

An employee's entitlement to payment during adoption leave is dependent on their length of service and whether or not they intend to return to work in the NHS after their leave has ended. There are two types of pay:

- Statutory Adoption Pay
- Occupational Adoption Pay.

See Appendix 3 for further details.

6.5.1 Statutory Adoption Pay

The conditions for Statutory Adoption Pay (SAP), and the amount of pay awarded, are determined by the UK Government, but it is paid by the employer.

SAP is paid for up to 39 weeks. In order to qualify, an employee must:

- earn at least £125 a week*; and
- have 26 weeks' continuous service with Public Health Wales at the week in which they are matched with a child/children.

SAP is paid in the same way as wages, and PAYE tax and National Insurance contributions will also be deducted.

*Please see Benefits and financial support for families - GOV.UK (www.gov.uk) for latest entitlements and eligibility criteria.

6.5.2 Occupational Adoption Pay

Occupational Adoption Pay (OAP) is the additional payment made by Public Health Wales to eligible employees on adoption leave. To be eligible for this, in addition to the requirements for SAP above, the employee must:

- have 12 months' continuous service with the NHS at the week in which they are matched with a child/children; and
- intend to return to work in the NHS once their adoption leave has ended.
- For pay rates please see Annex 3 Adoption Pay Rates

6.5.3 Adoption Allowance

Those staff not eligible for SAP/OAP will receive an SAP1 form from Payroll explaining the reasons for that. The UK Government does not provide a standard adoption allowance for those who are not entitled to SAP/OAP, but individuals are encouraged to contact their local council to find out what other benefits might be available to them.

6.5.4 Calculation of Occupational Adoption Pay

Occupational adoption pay is calculated using the 'average weekly earnings rule'. Payroll will take the average of the employee's salary/wages for the two full pay periods prior to the matching date. Any increments or pay awards are taken into consideration. Note that these two full 'pay periods' are derived from the two previous salary payments, and any subsequent hours recorded (e.g. timesheets submitted after those payments have been made) are not considered.

If an employee is on sick leave and receiving reduced sick pay during the period used for calculating adoption pay, average weekly earnings are calculated on the basis of notional full sick pay.

If an employee is on an employment break or away from the workplace for any other reason (e.g. secondment, parental leave) during those two pay periods, it is recommended that they and their manager seek guidance from People and OD, PeopleSupport.PHW@wales.nhs.uk

Once People and OD have confirmed entitlement to adoption pay, an estimate of the gross pay can be requested from the Payroll department.

If an employee does not return to work for a minimum of 3 months, after indicating their intention to do so, they may be liable to repay the adoption pay received, less any payments you may be entitled to receive under the Statutory Adoption Pay Regulations. See 13.8.

6.6 Applying for Adoption Leave and Adoption Pay

Once the employee has completed and submitted the Maternity and Adoption Leave Application Form (within 7 days of being matched with a child/children), the People and OD team will send them a letter confirming:

- their entitlements to paid and unpaid leave and/or SAP entitlements;
- their expected return to work date (unless they have indicated an earlier return date, it will be assumed that they will take 52 weeks' leave); and
- their requirement to give at least 28 days' notice if they wish to return to work before the expected return date.

If they have any queries after applying for adoption leave, employees should contact the People and OD team via People Support.

7. Parental Bereavement Leave and Occupational Parental Bereavement Pay

In the unfortunate event of the death of a child (under/over 18), NHS employees are entitled to two weeks' Parental Bereavement Leave and pay which will include any entitlement to statutory parental bereavement pay and applies from the date of the loss. A bereaved parent will not be required to demonstrate any eligibility criteria to access bereavement leave or pay

Where both parents of a deceased child work in the same NHS organisation, the entitlements in this section will apply to both members of staff.

Parents who experience a still birth from the 24th week of pregnancy will be eligible for these provisions and will subsequently still be eligible for the same amount of maternity leave and pay as if their baby was born alive.

Bereaved parents do not have to take the two weeks of leave in a continuous block. The employee should agree with their employer the leave they wish to take. Taking child bereavement leave is an individual choice, it is not compulsory for the employee to take child bereavement leave.

Bereaved parents may request to take child bereavement leave at any point up to 56 weeks following the death of the child.

If such a sad event occurs, managers are strongly advised to contact People and OD for advice on how best to support their team member and access to further resources. There is more information on this in the Family Leave Pack on the intranet and the Pregnancy Loss Support Policy for further information.

7 Surrogacy

Public Health Wales is keen to support staff involved in a surrogacy process. Staff who are acting as a surrogate are entitled to the same maternity leave and pay as any other staff member giving birth, and should refer to the information for maternity provision.

Couples or individuals who engage the services of a surrogate are known as Intended Parents (IPs), and as long as they intend on making an application for a parental order within 6 months of the birth, and they expect that to be granted, they will have rights to pay and leave equivalent to adopting couples or individuals.

The primary carer for the child is known as Intended Parent 1 (IP1), and if they are an employee they may qualify for up to 52 weeks of adoption leave, subject to the criteria described below. Intended Parent 2 (IP2), if employed, would then be eligible to apply for New Parent Support (Paternity) Pay and Leave. Eligible couples would also be able to use Shared Parental Leave to vary these arrangements, provided both employers opted in to the scheme.

7.1 Responsibilities

7.1.1 **Employees** need to:

- inform their manager of the pregnancy as soon as possible, and follow up their conversation in writing
- provide their manager with written notification of the pregnancy, supplying a copy of the surrogate's MAT B1 form (supplied by the midwife or doctor around the 20 week scan date) along with the completed Maternity and Adoption Leave Application Form. This needs to be supplied at least 15 weeks before the expected leave date.
- give their manager reasonable notice of any intention to take time off to attend ante-natal appointments with the surrogate.
- give 28 days' notice in writing if they wish to change the start date of their adoption leave, or their return to work once this has been advised.

7.1.2 **Managers** need to:

- Ensure their approach reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure staff feel supported and informed.
- Respect their team member's confidentiality at all times.
- Ensure that their team member is given unpaid time off to attend up to two ante-natal appointments with the surrogate.
- Help their team member to access the necessary information about pay while they are on leave.
- Ensure the communication plan agreed with their team member before they went on leave is adhered to.
- Facilitate KIT Days as appropriate.
- Ensure a suitable welcome and re-induction when their team member returns from leave.

7.2 Proof of Pregnancy

A midwife or doctor will issue a MATB1 form to the surrogate at around the time of the 20 week ante-natal appointment; the surrogate will need this if they will be claiming maternity pay and leave from their employer. Intended Parent 1 will also need a copy or scan of this, and should provide it to People and OD along with the Maternity and Adoption Leave Application Form.

7.3 Eligibility for Adoption Leave

Any employee who is the Intended Parent 1 in a surrogacy arrangement is entitled to take Statutory Adoption Leave of up to 52 weeks, provided that they intend on making an application for a parental order in respect of the child within 6 months of the birth and they expect that order to be granted; they also need to give the correct notice to us, as described in this procedure.

Statutory Adoption Leave is made up of 26 weeks' Ordinary Adoption Leave (OAL) and 26 weeks' Additional Adoption Leave (AAL). This period of Additional Adoption Leave will commence immediately after Ordinary Adoption Leave.

Adoption leave counts as service for annual increments and for the qualification period for additional annual leave.

7.4 Entitlements to Adoption Pay

An employee's entitlement to payment during adoption leave is dependent on their length of service and whether or not they intend to return to work in the NHS after their leave has ended. There are two types of pay:

- Statutory Adoption Pay
- Occupational Adoption Pay.

See Appendix 3 for further details.

7.4.1 Statutory Adoption Pay

The conditions for Statutory Adoption Pay (SAP), and the amount of pay awarded, are determined by the UK Government, but it is paid by the employer.

SAP is paid for up to 39 weeks. In order to qualify, an employee must:

- earn at least £125 a week*; and
- have 26 weeks' continuous service with Public Health Wales at the 15th week prior to the surrogate's expected week of childbirth (EWC).

SAP is paid in the same way as wages, and PAYE tax and National Insurance contributions will also be deducted.

*Please see Benefits and financial support for families - GOV.UK (www.gov.uk) for latest entitlements and eligibility criteria.

7.4.2 Occupational Adoption Pay

Occupational Adoption Pay (OAP) is the additional payment made by Public Health Wales to eligible employees on adoption leave. To be eligible for this, in addition to the requirements for SAP above, the employee must:

- have 12 months' continuous service with the NHS at the 11th week prior to the surrogate's EWC; and
- intend to return to work in the NHS once their adoption leave has ended.

Please refer to Appendix 3, Adoption Pay table for further details on entitlement.

7.4.3 Adoption Allowance

Those staff not eligible for SAP/OAP will receive an SAP1 form from Payroll explaining the reasons for that. The UK Government does not provide a standard adoption allowance for those who are not entitled to SAP/OAP, but individuals are encouraged to contact their local council to find out what other benefits might be available to them.

7.4.4 Calculation of Adoption Pay

Adoption pay is calculated using the 'average weekly earnings rule'. Payroll will take the average of the employee's salary/wages for the two full pay periods prior to the week that is 15 weeks before the surrogate's EWC (this is known as the qualifying week). Any increments or pay awards are taken into consideration. Note that these two full 'pay periods' are derived from the two previous salary payments, and any subsequent hours recorded (e.g. timesheets submitted after those payments have been made) are not considered.

If an employee is on sick leave and receiving reduced sick pay during the period used for calculating adoption pay, average weekly earnings are calculated on the basis of notional full sick pay.

If an employee is on an employment break or away from the workplace for any other reason (e.g. secondment, parental leave) during those two pay periods, this may affect their adoption pay entitlement. Therefore, it is recommended that they and their manager seek guidance from People and OD, PeopleSupport.PHW@wales.nhs.uk

Once People and OD have confirmed entitlement to adoption pay, an estimate of the gross pay can be requested from the Payroll department.

Please refer to Appendix 3, Adoption Pay table for further details on entitlement.

7.5 Applying for Adoption Leave and Pay

Once the employee has completed and submitted the Maternity and Adoption Leave Application Form (between 20 and 15 weeks before the surrogate's EWC), the People and OD team will send them a letter confirming:

- their entitlements to paid and unpaid leave and/or SAP entitlements;
- their expected return to work date (unless they have indicated an earlier return date, it will be assumed that they will take 52 weeks' leave);
- their requirement to give at least 28 days' notice if they wish to return to work before the expected return date.

If they have any queries after applying for adoption leave, employees should contact the People and OD team via People Support.

8 New Parent Support (Paternity) Provisions

Employees of Public Health Wales, may be eligible for two weeks of new parent support (paternity) leave, taken around the time of birth or the placement for adoption, if they meet the following conditions:

- is the spouse or partner of someone who will be giving birth, or the father of that baby;
- has been matched with a child for adoption, but whose partner has opted to be the Primary Adopter and take adoption leave; or
- is expecting a child via a surrogacy arrangement, but whose partner has opted to be Intended Parent 1 and will take adoption leave

In addition, the employee must:

- have been continuously employed by Public Health Wales for at least 26 weeks up to any day in the 15th week before the EWC,

in the case of birth or surrogacy, or by the matching week, in the case of adoption; and
- provide the correct notice, as described below.

To qualify for this leave the employee must have, or expect to have, responsibility for the upbringing of the child and be making the request to help care for the child or to support the primary care-giver.

This leave cannot commence prior to the birth of the child or the placing of a newly adopted child with an adopter. It must be taken within eight weeks of the date of childbirth or, in the case of adoption, within eight weeks of the date on which the child is placed with the adopter.

This type of leave must be taken as periods of whole weeks, either as a single period of one week only or as two consecutive weeks. A 'week' equates to the same number of days as the employee usually works during a week.

Employees have the right to unpaid time off to accompany their spouse, partner or surrogate to up to two ante-natal appointments, or two meetings with the adoption agency.

8.1 Notification of New Parent Support (Paternity) Leave

To take New Parent Support (Paternity) Leave for newborn children, employees are required to give their manager notice of their intention to take this leave 28 days before they wish to take it. For newly adopted children, they are required to give their manager notice of their intention to take this leave within 7 days of the date on which they have been notified of having been matched with the child.

The employee should complete the New Parent Support (Paternity) Leave Application Form and give this to their manager for approval.

8.2 New Parent Support (Paternity) Pay

8.2.1 Statutory Paternity Pay

To qualify for Statutory Paternity Pay, in addition to the qualifying criteria for leave (as set out above) an employee must:

- be employed by Public Health Wales up to the date of birth or the 'matching week'; and
- have average weekly earnings that are at least equal to the lower earnings limit for National Insurance contributions.

The amount of Statutory Paternity Pay equates to the UK Government's standard rate for that benefit or 90% of the employee's average weekly earnings (whichever is lower).

8.2.2 Occupational New Parent Support (Paternity) Pay

To be eligible for full pay during this two-week period, an employee will need to have 12 months' continuous service (including any annual leave taken) with Public Health Wales or any other NHS employer, before they take their leave and satisfy the conditions for Statutory Paternity Pay, as set out above.

New Parent Support (Paternity) Pay is paid in the same way as wages, and PAYE Tax and National Insurance will also be deducted.

An employee who does not meet these qualifying conditions will not be entitled to New Parent Support (Paternity) Pay, but will still be entitled to leave of 2 weeks.

Neither Occupational New Parent Support Pay nor Statutory Paternity Pay can be paid for any week in which the employee actually works.

8.3 Responsibilities

8.3.1 **Employees** need to:

- Give their manager notice or of their intention to take leave: in the case of a newborn child this needs to be at least 28 days' notice; in the case of adoption it must be within 7 days of the matching date.
- Complete the New Parent Support (Paternity) Leave application form and give it to their manager for approval.

8.3.2 Managers need to:

- Ensure their approach reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure staff feel supported and informed.
- Ensure that their team member is given paid time off to attend certain appointments with their partner before the birth/arrival of the baby/child.
- Signpost their team member to the Family Leave Intranet pages for further information and New Parent Support (Paternity) Leave Application form

- Ensure discussions have taken place with their team member as detailed in the New Parent Support Leave (Paternity Leave) Application form and sign as agreement prior to the form being submitted to People Support.
- Refer to Appendix 3, New Parent Support (Paternity) Pay Entitlements

Further information and the necessary forms are available in the New Parent Support Leave (Paternity Leave) section on the Staff Hub.

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9 Shared Parental Leave

Shared Parental Leave (SPL) allows primary care givers to share 50 weeks of their 52 weeks Statutory Maternity/Adoption Leave and 37 weeks of their 39 weeks Statutory Maternity/Adoption Pay with their partner if they so wish. They do not need to be employed by the same employer. If a parent does not opt into the system, they will still be entitled to maternity/adoption leave and pay as normal. The key points are:

- The shared leave applies to those with a working partner as long as both of them meet the qualifying conditions.
- Both parents will have to notify their employers of their intention to opt in to the SPL scheme. The notice will include providing the name and national insurance number of both the employee and the other parent.
- Both parents can take their leave together if they wish, or take it in succession.
- Employees will be required to provide a non-binding indication of their expected pattern of leave when they initially notify their employers that they intend to take SPL.
- Employees will have to give notice of their intention to actually take the period of leave.
- The primary care giver will be expected to give at least eight weeks' notice to end maternity/adoption leave (in order to start SPL). The notice is binding and can be given before or after the birth/placement.
- Both employees must give the employer eight weeks' notice before the start of the SPL which includes a two-week discussion period.
- If the primary care giver gives notice of their intention to end maternity/adoption leave before the birth/placement they will be able to revoke that notice up to six weeks after the birth/placement.
- The number of times an employee can notify an employer of a period of leave will be capped at three (the original notification

and two further notifications or changes). Changes which are mutually agreed between employer and employee do not count towards this cap.
- Each parent will have the right to have up to 10 'Keeping in Touch' (KIT) days during SPL (this is in addition to the 10 days allowed during maternity and adoption leave).
- Employees who have taken SPL will have the right to return to the same job if the total leave taken is 26 weeks or less in aggregate, even if the leave is taken in discontinuous blocks.

Further information and the necessary forms are available in the Shared Parental Leave 'How To' Guidance.

10 Other Types of Leave

10.1 Parental Leave

Parental Leave is different from *Shared* Parental Leave. An employee is entitled to up to 18 weeks' unpaid parental leave per child if they are the birth or adoptive parent, or have or expect to have parental responsibility of a child who is under 18 years of age. To qualify for parental leave, employees must have completed at least one year's continuous service with the organisation.

Parental leave is additional to other types of time off employees are usually entitled to, such as:
- maternity, paternity, adoption and shared parental leave – for when someone's having a baby or adopting a child
- neonatal care leave – for parents to have additional time off to be with a baby who is receiving neonatal care
- holiday

Someone might take parental leave to be with their child so they can:

- provide care when usual childcare arrangements are disrupted and the time off can be planned in advance
- look after them during school holidays
- care for them when they're off school sick
- go to school open days or events with them settle them into new childcare arrangements
- visit grandparents or other relatives with them

- To extend the period of time a non-birthing parent has with the newborn. see: https://www.acas.org.uk/parental-leave/adding-parental-leave-to-paternity-leave

Each parent can take a maximum of 4 weeks' unpaid parental leave for each child in any one year. Parental leave is taken as whole weeks rather than individual days. A 'week' equals the length of time an employee normally works over 7 days.

- You must take parental leave as whole weeks (for example 1 week or 2 weeks) rather than individual days, unless your employer agrees otherwise or if your child is disabled. You do not have to take all the leave at once.
  - A 'week' equals the length of time an employee normally works over 7 days.
  - Example
  - If an employee works 3 days a week, one 'week' of parental leave equals 3 days. If an employee works irregular weeks the number of days in a 'week' is the total number of days they work a year divided by 52
- Unpaid parental leave: Entitlement - GOV.UK
  Further information on Parental Leave is available on the Staff Hub on the Intranet.

10.2 Emergency Carers and Dependants Leave

Employees have the right to take unpaid time off work to deal with an unexpected event involving someone who depends on them. This includes, for instance, a breakdown of care arrangements.

You can review the All Wales Special Leave Policy on our Intranet. Please speak to your Manager or the People and OD Team if you need support or advice on the policy.

The Carer's Network, We Care, was set up to support staff with a caring responsibility who undertake unpaid caring duties for a family member or friend. The network enables members to meet and get to know other carers in the organisation and share, discuss and think of ways that Public Health Wales can be a supportive workplace for those with caring responsibilities and to work towards raising the profile of staff with a caring responsibility across the organisation.
Find out more, including how to contact the We Care network, on our intranet page,

https://nhswales365.sharepoint.com/sites/PHW_POD/SitePages/We-Care-Network.aspx

10.3 Neonatal Care Leave

Unfortunately some babies are born in need of additional support. Since April 2025 parents may be entitled to additional statutory leave in circumstances where:

- baby is born early
- baby is ill or injured when they are born
- Baby Has a low birth weight or
- The delivery was difficult

- Neonatal care (Leave and Pay) Act 2023 applies to babies born on or after 6 April 2025.

10.3.1 Neonatal Care Leave

- From 6 April 2025, parents whose babies require neonatal care will be supported with up to 12 weeks of statutory Neonatal Care Leave and Pay. This compassionate provision is designed to help families during what can be an emotionally challenging time, such as when a baby is born prematurely, with low birth weight, or following a difficult delivery.

- Leave can be taken while the baby is receiving care or afterwards and must be used within 68 weeks of birth. It is additional to other parental leave entitlements and applies to each eligible parent individually.

10.3.2 Eligibility for Leave

- Neonatal Care Leave is a day-one right for employees who are caring for a baby receiving medical attention. This includes:
  - Parents, intended parents (via surrogacy), or partners of the birth parent
  - Those with responsibility for the child's upbringing
  - Those taking leave to care for the child.

- Eligible care settings include hospital-based care, consultant-led care outside hospital, and palliative or end-of-life care. We

understand that neonatal care may occur in various settings, and we are committed to supporting parents wherever their baby receives care.

10.3.3 Eligibility for Pay

- To receive Neonatal Care leave and Pay, employees must have 26 weeks' continuous service by the 15th week before the expected birth and earn at least £125/week during the relevant 8-week period. This mirrors other statutory parental rights and ensures financial support during a difficult time.

10.3.4 Leave Entitlement

- Parents are entitled to one week of leave for each week their baby receives neonatal care, up to a maximum of 12 weeks. Leave must be taken within 68 weeks of birth and can be added to maternity or paternity leave. In cases of multiple births, leave may accrue separately if care is received at different times. It is intended that Line Managers should provide flexibility and understanding for colleagues navigating complex medical situations.

10.3.5 Leave Types

- There are two tiers of leave:
  Tier 1: Is for the period when the child is still receiving neonatal care, and including 1 week after the care has ended. Leave can be taken in weekly blocks, allowing parents to respond quickly to their baby's needs.

  Tier 2: For any leave not used during the Tier 1 period. Leave taken more than one week after care ends and must be taken in a single continuous block before the end of 68 weeks from birth.

Example of tier 1 leave
Pat's baby is born early and is in neonatal care for 4 weeks in total from birth. Pat takes 2 weeks of paternity leave straight after the birth. They then take a further 2 consecutive weeks of neonatal care leave when their paternity leave ends. Pat has 2 more weeks of neonatal care leave accrued to take at a later time.

Example of tier 2 leave
Pat's baby is now at home after 4 weeks in total in neonatal care. Pat gives notice to take the remaining 2 weeks of neonatal care in 1 months' time. This allows Pat to take time off as soon as they can to continue the babies at home care.

These options are designed to give families the time they need to bond and care for their baby, whether during hospital stays or recovery at home.

10.3.6 Notice Requirements

Notice requirements are:

Tier 1: Verbal notice before leave starts or as soon as possible

Tier 2: Written notice at least 15 days before 1 week of leave, or 28 days before 2 or more weeks of leave. Employee to complete the 'Notification and self-declaration neonatal care leave and pay form' (Appendix 4)

- Requests for leave should come from the employee, however we understand that when a baby needs care, it can be a deeply emotional and stressful time. If the employee is unable to provide notice before the leave starts, a friend or family member may inform the manager on their behalf. Managers are encouraged to show compassion and flexibility when applying the notice period requirements, e.g., as a supportive measure, managers may wish to offer to help complete the form together with the employee. Support from People & OD should be sought as needed.

- Neonatal Care Leave can be added to other entitlements, such as maternity or paternity leave, and any unused leave can be taken after other statutory leave ends.

- **10.3.7 Managers need to:**

- Ensure their approach reflects our organisational values and behaviours; with empathy, fairness and consistency, creating psychologically safe environments, supporting open and respectful conversations that ensure staff feel supported and informed.
- Respect their team member's confidentiality at all times.
- Help their team member to access the necessary information

Further advice on taking Neonatal Care leave is available through People Support, HR clinics, phone line if urgent.

Neonatal Care Pay and Leave: Overview - GOV.UK
Neonatal care leave and pay - Acas

11 In-Vitro Fertilisation (IVF) and Other Fertility Treatments

Public Health Wales recognises that infertility can cause considerable distress. As a provider of healthcare services, we are sympathetic to staff who decide to undertake fertility treatment and will provide limited special leave for this purpose, where the request is supported by documentary evidence from the employee's GP, consultant or specialist.

11.1 Scope of the Guidance

This guidance will apply to all employees who have completed a minimum of 12 months' continuous service with Public Health Wales.

11.2 Leave Arrangements

In view of the fact that fertility treatment can be a lengthy process, managers should discuss the likely duration of the treatment with their team member, together with the number of occasions and dates, where possible, when they are likely to need time off from work to attend hospital for the fertility treatment appointments.

In any one leave year, Public Health Wales will provide an employee who is to receive fertility treatment with up to 3 days' paid special leave and a period of agreed unpaid special leave, in any rolling 12-month period. Please refer to the Special Leave Policy.

To apply for special leave to receive fertility treatment, an employee should complete the Special Leave Application Form and input onto

ESR (Special Leave Increasing Balance). Wherever possible, an employee is required to request the leave at least 7 days in advance of the proposed treatment date.

11.3 Sickness Absence

If an employee experiences side effects or ill health as a result of fertility treatment which renders them unfit for work, this should be reported, certificated and recorded in accordance with the All Wales Sickness Absence Policy.

12 Fostering

Public Health Wales is keen to support staff involved in a fostering process. However, there is no statutory right to paid time off for employees who foster a child. All employees have the right to request flexible working, so if you are becoming a foster parent you can request a working pattern that fits with your caring responsibilities.

13 Important Information

13.1 Annual Leave

Employees are encouraged to take any annual leave accrued prior to maternity/ adoption/ shared parental leave ('family leave') prior to starting leave. Any annual leave to be carried forward should be discussed and agreed between the employee and manager and detailed on the return to work form. There is no requirement to use up any accrued annual leave at the end of the financial year.

Employees will continue to accrue annual leave during family leave, whether paid or unpaid, and will also be entitled to accrue hours for any public (bank) holidays which fall during the leave period. All arrangements for annual leave should be agreed prior to starting family leave.

Employees may not take annual leave whilst on maternity or adoption leave. However, employees can agree with their managers to use some annual leave after their maternity/adoption leave has ended. If an employee decides to take this option, they are ending their maternity/adoption leave and considered to be returning to work.

Employees cannot go back onto maternity/adoption leave after taking annual leave. However, annual leave can be used at the end of the maternity/adoption leave period to return to work on a phased return.

However, employees who are taking shared parental leave can insert periods of annual leave in between blocks of shared parental leave.

If employees have indicated that they will not be returning to work following maternity/adoption leave, the contract of employment will cease at the end of maternity/adoption leave unless indicated otherwise. Employees will only be entitled to the annual leave that has accrued as at the date the contract ends.

13.2 Keeping in Touch

'Keeping in Touch' (KIT) days are not obligatory and must be agreed between the employee and manager. KIT days are intended to help the employee keep in touch with their workplace and enable them to do some work during this period.

Those taking maternity leave cannot work on a KIT day until at least 2 weeks after the birth of their child.

Employees can work up to 10 KIT days whilst on maternity/ adoption leave.

The work to be undertaken on a KIT day must be work that the employee is entitled to perform under their contract of employment (including training) or activities which helps them to keep in touch with the workplace.

KIT days do not have to be consecutive. A KIT day will be counted as one KIT day regardless of the length of time that is worked on that day. The total duration of the Statutory Maternity Leave or Statutory Adoption Leave period will remain at 52 weeks regardless of whether or not the employee has worked any KIT days.

Any KIT day(s) worked must be by mutual agreement and neither the employee nor the line manager can insist upon such days taking place.

If an employee works a KIT day the maternity or adoption pay/allowance will be made up to full pay for those hours worked. If the employee is on unpaid maternity/adoption leave, they will receive full pay for the hours they are in work.

It is important to note that an employee will only be paid for the hours they work on the KIT day. For example, someone working for 4 hours will be paid for 4 hours; someone working for 6 hours will be paid for 6 hours.

The line manager should keep a record of all hours worked on KIT days. If KIT days are to be paid during maternity leave, the manager should email Payroll, NWSSP.Payroll.PHW@wales.nhs.uk with the

number of hours to be paid. If KIT days are to be paid on return to work, include the number of hours to be paid on the return to work form. Please state the date(s) worked and the number of hours worked and the employee will then be paid in the next available pay period.

13.3 Fixed Term, Training and Rotational Contracts

Staff employed on a fixed term, temporary or training contract which is due to expire after the 11th week before the EWC will have their contracts extended to allow them to receive maternity/ adoption leave and pay entitlements.

If you choose to take maternity leave (paid and unpaid) for up to 52 weeks before a further NHS appointment, this will not constitute a break in service.

If you are unable to return to your original job, as the contract would have ended if pregnancy and childbirth/ adoption had not occurred, then the repayment provisions set out in 13.8 will not apply.

If you are on a planned rotation of appointments with one or more NHS employer, as part of an agreed programme of training, you shall have the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth/ adoption had not occurred. In such circumstances your contract will be extended to enable you to complete the agreed programme of training.

13.4 Reporting for Work

Employees who have stated on the Maternity and Adoption Leave Application Form that they intend to return to work must report for work on the first working day after the date set out in the letter confirming the maternity or adoption leave and pay entitlements.

Employees who have stated on the Maternity and Adoption Leave Application Form that they have not decided whether or not they intend to return to work will need to be contacted by their line manager, to ask if they intend to exercise their right to return to work.

Should an employee wish to return to work before the end of their maternity/adoption leave, or before the date indicated on their form, they may do so. However, they must provide their manager with 28 days' written notice. Not providing this notice may result in the delay of their return to work.

The employee's manager must complete the Maternity/ Adoption/ New Parent Support (Paternity) Leave Return to Work Form to inform Payroll of their return from maternity/adoption leave; if they don't do this, there may be a delay in the employee's pay.

13.5 Return to Work

After the period of ordinary maternity/ adoption/ shared parental leave, employees will be entitled to return to work to their original job under their original contract and on no less favourable terms and conditions.

If the employee decides to take a period of additional leave, they will be entitled to return to work to their original job, but if this is not possible for practical reasons they will have the right to a similar job, where the terms and conditions are not substantially less favourable than those of their present job.

13.6 Flexibility

If at the end of their maternity, adoption, or shared parental leave an employee wishes to return to work but change their working hours, their manager is obliged to give the request fair and due consideration and we hope to facilitate this wherever possible. If this is not possible, the manager must provide their decision in writing, setting out objectively justifiable reasons in line with the Flexible Working Policy.

If it is agreed that an employee may return on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect their right to return to their job under their original contract at the end of the agreed period.

The Flexible Working Policy, which is applicable to all staff, contains details of an employee's rights and explains the application process. It is recommended that an employee discusses this with their manager in the first instance and applies as soon as possible.

13.7 Postponing a Return to Work

The only circumstance in which an employee will ordinarily be able to postpone their return to work following maternity or adoption leave is for health reasons. In such circumstances, individuals must provide a medical certificate/ Fit Note to certify their absence from work.

13.8 Deciding Not to Return to Work

Should an employee who has notified their manager of their intention to return to work within Public Health Wales, or for a different NHS

employer, for a minimum of 3 months decide not to return to work at the end of their agreed maternity/adoption leave period, they will be liable to refund the whole of their maternity/adoption pay received, less any SMP/SAP.

Return to work on an ad hoc NHS Bank arrangement will not constitute a return to work. In such instances the employee would be liable to refund the whole of their maternity/adoption pay received, less any SMP/SAP.

In cases where Public Health Wales considers that to enforce this provision would cause undue hardship or distress, they will have the discretion to waive their rights to recovery.

13.9 Pension

Pension contributions are payable during periods of paid and unpaid maternity/adoption/shared parental leave, to avoid a break in service and the possible loss of pension rights which have already been accrued. Therefore, members of the NHS Pension Scheme are required to continue to pay pension contributions throughout their paid maternity/adoption leave. Deductions are calculated on the variable amount of pay (occupational and statutory) received each month.

During any unpaid maternity/adoption leave period taken, pension contributions are not deducted but are assessed on the amount of pay received immediately prior to the unpaid leave. These arrears of pension contributions will then be deducted from salary on the employee's return to work, over the same period as the accumulation took place. In the event that an employee decides to return to work on a part-time basis, the period over which repayment takes place can be extended. This can be arranged between the manager and the Payroll Department, if so requested by the employee.

Employees should take this into consideration when planning their finances during and after their maternity/adoption leave. Employees can contact the Pensions Section of the Payroll Department before their maternity/adoption leave starts, to seek further advice.

Should an unpaid period of the maternity/ adoption leave necessitate a tax refund, this will automatically be paid through the employee's salary. It should be noted, however, that the Payroll Services Department will use any such refund due to offset any pension contribution owing. Employees who have any queries regarding this matter should contact the Payroll Department.

13.10 Qualifying Pay Period

The qualifying pay period is 15 weeks prior to the Expected Week of Confinement (EWC) for the period of maternity, or 15 weeks prior to the matching date for adoption leave.
The calculation of maternity pay is 15 weeks prior to the Expected Week of Confinement (EWC). An example of this is provided below:

Expected Date of Confinement	01/12/2025
Expected Week of Confinement (EWC)	30/11/2025
Sunday Commencing Qualifying Week (15th Week)	17/08/2025
To Saturday Ending Qualifying week	23/08/2025

In this example the two payslips used for the average weekly earnings would be related to the pay dates prior to the 23rd August, so this would be July and August's payslips.

If there are any salary sacrifice schemes in place, such as childcare vouchers or annual leave purchase, the average pay will be calculated after deductions. It is important that employees are aware of the impact such schemes might have on their maternity/ adoption leave, and seek advice as early as possible from People and OD in the first instance.

14 Training and awareness raising

All staff will be made aware of this procedure upon commencement with Public Health Wales. Copies can also be viewed on the Public Health Wales internet or obtained via the People and OD team, PeopleSupport.PHW@wales.nhs.uk

15 Monitoring and Auditing

The designated lead will monitor and audit this document to ensure it is compliant with current legislation, and that it is implemented and adhered to.

Monitoring should include consideration of how the procedure is experienced by staff to ensure it is applied in a way that supports wellbeing and inclusion.

16 Review and feedback

This procedure and will be reviewed every three years or whenever a relevant change in legislation occurs.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this procedure. Feedback can be provided by emailing, PeopleSupport.PHW@wales.nhs.uk

17 Equality and Welsh Language Monitoring

This procedure is inclusive of all staff regardless of age, marriage, including equal/same sex marriage and civil partnership, disability, sex, sexual orientation, pregnancy and maternity, race, religion or belief, or gender identity.

The policy and procedure will available to staff in both Welsh and English, and all supporting documents or forms pertaining to leave will be available in both official languages, in compliance with the Welsh Language Standards Regulations No.7 (2018).

18 Information Governance Statement

All documents generated under this procedure are official records of Public Health Wales and will be managed and stored and utilised in accordance with the Public Health Wales' Guidance on Record Retention and Destruction.

This procedure has the potential to deal with extremely sensitive information and Public Health Wales staff involved need to be fully aware of the material they are handling.

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19 Appendix 1 - Glossary of Terms

AML/AAL
Additional Maternity Leave/Additional Adoption Leave. An additional period of leave of up to 26 weeks immediately following OML or OAL.

Expected Week of Childbirth (EWC)
This is the date during the week (commencing on Sunday) given by a Registered Medical Practitioner/Registered Midwife which indicates when the baby is expected.

MATB1
The name of the Maternity Certificate given by a Registered Medical Practitioner/Registered Midwife during pregnancy, indicating the EWC.

Matching Certificate
In cases of adoption, a document confirming the adoption is referred to as the Matching Certificate and is issued by the adoption agency or local authority.

OML/OAL
Ordinary Maternity Leave/Ordinary Adoption Leave. The core period which covers the first 26 weeks of maternity/adoption leave.

OMP/OAP
Occupational Maternity Pay/Occupational Adoption Pay – the element of pay that Public Health Wales makes provision for over and above the statutory minimum; it is subject to at least 1 year's continuous service in the NHS at the 11th week before the EWC.

Primary Carer
The parent that is taking maternity leave or adoption leave as the primary care giver for the child or children.

Qualifying Week (QW)
This is the 15th week *before* the EWC and influences eligibility to maternity pay and leave (and adoption pay and leave, in the case surrogacy) under this policy.

ShPP
Shared Parental Pay. This is the element of pay that Public Health Wales must pay qualifying employees as a statutory minimum.

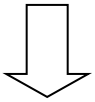
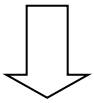
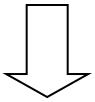
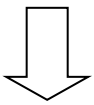
SMP/SAP
Statutory Maternity Pay/Statutory Adoption Pay. This is the element of pay that Public Health Wales must pay qualifying employees as a statutory minimum.

SPL
Shared Parental Leave where statutory and additional maternity or adoption leave can be divided by parents.

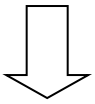
SPP
Statutory Paternity Pay. This is the element of pay that Public Health Wales must pay qualifying employees as a statutory minimum.

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20 Appendix 2 - Maternity Flowchart

	Employee	Manager
	Employee contacts manager to inform them of pregnancy and discuss potential timescales	
	Review any salary sacrifice schemes as can effect OMP	Carry out a risk assessment and make any necessary adjustments - seeking advice from Occupational Health, Health and Safety or Facilities if appropriate
	Manager and employee discuss options and develop a plan to accommodate the leave, taking into account divisional needs	
	Employee completes application form and sends to HR by email, along with copy of MATB1 – no later than the 26 week of pregnancy	
		Agree when annual leave will be taken before and plan leave for after return to work
	HR writes to employee within 28 days of receipt of notification and MATB1 confirming dates	
	Commence maternity leave Whilst on maternity leave can start childcare vouchers	
	Can work up to 10 KIT days without affecting maternity leave/pay	Keep a record of KIT days

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	Agree return to work date – need to give 28 days' notice if before date agreed when leave began	Complete Maternity Return to Work form and send to Payroll – include KIT days, annual leave carry over and any changes to hours

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21 Appendix 3 - Pay Entitlements

Maternity Pay

Qualifying Period	Option	Intention	Entitlement
You have 26 weeks' continuous service with Public Health Wales at the 15th week prior to the EWC and 12 months' continuous service with the NHS at the 11th week prior to the EWC	A1	You wish to return to work with the same employer or another NHS employer for a minimum of 3 months	8 weeks full pay inclusive of SMP 18 weeks half pay plus SMP 13 weeks SMP 13 weeks nil pay
	A2	You do not wish to return to the same or another NHS Employer for a minimum of 3 months	SMP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * (* if this exceeds the amount you received in the 6 week period you will remain at the lower rate)
If you have less than 26 weeks' continuous service with Public Health Wales at the 15th week prior to the EWC but 12 months' continuous service with the NHS at the 11th week prior to the EWC	B1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	8 weeks full pay 18 weeks half pay 26 weeks nil pay
	B2	You do not wish to return to the organisation or another NHS employer for a minimum of 3 months	You will not be entitled to SMP. However, you may be entitled to Maternity Allowance. The Payroll department will send you form SMP1 with instructions on how to claim
You have 26 weeks' continuous service with the organisation at the 15th week prior to the EWC but less than 12	C1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	SMP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * (* if this exceeds the amount you received in the 6 week period you

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months' continuous service with the NHS at the 11th week prior to the EWC			will remain at the lower rate) 13 weeks at nil pay
	C2	You do not wish to return to the organisation or another NHS employer for a minimum of 3 months	SMP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * (* if this exceeds the amount you received in the 6 week period you will remain at the lower rate)
You have less than 26 weeks' continuous service with Public Health Wales at the 15th week prior to the EWC and less than 12 months' continuous service with the NHS at the 11th week prior to the EWC	D1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	You will not be entitled to SMP. However, you may be entitled to Maternity Allowance. The Payroll department will send you form SMP1 with instructions on how to claim
	D2	You do not wish to return to the organisation or another NHS employer for a minimum of 3 months	You will not be entitled to SMP. However, you may be entitled to Maternity Allowance. The Payroll department will send you form SMP1 with instructions on how to claim

If you do not return to work with Public Health Wales, after indicating your intention to do so, you may be liable to repay the maternity pay received, less any payments you may be entitled to receive under the Statutory Maternity Pay Regulations.

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Adoption Pay

Qualifying Period	Option	Intention	Entitlement
You have 26 weeks' continuous service with Public Health Wales and 12 months' continuous service with the NHS as at the week you are notified of successfully being matched with a child/ children.	A1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	8 weeks full pay inclusive of SAP 18 weeks half pay plus SAP 13 weeks SAP 13 weeks nil pay
	A2	You do not wish to return with the same or another NHS Employer for a minimum of 3 months	SAP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * (* if this exceeds the amount you received in the 6 week period you will remain at the lower rate)
If you have less than 26 weeks' continuous service with Public Health Wales but 12 months' continuous service with the NHS as at the week you are notified of successfully being matched with a child/ children.	B1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	8 weeks full pay 18 weeks half pay 26 weeks nil pay
	B2	You do not wish to return with the same or another NHS Employer for a minimum of 3 months	You will not be entitled to SAP. However, you may be entitled to Adoption Allowance. The Payroll department will send you an SAP1 form which you must complete and send to the Job Centre Plus and/or local Social Security Office together with your matching certificate

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You have 26 weeks' continuous service with Public Health Wales but less than 12 months' continuous service with the NHS as at the week you are notified of successfully being matched with a child/ children.	C1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	SAP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * 13 weeks at nil pay (* if this exceeds the amount you received in the 6 week period you will remain at the lower rate)
	C2	You do not wish to return with the same or another NHS Employer for a minimum of 3 months	SAP which is 6 weeks at 90% of your average weekly earnings and 33 weeks at the standard rate * (* if this exceeds the amount you received in the 6 week period you will remain at the lower rate)
You have less than 26 weeks' continuous service with Public Health Wales and less than 12 months' continuous service with the NHS as at the week you are notified of successfully being matched with a child/children.	D1	You wish to return to work with the same or another NHS employer for a minimum of 3 months	You will not be entitled to SAP. However, you may be entitled to Adoption Allowance. The Payroll department will send you an SAP1 form which you must complete and send to the Job Centre Plus and/or local Social Security Office together with your matching certificate
	D2	You do not wish to return to work with the same or another NHS employer for a minimum of 3 months	You will not be entitled to SAP. However, you may be entitled to Adoption Allowance. The Payroll Department will send you a SAP1 form which you must complete

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			and send to the Job Centre Plus and/or local Social Security Office together with your matching certificate.

If you do not return to work with Public Health Wales, after indicating your intention to do so, you may be liable to repay the adoption pay received, less any payments you may be entitled to receive under the Statutory Adoption Pay Regulations.

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New Parent Support (Paternity) Pay Entitlements

You must be taking time off to look after the child and be one of the following:

- the child's father;
- the spouse or partner of the person giving birth or primary adopter; or
- Intended Parent 2 (if you're having a baby through a surrogacy arrangement)

Qualifying Period/Conditions	**Option**	**Entitlement**
In the case of childbirth (including surrogacy), you must: • have been continuously employed with one or more NHS employer for 26 weeks ending with the 15th week before the expected week of childbirth (known as the 'qualifying week') • be employed up to the date the child is born (or placed with the adopter) • meet the earnings threshold and other eligibility conditions for statutory paternity pay • give the correct notice In the case of adoption, you must: • have worked continuously with one or more NHS employer for at least 26 weeks by the end of the week you are matched with a child (UK adoptions) or when the child arrives in the UK or you want your	Statutory Paternity Pay	2 weeks Statutory Paternity Pay (SPP) at the standard rate or 90% of your average weekly earnings (whichever is lower).

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pay to start (overseas adoptions) • confirm that your partner is getting Statutory Adoption Pay in writing or by giving your manager a copy of your partner's form SC6 • meet the other eligibility conditions for paternity leave and pay.		
You must have been continuously employed with one or more NHS employer for a period of no less than 12 months at the beginning of the week in which the baby is due or, in the case of adoption, for a period of no less than 12 months ending with the week you are notified of successfully being matched with a child/children.	NHS New Parent Support Pay	2 weeks full pay, inclusive of SPP.

If you do not meet these qualifying conditions, you will not be entitled to New Parent Support (Paternity) Pay; however, you will be entitled to New Parent Support (Paternity) Leave (unpaid) of 2 weeks.

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APPENDIX 4 - NOTIFICATION AND SELF-DECLARATION NEONATAL CARE LEAVE AND PAY FORM

To be completed for Tier 2 leave applications

Employee to complete

Name:		**Job Title:**	
Staff Number:		**Department:**	
My baby was born / placed for adoption or fostered to adopt on:		**Day/ Month / Year**	
My baby was admitted to neonatal care on:		**Day/ Month / Year**	
My baby was discharged from neonatal care (if known) on:		**Day/ Month / Year**	
I have worked for PHW Public Health Wales continuously for a minimum of 26 weeks by the relevant week (see Section of the procedure):		**Yes** ☐☐ **No** ☐☐ I am not entitled to receive Statutory Neonatal Care Leave Pay	
My neonatal care leave will start on:		**Day/ Month / Year**	
My neonatal care leave will end on:		**Day/ Month / Year**	
Employee's Signature		**Date Day/ Month / Year**	
Manager's Signature		**Date Day/ Month / Year**	

Manager to Action

Date the manager emailed the completed form via email to PAYROLL requesting them to process the statutory neonatal pay, if applicable	**Date Day/ Month / Year** **Not Applicable**

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Equality & Health Impact Assessment for

Family Leave Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	n/a Family Leave Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Wales Policy People & OD Directorate Lead: Karen Fitzgibbon, Head of People & OD Operations karen.fitzgibbon@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The purpose of the Family Leave Policy is to set out the entitlement of all staff to maternity, new parent support (paternity), adoption, surrogacy, and other parental leave, and also the entitlements for those staff planning/in receipt of In Vitro Fertilisation (IVF) treatment. It should be read in conjunction with the Family Leave Procedure which provides further detail on entitlements and responsibilities within each of these areas, and the more detailed advice and guidance available on the Family Leave pages of the staff intranet.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable	**Staff Data** (All data has been taken from the ESR records as at 31 March 2025) **Age Profile**

- needs assessment
- engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.

Age	%
<=20 Years	0.18%
>=71 Years	0.37%
21-25	4.28%
26-30	13.60 %
31-35	13.38 %
36-40	13.75 %
41-45	14.82 %
46-50	11.39 %
51-55	11.98 %
56-60	10.65 %
61-65	4.39%
66-70	1.22%

Disability
8% of our staff have indicated that they have a disability, but this information is not known for 11% of staff.

Gender
The gender breakdown of the organisation is approximately 73% female and 27% male.

The gender breakdown of part time workers is approximately 89% female and 11% male.

Marital Status

Marital Status	%
Civil Partnership	1.44 %
Divorced	5.38 %
Legally Separated	0.41 %
Married	50.50%
Single	33.80%
Unknown	7.56 %
Widowed	0.92 %

Ethnicity
81% are White, 5% are Asian, 3% are Black and 12% fall into another ethnicity category (including mixed).

Religious Belief

Religious Belief	%
Atheism	27%
Buddhism	0%
Christianity	35%
Hinduism	1%
I do not wish to disclose my religion/belief	14%
Islam	2%
Judaism	0%
Other	11%
Sikhism	0%
Unspecified	9%

Sexuality
86% of our staff have disclosed this information; 80.6% indicated they are heterosexual, 3.24% gay or lesbian, 2.17% bisexual, 0.15% other sexual orientation not listed and 0.2% undecided.

We currently do not collect information regarding gender re-assignment or socio-economic status. However, we do know the income profile of our staff, which is as follows:

Pay Band	%
Band 2	0.22 %
Band 3	12.24 %
Band 4	15.37 %

		Band 5	14.93 %
		Band 6	13.49 %
		Band 7	16.70 %
		Band 8 - Range A	9.47 %
		Band 8 - Range B	4.57 %
		Band 8 - Range C	3.80 %
		Band 8 - Range D	2.06 %
		Band 9	2.03 %
		Other	5.12 %
		Research and Good Practice A range of other organisational policies and EqHIAs have been reviewed to look at good practice and to review the impact that maternity, adoption, paternity and shared parental leave policies may have on particular groups of people.	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	All staff of Public Health Wales.	

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	There is no age limit to maternity, adoption, paternity or shared parental leave. However, it is less likely that older staff will need to/want to make use of maternity leave. There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to their age.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	The policy and procedure prevent indirect discrimination by setting out the processes that should be followed.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to disability.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	The policy applies to all staff, regardless of gender. Trans people have an equal opportunity to apply for leave under this policy.	The Policy and Procedures are supported by the Family Leave pack on the staff intranet, which gives	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The policy and procedures do treat men and women differently in that only staff who give birth can access maternity provision. However, all other provisions are available to all staff regardless of gender, provided they meet the qualifying criteria. The policy and procedures have been carefully written to ensure that gender-neutral language is used, with the aim of reducing or removing any discrimination in their application.	more explicit details to managers about the need to apply them in a gender-neutral way as far as that is possible (i.e. with the exception of Maternity Pay and Leave in the case of cis-gendered women).	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.4 People who are married or who have a civil partner.	The Policy and Procedures have been carefully written to ensure that no eligibility is based on marital status.	The Family Leave pack on the intranet is explicit in its advice that the provisions of this policy and procedures apply to employees regardless of their marital status (including those who are single).	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy provides a framework to ensure that those who meet the qualification criteria will receive their statutory and contractual entitlements and therefore there is a potential positive impact on women who are expecting a baby, who are		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	on a break from work after having a baby, or who are breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to race, nationality, culture or ethnic origin.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There is no specific evidence to suggest the policy has a disproportionate impact on people in relation to belief of lack of belief.		
6.8 People who are attracted to other people of:	The policy is explicit in applying to all parental		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
• the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	partnerships/couples regardless of sexual orientation. The support available to couples who choose to adopt a child through surrogacy arrangements are also explicitly included, along with the support available for people undergoing IVF treatment, which could have a positive impact on those same-sex couples who opt to follow these routes to creating their family.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,	The Policy makes provision for employees to receive Occupational Maternity and Adoption pay that is more generous than the government's Statutory Pay, enabling staff to be	The supporting Family Leave pack provides additional detail for employees and managers about the importance of flexibility and	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
people who are unable to work due to ill-health	able to balance home and work responsibilities better as well as remaining in employment. This is further enhanced by organisational flexibility around organising work both before and after leave.	understanding, to ensure that staff feel able to balance the needs of their work and their new family. It also provides advice and support around matters of pay, to enable employees to better plan for their financial situation when they are on leave.	
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no specific evidence to suggest the policy has a disproportionate impact on people according to where they live.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan,	There is no specific evidence to suggest the policy has a		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
procedure and/or service	disproportionate impact on any other groups.		
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The Policy and Procedure will be translated and available to staff equally in Welsh and English.		
Treating the Welsh language no less favourably than the English language	The Policy and Procedure will be translated and available to staff equally in Welsh and English.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	The Policy lays out a range of benefits to staff to enable them to maintain good health throughout pregnancy and childbirth, and emphasizes the importance for managers to support those who choose to breastfeed.		Women and other people giving birth	
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks	By supporting all parents with leave and pay, the Policy aims to have a positive impact on family relationships and to ensure that children have a good start in life			Further emphasis is put on the need to support family life in the guidance for managers included in the Family Leave pack on the intranet

• Third sector & volunteering				
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	By supporting all parents with leave and pay, the Policy aims to have a positive impact on families' economic stability			Further emphasis is put on the need to support the mental wellbeing of prospective and new parents in the guidance for managers included in the Family Leave pack on the intranet
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	No impacts detected			
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	The Policy makes provision for employees to receive Occupational Maternity and Adoption pay that is more generous than the government's Statutory Pay, enabling staff to be able to balance home and work responsibilities better			

	as well as remaining in employment.			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel	No impacts detected			
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	No impacts detected			

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 7

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	**My Contribution Policy**
Policy Lead	**Kelly McFadyen**
Lead Executive	**Neil Lewis**
PHW / All Wales?	**PHW**
Date of last Review	**2023**
Is the current policy / procedure within review date?	**Yes- due for review by 08/11/26**
Approving Body /Group	**People and Organisational Development Committee**
Version Number	

Section 2: Recommendation
That the People and Organisational Development Committee: • **Consider** the revised My Contribution Policy and the Equalities Impact Assessment • **Note** that the Leadership Team endorsed the policy to the Committee • **Approve** the My Contribution Policy

Section 3 – Details of the Review:	
Background:	
Reason for review	Review deadline due / passed
Description/Assessment	The stated purpose of the policy is to ensure that Public Health Wales has a clear, consistent and fair approach to performance management and personal development, and that individual objectives are aligned to organisational priorities. It is intended to help staff understand what is expected of them, receive feedback and support, and identify learning and development needs. As part of the scheduled review process, a policy workshop was held in line with the agreed People and OD policy review arrangements to assess the ongoing need for the policy and identify any required updates.
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	17 July - 21 August 2026
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	N/A
(Add detail)	N/A
Had this policy / procedure been considered by any other groups?	Yes – Local Partnership Forum and Leadership Team
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	Wording around frequency of check-ins amended to ensure this is proportionate and agreed between people manager and direct report.

	Wording updated to reflect how the People and Organisational Development Directorate is responsible for supporting, enabling and monitoring the effective implementation of My Contribution across Public Health Wales in partnership with trade unions. Strengthened section on Improving Performance including support available from People and OD. Improved introduction linking My Contribution to Organisational Priorities, and to accountability.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	An Equality Health Impact Assessment accompanies the policy.
Welsh Language Impact	The Policy will be translated to Welsh and available on the internet bilingually.
Risk and Assurance	The revised My Contribution Policy supports the management and mitigation of workforce-related risks identified within the Directorate and Corporate Risk Registers. Effective performance and development conversations contribute to workforce engagement, capability, succession planning, employee wellbeing, and retention. The policy provides a clear and consistent framework for setting objectives, reviewing performance, identifying development needs, and addressing barriers to delivery, thereby supporting organisational performance and reducing risks associated with workforce capacity, capability, culture, and employee engagement. No specific new risks are introduced as a result of this policy revision; rather, the policy strengthens existing controls that support workforce assurance and organisational effectiveness.

Health and Social Care (Quality and Engagement) (Wales) Act	The revised My Contribution Policy supports the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act by promoting a culture of continuous improvement, openness, engagement, and learning. Through regular contribution conversations, objective setting, feedback, reflection, and personal development planning, the policy encourages staff to consider how their role contributes to the quality of services and outcomes delivered by Public Health Wales. The policy also fosters a supportive environment where concerns, challenges, and learning opportunities can be discussed openly, supporting the principles of both the Duty of Quality and the Duty of Candour.
Financial implications	There are no direct additional financial implications arising from the adoption of the revised My Contribution Policy. The policy builds upon existing organisational processes and systems for performance and development management. Any costs associated with learning and development activities identified through My Contribution conversations will continue to be managed through existing workforce development budgets and governance arrangements. Improved performance management and development planning may also contribute to more effective deployment of resources, workforce productivity, and employee retention over time.
People implications	The revised policy has a positive impact on the workforce by establishing a clear, consistent, and developmental approach to performance and contribution across Public Health Wales. The policy supports employee engagement, wellbeing, career development, and recognition, while providing clarity of expectations for both employees and managers. The revised approach aligns with organisational commitments to creating a positive employee experience and supports the achievement of workforce and staff survey objectives, particularly those relating to communication, development

	opportunities, manager support, engagement, inclusion, and wellbeing.
Socio Economic Duty	The revised My Contribution Policy is not expected to have any adverse impact in relation to the Socio-economic Duty. The policy applies consistently to all employees and promotes equitable access to performance conversations, development opportunities, feedback, and support. By focusing on individual development, capability building, and fair and transparent processes, the policy contributes to reducing potential inequalities in access to learning, progression, and career development opportunities across the workforce. Any equality, diversity, inclusion, and socio-economic considerations identified through implementation will continue to be monitored through existing governance arrangements.

Section5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Light touch review of My Contribution Toolkit	February 2027	Kelly McFadyen
My Contribution e-Learning update	March 2027	Kelly McFadyen
Communications, compliance monitoring and reporting	Ongoing	Kelly McFadyen

Section 6 – Dissemination

The primary source for dissemination of this document within the organisation is via the intranet site.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg

This document is also available in Welsh

GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** PHW66 **Version Number:** 6 **Date of next review:** TBC

MY CONTRIBUTION POLICY

Policy Statement

This policy sets out a clear, consistent and fair approach to enabling performance, supporting wellbeing and developing our people across Public Health Wales. It ensures that individual contributions are aligned to our organisational priorities and our shared purpose of working together for a healthier Wales.

We are purpose-driven and people-focused, and we are working to create an environment where expectations are clear, people feel valued and supported, and everyone can thrive. Through open, honest and compassionate conversations, colleagues and people managers work together to build strengths, address challenges, and support continuous learning, development and future readiness, in line with our values and behaviours.

By fostering a culture of respect, accountability and collaboration, My Contribution supports colleagues to live our values in practice, perform at their best and play their part in delivering better outcomes for Wales.

Policy Commitment

This policy outlines Public Health Wales' proactive approach to 'appraisals' and is grounded in fostering a supportive and ongoing dialogue between people managers and colleagues/team members, ensuring clear expectations from the beginning. Detailed guidance on how My Contribution operates in practice, including roles, processes, templates and supporting resources for colleagues and people managers, is available in the My Contribution Guidance and Toolkit.

Supporting Procedures and Written Control Documents
All corporate policies and procedures are available on the Public Health Wales Intranet Pages

My Contribution Guidance and Toolkit

My Contribution Form

Other related documents are:
Improving Performance at Work
Pay Progression Policy
Learning and Development Policy
Work How it Works Best
Mental Wellbeing Policy
Registration for Healthcare Professionals Policy
Records Management Policy
Information Governance Policy

Scope

All colleagues and people managers (including those on fixed term contracts).

Multi-disciplinary public health consultants (recording only) undertake separate professional appraisal arrangements and provide evidence to support Good Public Health Practice.

Medical and dental colleagues who are registered with the General Medical Council and General Dental Council and are subject to appraisal and job planning processes through professional regulatory requirements are not required to follow the My Contribution process for their own performance review.

Multi-disciplinary consultants may also use alternative approved professional appraisal arrangements where appropriate.

However, medical and dental colleagues, multi-disciplinary public health consultants, and any other colleagues who have people management responsibilities must follow the My Contribution Policy, associated guidance and forms when managing the performance and contribution of staff they supervise.

Whilst this policy does not apply to bank workers and agency workers, the principles of performance, feedback and wellbeing will be supported through clear expectations and feedback mechanisms.

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Impact Assessments	An Equality, Welsh Language and Health Impact Assessment has been completed.
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	People and Organisational Development Committee
Accountable Executive Director/Director	Director of People and Organisational Development.
Author	Learning and Development Manager.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Board Business Unit

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Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
V6	2026	TBC	TBC	Policy renewed in line with renewal period. Updates included: alignment with refreshed People Strategy, cultural narrative and new Improving Performance policy. Further emphasis on regular, informal conversations as part of our approach, and strengthened wording around people manager accountability and colleague responsibility.
V5	2023	08/11/23	26/02/24	Policy renewed in line with renewal period. Updates included: simplifying the Policy and removing duplicated information, including updated links to Pay Progression and incorporating Work How It Works Best and Being Our Best into the approach.
V4	2020	14/09/20	13/10/20	
V3	2018	24/04/18	04/05/18	
2	2015	28/01/16	28/01/16	

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1. Introduction

An effective approach to performance management enables colleagues at Public Health Wales to achieve their objectives, develop in their roles and thrive at work, contributing to our long-term strategy of *Working together for a healthier Wales*.

My Contribution provides a key organisational mechanism for aligning individual, team and organisational priorities. Through regular conversations and recorded reviews, it supports workforce planning, talent and succession planning, and organisational assurance by ensuring that expectations, performance and development needs are discussed, reviewed and captured, enabling colleagues to perform at their best and thrive.

Clarity about expectations and how individual contributions support team and organisational success is essential. My Contribution supports both individual development and organisational delivery by setting clear objectives aligned to our values and behaviours and ensuring colleagues are clear about expectations, agreed objectives and the support required to achieve them. This creates a shared understanding of what success looks like.

2. Principles

Regular, meaningful My Contribution conversations between colleagues and people managers are central to this approach. These conversations provide opportunities to review progress, recognise achievements, discuss development, and identify any support needed to succeed and perform at our best.

As a guide, My Contribution conversations should ideally take place fortnightly and at least monthly. However, the frequency should be proportionate and agreed between the colleague and manager, recognising that individuals, teams and services may require different levels of support at different times.

Everyone should participate in structured and documented My Contribution Reviews each year: at the start of the financial year (or as part of induction), mid-way through the year, and at the end of the financial year. The end-of-year review and the start-of-year discussion may be combined into a single conversation.

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This approach will help you:

- Understand how your role contributes to the team and the organisation's strategic priorities
- Agree and review your objectives
- Agree the resources that you need to achieve them
- Reflect on Being Our Best – our values-based behavioural framework - and discuss how these behaviours are demonstrated in the way you work
- Keep your knowledge and skills up to date and agree what learning/development you'll undertake during the review period (taking into account any professional development requirements and required statutory and mandatory training)
- Discuss your broader career aspirations and what development can be considered to take steps towards realising them – including broader activity such as shadowing
- Discuss your wellbeing and any support you need
- Discuss 'Work How It Works Best', our strategic intent to shape work around life, ensuring that working arrangements are agreed and regularly reviewed so they work effectively in practice, balancing the needs of the work, the team and the individual
- Review and record your performance against expectations
- Discuss what you need from your people manager to succeed, including sharing expectations and offering constructive feedback to support an effective working relationship

Regular, meaningful My Contribution Conversations/Check-ins are at the heart of the process. These provide opportunities to recognise what is going well, monitor progress, support wellbeing, and address any challenges early.

We recognise that priorities and circumstances can change. Objectives and plans should remain flexible, enabling colleagues and people managers to review and adjust expectations where needed, taking account of changing priorities and available resources.

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3. Diversity and Inclusion

Public Health Wales is committed to implementing this policy in an inclusive and equitable manner that recognises and supports the diverse needs of all colleagues. People managers have a key role in ensuring that the policy and its supporting procedures are applied fairly and consistently, while taking into account individual circumstances and needs. People managers and colleagues are encouraged to have open, respectful, and supportive conversations about any adjustments or support required, with a commitment to considering and providing reasonable adjustments wherever appropriate.

Further advice can be sought from the People and Organisational Development team PeopleSupport.PHW@Wales.nhs.uk and/or an appropriate Staff Diversity Network.

In addition, equality, diversity and inclusion objectives should be discussed and agreed as appropriate, reflecting the principles set out in Being Our Best, our values-based behavioural framework. To support open and inclusive discussions, colleagues and people managers can access additional resources, including the Reasonable Adjustments and Workplace Adjustment Passport.

4. Welsh Language

The My Contribution Policy, Guidance and Forms are available in Welsh.

Colleagues wishing to conduct their appraisal in Welsh should be encouraged to do so if their line manager is a Welsh speaker and catch up meetings can be held in Welsh wherever possible. However, if staff documents are completed in Welsh and their line manager is not a Welsh speaker, a translation of the documentation can be requested by contacting the Welsh Language Team: ICC.Cyfieithu@wales.nhs.uk .

During at least one structured My Contribution conversation annually, colleagues should review their Welsh language skills and ensure it (or any changes) is updated in ESR as Welsh language skills develop.

Colleagues should also discuss Welsh language skills development as part of learning needs. These discussions should include learn Welsh opportunities available for all staff, building confidence

opportunities for those who don't use the Welsh they have as well as any Welsh language awareness and management training available to staff.

5. Roles and Responsibilities

5.1 People managers are responsible for:

- Ensuring regular, meaningful engagement with colleagues throughout the year. These should focus on performance, wellbeing and development, with structured and documented reviews forming part of an ongoing dialogue rather than standalone events.

- Creating a fair, inclusive and psychologically safe environment, where colleagues feel valued and supported, and are able to speak up, share feedback and raise concerns openly.

- Setting clear expectations and supporting delivery, including agreeing objectives, monitoring progress, and ensuring colleagues have access to the resources and development needed to succeed. This includes statutory and mandatory training and, where applicable, professional development and revalidation.

- Recognising the importance of frequent conversations, discussing progress, giving and receiving feedback, supporting wellbeing, and identifying any development needs or resource implications in a timely way.

- Taking a proactive and supportive approach to performance, recognising achievements and addressing challenges early, including through informal interventions where appropriate.

- Preparing for and contributing to structured My Contribution Review discussions.

- Agreeing an overall performance assessment at the end-of-year review, informed by ongoing conversations and evidence of performance across the year.

- Reflecting on their own leadership and management practice, including how they lead and support their team, and incorporating this into their own My Contribution discussions and development.

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- Recording review dates in ESR and ensuring appropriate records are maintained and stored securely, in line with organisational requirements, to support organisational assurance.

- The people managers of people managers are also responsible for ensuring their direct reports are adhering to the requirements of the policy.

5.2 Colleagues (all employees) are responsible for:

- Actively engaging in My Contribution, including preparing for discussions, contributing to objective setting, and raising any questions or concerns about expectations in a timely way.

- Working towards agreed objectives, keeping your people manager informed of progress, and raising any risks or challenges that may impact delivery as early as possible.

- Maintaining regular dialogue with your people manager, sharing progress, giving and receiving feedback, discussing wellbeing, and identifying any development needs or resource implications.

- Taking ownership of your development, including seeking opportunities for learning and growth, and discussing training or development needs with your people manager.

- Being open and constructive in conversations, including sharing what support you need to succeed and, where comfortable, providing feedback to your people manager.

- Keeping appropriate records up to date, including agreed objectives, plans and any supporting documentation, in line with organisational requirements.

5.3 People and Organisational Development Directorate

The People and Organisational Development Directorate is responsible for supporting, enabling and monitoring the effective implementation of My Contribution across Public Health Wales, and for providing assurance to the Business Executive Team on its application and impact.

This includes providing advice and guidance to people managers and staff, supporting the delivery of people manager development and training, promoting consistency of approach, and identifying

opportunities for continuous improvement. The People and Organisational Development Directorate, in partnership with Trade Unions, also monitors implementation through quality assurance activities and feedback mechanisms.

6. Improving Performance

My Contribution is a supportive approach, aimed at ensuring all colleagues have clear, meaningful and agreed objectives, and agree expectations as to how work will be delivered in line with Public Health Wales values and behaviours. This is underpinned by regular, constructive dialogue between people manager and employee to provide clarity on expectations, progress and any resources or support required.

Information discussed during My Contribution conversations should be used primarily to support development, learning, ongoing feedback and achievement of objectives. If there are concerns over the ability to meet objectives, it is the responsibility of all colleagues and their people manager to discuss this as soon as possible and agree next steps – there should be no surprises. Where a manager identifies significant or sustained performance concerns, they should refer to the All-Wales Improving Performance at Work policy for next steps. Managers should be transparent with the colleague if a formal process is being considered and follow the appropriate organisational policy.

People and Organisational Development can support with any queries with either policy or the inter-relationship between them.

7. Pay Progression

Successful participation in My Contribution supports several of the pay progression standards, including the requirement for a completed appraisal within the previous 12 months and, for people managers, completion of appraisals for colleagues they manage. Colleagues seeking further information on Pay Progression and its accompanying guidance should view the All-Wales Pay progression policy available on the staff intranet.

8. Review

This policy will be reviewed in 3 years' time or sooner if required.

The named lead will monitor this policy to ensure it is compliant with current legislation, to ensure it is effectively implemented and reviewed in accordance with the agreed timetable.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this policy. Feedback can be provided by emailing PeopleSupport.PHW@wales.nhs.uk or you may wish to provide feedback via your Trade Union representative.

DRAFT

Template
Equality & Health Impact Assessment for

My Contribution Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	People and Organisational Development Kelly McFadyen Learning and Development Manager Kelly.McFadyen@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To provide a fair, consistent and supportive framework for managing performance, development and wellbeing, ensuring all colleagues understand their contribution to organisational priorities, receive regular feedback and development opportunities, and are supported to perform at their best in line with Public Health Wales priorities, values and behaviours.
4.	Evidence and background information considered. For example	Staff groups – ESR

	• population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	Staff survey data: Appraisals are consistently completed (90.6%), and are impactful for most Two thirds of employees said their appraisal helped improve how they do their job. While these findings are positive, they also suggest that employee experiences are not consistent across all teams, highlighting the importance of clear expectations, manager support, guidance and quality assurance to promote fairness and consistency in the application of My Contribution.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	**All colleagues and people managers (including those on fixed term contracts).** **Multi-disciplinary consultants** (recording only) undertake separate professional appraisal arrangements and provide evidence to support Good Public Health Practice. **Medical and dental colleagues** who are subject to appraisal and job planning processes through professional regulatory requirements are not required to follow the My Contribution process for their own performance review. Multi-disciplinary public

		health consultants may also use alternative approved professional appraisal arrangements where appropriate. However, medical and dental colleagues, multi-disciplinary public health consultants, and any other colleagues who have people management responsibilities must follow the My Contribution Policy, associated guidance and forms when managing the performance and contribution of staff they supervise.

3

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	There should be no positive or negative impact on any specific age groups.		
6.2 Persons with a disability as defined in the Equality Act 2010	There should be no positive or negative impact on any colleague with a		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	disability – adjustments should and would be made as recommended within any assessment e.g. requests for My Contribution conversations / check-in and reviews to take place online as opposed to in person, as well as breaking up the My Contribution meeting into two parts if required. Colleagues are encouraged to discuss broader wellbeing during their My Contribution conversations		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	/ check-in, and this is emphasised in the policy and toolkit. My Contribution promotes regular discussions about wellbeing, support needs and reasonable adjustments, enabling issues to be identified and addressed proactively. The revised policy repeatedly states: • early conversations; • supportive intervention;		Policy, toolkit and supporting documents will

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	• reasonable support; • adjustments before formal processes. Poorly designed documents can disproportionately affect: • neurodivergent colleagues; • colleagues with dyslexia; • colleagues with visual impairments; • colleagues using assistive technology;		use plain language and accessible formatting, with alternative formats and additional support available where required. Regular review of supporting materials will help ensure they remain clear, accessible and easy to use.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	• colleagues with cognitive impairments.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes	There should be no positive or negative impact on any gender or person undergoing gender reassignment.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	There should be no positive or negative impact on anyone who is married or has a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	My Contribution should have a positive impact by providing opportunities for supportive conversations before, during and following periods of maternity, adoption and shared parental leave, including discussions about wellbeing, development		The My Contribution Toolkit should include guidance for people managers on: • concluding and recording My Contribution discussions before a period of family leave where appropriate;

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	and return to work arrangements. There is a potential risk that colleagues taking extended periods of leave may have reduced opportunity to participate in parts of the performance review cycle or that objectives agreed prior to leave may no longer be relevant on return. If not managed appropriately, this could result in an inconsistent experience or perceived disadvantage in relation to performance, development or progression.		• undertaking a meaningful return-to-work conversation; • reviewing and resetting objectives following a significant period of leave; • ensuring performance assessments fairly reflect periods of authorised leave; • discussing any support, wellbeing needs, workplace adjustments or flexible working arrangements

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
			following return to work
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There should be no positive or negative impact on anyone on the basis of nationality, race, colour, culture or ethnic origin.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There should be no positive or negative impact on anyone on the basis of religious belief/no religious belief.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	There should be no positive or negative impact on anyone on the basis of sexual attraction.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,	There should be no positive or negative impact on anyone in any income related group.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
people who are unable to work due to ill-health			
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There should be no positive or negative impact on anyone according to where they live.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No additional impacts identified beyond those outlined above.		
6.12 Welsh Language			

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps**	**Action taken by Directorate.** Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	**Recommendations for improvement/ mitigation/ identified gaps or opportunities**
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Colleagues wishing to conduct their My Contribution review in Welsh can request to do so if their line manager is a Welsh speaker. Potential positive impact: annual review of WL skills and development conversations could enable	Where a review cannot be conducted in Welsh by the line manager, support arrangements and translation services should be explored to maximise opportunities to use Welsh.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate **This column is to be updated in future reviews**	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	more opportunities to use Welsh.		
Treating the Welsh language no less favourably than the English language	Potential negative impact: manager does not speak Welsh and therefore the review cannot be conducted in Welsh.	Manager to arrange for Welsh translation of the documentation, as per the policy.	

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?

- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
Public Health Wales colleagues and people managers	The policy applies to all colleagues and people managers and influences how performance, wellbeing, development and support are discussed and managed throughout employment. Some groups may benefit particularly from regular review and support mechanisms, including disabled colleagues, new starters, colleagues returning from leave and those experiencing wellbeing challenges.

Assessment
Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	My Contribution provides opportunities for wellbeing discussions and signposting to support where appropriate. Regular conversations may encourage earlier identification of issues that could affect health and wellbeing.	Quality and consistency of conversations may vary between managers.	Colleagues	Manager guidance, training and toolkit resources promote consistent practice.
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence	Supports a culture of regular dialogue, feedback and inclusion.	Variable manager capacity, confidence and capability could	Colleagues	Ongoing manager development and access to People and OD advice.

• Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capitol/support/networks • Third sector & volunteering	Can strengthen working relationships and sense of belonging within teams. Encourages constructive conversations about support and workplace experiences.	impact employee experience.		
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	Explicitly encourages discussions about wellbeing and support needs. Promotes clear expectations, regular feedback and early identification of challenges. Supports employee development, recognition and sense of control over objectives. Encourages proactive support before concerns escalate	Poorly managed conversations could negatively affect employee experience. Some colleagues may feel anxious about performance discussions.	Colleagues	Toolkit includes guidance on supportive conversations, wellbeing discussions and managing performance constructively. Manager training and support available through People and OD.

	into formal processes.			
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	Supports conversations about Work How It Works Best arrangements and how work is organised.	No direct impact on environmental conditions.	Colleagues	Existing organisational policies relating to workplace arrangements and wellbeing.
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	Supports performance and development discussions that may contribute to career development and progression opportunities. Supports requirements linked to pay progression through completion of My Contribution discussions.	Inconsistent application could affect employee experience.	Colleagues	Policy, toolkit, manager training and quality assurance processes.

7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel	Facilitates discussion of learning and development opportunities. Encourages identification of support needs and access to organisational resources. Annual review of Welsh language skills and development needs.	Awareness of available support services may vary.	Colleagues	Toolkit contains signposting to learning, wellbeing and People and OD resources.
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration	Supports the Well-being of Future Generations principles by investing in workforce development, prevention and long-term capability. Encourages sustainable workforce planning through development and career discussions.	No significant direct impacts identified.	Colleagues	Continued monitoring through policy review and feedback mechanisms.

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Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
The assessment identified no significant adverse equality or health impacts. The policy is expected to have a positive impact on staff wellbeing, inclusion, development and engagement by promoting regular supportive conversations, clear expectations, access to development opportunities and early identification of support needs. The primary risk relates to variability in implementation, which is mitigated through people manager training, guidance, toolkit resources	Ensure the toolkit is strengthened and take these findings into consideration as part of future leadership and management development programmes around performance management	Kelly		

and ongoing People and OD support.				

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).

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GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 7

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	**Learning and Development Policy**
Policy Lead	**Kelly McFadyen**
Lead Executive	**Neil Lewis**
PHW / All Wales?	**PHW**
Date of last Review	**08/11/2023**
Is the current policy / procedure within review date?	**Yes**
Approving Body /Group	**People and Organisational Development Committee**
Version Number	**1**

Section 2: Recommendation
The People and Organisational Development Committee is asked to: • **Consider** the correction required to a section of the Learning and Development Policy relating to statutory and mandatory training compliance and access to Study Leave for Medical and Dental colleagues. • **Note** that the Leadership Team endorsed the proposed amendment. • **Approve** the following footnote to the Policy: Page 5, Responsibilities, section 1.1. PHW Colleagues currently states: • Please note: all colleagues are to ensure that, prior to applying for further development opportunities, they are fully compliant with statutory and mandatory training requirements. The following footnote will be added to the paragraph: • *This requirement does not apply to Medical and Dental colleagues. For details of Study Leave provisions for Medical and Dental colleagues, please see Study, professional and special leave.”

Section 3 – Details of the Review:	
Background:	
Reason for review	Correction required to address one section within the Learning and Development Policy relating to statutory and mandatory training compliance and access to Study Leave for Medical and Dental colleagues. The Joint Medical and Dental Negotiating Committee (JMDNC) and Local Negotiating Committee (LNC) have confirmed that this is not a contractual requirement for Medical and Dental staff.
Description/Assessment	The proposed amendment is a minor correction to clarify existing practice. The BMA, on behalf of the LNC, formally requested that the policy be amended to make clear that Medical and Dental staff are not required to hold 100% compliance with statutory and mandatory training as a pre-condition for accessing Study Leave. The amended section has been added to the recommendation section of the approval cover report and highlighted in yellow in the policy. The full Learning and Development Policy is available here: Learning and Development Policy
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	No This is a minor amendment/ correction. No change is proposed to the policy review date. The policy is already scheduled for full review in November 2026, and any wider amendments will be considered through that review process.
Date range of consultation:	n/a
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	n/a

Had this policy / procedure been considered by any other groups?	Yes
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	As above, the matter was discussed at JMDNC. The BMA subsequently submitted a formal written request for the correction on behalf of the LNC. The Leadership Team considered and endorsed the amendment to the policy.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	The 2023 Equality and Health Impact Assessment remains in place. The amendment is a clarification of existing arrangements for Medical and Dental colleagues and does not remove access to learning and development opportunities for any staff group.
Welsh Language Impact	The updated policy will be translated into Welsh and made available on the intranet.
Risk and Assurance	A risk has been raised to recognise that an unintended consequence of this update may be a reduction in statutory and mandatory training compliance among Medical and Dental colleagues. This will be mitigated through continued monitoring of compliance, reporting through existing governance arrangements, and engagement with Medical and Dental colleagues to reinforce the importance of completing statutory and mandatory training.
Health and Social Care (Quality and Engagement) (Wales) Act	The update supports the organisation's duties under the Health and Social Care (Quality and Engagement) (Wales) Act by ensuring the policy is clear and accurate.
Financial implications	No direct financial implications have been identified from the policy amendment. The change clarifies eligibility arrangements and does not create a new entitlement or require additional funding.

People implications	The amendment provides greater clarity for managers and Medical and Dental colleagues regarding Study Leave arrangements.
Socio Economic Duty	No socio-economic impact has been identified.

Section 5 - Implementation

Please complete the table below for this section, include any relevant actions required for implementation of this policy / procedure:

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Add footnote, translate into Welsh and publish updated policy documents on the staff intranet.	31/07/2026	BBU/POD

Section 6 – Dissemination

The primary source for dissemination of this document within the organisation will be via the staff intranet.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Reference Number:** PHW70 **Version Number:** 1.1 **Date of next review:** 08/11/26

LEARNING AND DEVELOPMENT POLICY

Policy Statement

Public Health Wales recognises the critical role that learning and development plays in fostering growth, progress and delivering high-quality services to the public and our colleagues. We are at our best when we seek to learn from others and share our skills and knowledge and, through continuous learning and development, we can achieve personal and organisational growth while ensuring safe and effective practices. Ultimately this will help us maintain fair and efficient management and ensure our workforce are equipped to address current and future demands.

Therefore, it is imperative that all staff demonstrate essential knowledge and skills as mandated by Welsh Government, the NHS in Wales, or Public Health Wales itself (via Subject Matter Experts), as outlined in Appendix A. Ensuring the completion of statutory and mandatory training at the specified intervals plays a critical and essential role in ensuring that we fulfil our duty of care to ourselves and others, creating a safe working environment and minimising risks to our well-being, as well as that of our colleagues and service users.

Policy Commitment

This policy is designed to fulfil two important objectives. Firstly, it outlines the training that Public Health Wales must provide, and staff are required to attend, to meet the organisation's statutory and mandatory learning requirements effectively. By adhering to this policy, we ensure compliance and alignment with the necessary standards (Appendix B). Through the NHS Wales Shared Service Partnership (NWSSP), a suite of e-learning programmes has been developed to meet the learning outcomes as set out in the Skills for Health UK Core Skills Training Framework (https://www.skillsforhealth.org.uk/core-skills-training-framework/)

Secondly, the policy aims to promote fair and equitable access to learning and development opportunities for all colleagues to ensure safe and effective delivery of their roles and responsibilities. All colleagues should be encouraged to request time for development purposes (excluding statutory and mandatory training), should be supported to identify areas for development and take time to learn from others as well as reflecting on how they can share their skills and knowledge with colleagues inside and outside of their teams. The organisation will make reasonable efforts to accommodate these requests, taking into consideration the need for appropriate cover to maintain service delivery standards.

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

Other related documents are:

My Contribution
Pay Progression
All Wales Disciplinary Policy and Procedure

Scope

This policy sets out statutory and mandatory training requirements for all staff working within Public Health Wales. A table of statutory/mandatory training is noted in appendix A of this policy. This appendix will be updated to reflect changes in legal/organisational requirements when they occur.

There may be additional training that applies to staff in particular roles or environments that are not noted in the Policy. It is intended that the same principles apply regarding training that is deemed essential for a specific role, training that is not optional but a vital component and therefore needs planning and monitoring. If necessary, People and OD will provide guidance and support to ensure individuals are supported appropriately in fulfilling training requirements for their role.

This Policy also covers how personal and professional development and growth is supported within PHW.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	People and Organisational Development Committee
Approval Date	
Review Date	08/11/2026
Date of Publication:	
Group with authority to approve supporting procedures	People & Organisational Development Committee
Accountable Executive Director/Director	Neil Lewis. Director of People and OD.
Author	Kelly McFadyen. Learning and Development Manager.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Board Business Unit

Summary of reviews/amendments				
Version number	**Date of Review**	**Date of Approval**	**Date published**	**Summary of Amendments**
1	July 2023	08/11/23	10/01/24	Statutory & Mandatory Training and the Learning & development Policy have been merged
1.1	July 2026			Clarification added regarding access to further development opportunities and compliance with statutory and mandatory training requirements. This requirement does not apply to Medical and Dental colleagues. These colleagues should refer to the Study, Professional and Special Leave provisions, available from BMA Cymru.

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1. Responsibilities

1.1 PHW Colleagues

All PHW colleagues are responsible for:

Ensuring they complete/ attend all training applicable to them. Statutory and Mandatory training should be completed within the first 12 weeks, with specified modules prioritised in the first week and first four weeks as detailed in the corporate induction (Induction SharePoint) , and refreshed at the intervals set out in Appendix A.

Demonstrating their completion by signing in at classroom training sessions and successfully completing required e-learning modules.

Discussing with their managers during My Contribution/appraisal/ job planning reviews to proactively plan and allocate time for any statutory and mandatory or other training they believe they would benefit from undertaking.

Participating openly and honestly in their My Contribution/appraisal process/pay progression discussions to explore and seek out development opportunities based on organisational, team and individual needs. This should be done in accordance with the Supporting Learning and Development Process document which details the process for requesting study leave and funding if relevant. Please note: all colleagues are to ensure that, prior to applying for further development opportunities, they are fully compliant with statutory and mandatory training requirements.[1]

Completing the training as agreed, contributing own resources (e.g. time, financial contributions if necessary) and sharing learning with colleagues as appropriate.

1.2 Line Managers

Line Managers are responsible for:

Ensuring their own statutory and mandatory compliance and for monitoring the compliance of their direct reports using ESR and BI. This includes: assessing learning needs (for example, if a training courses has more than one set of learning outcomes depending on role/ level, it is the line managers responsibility to assess which level of training is suitable), discussing and recording training

[1] This requirement does not apply to Medical and Dental colleagues. For details of Study Leave provisions for Medical and Dental colleagues, please see Study, professional and special leave."

requirements during My Contribution discussion/job planning/pay progression review, allocating sufficient time for training, and addressing individual needs. Further support can be sought from subject matter experts or the People Support team.

Understanding, enabling and pro-actively supporting further development opportunities for their staff in line with current and future business needs using the principles below:

Development needs can be broadly split into three areas: **Essential** - development required to deliver the work, statutory and mandatory training, Continuous Professional Development (CPD) essential to revalidation/registration in a professional role, learning to support a new policy/technology. **Enhancing** - improving / enhancing the quality and delivery of the work/service. **Evolving** - Personal development opportunities which may link to future roles/responsibilities.
The **70-20-10 Model for Learning and Development** is a commonly used formula within learning and development. It holds that individuals obtain 70% of their knowledge from job-related experiences, 20% from interactions with others, and 10% from formal educational events. More information can be found on the Learning and Development staff intranet pages.
Managers should: • Discuss requests and development activity with their direct reports • Decide on the application, based on availability of budget, benefit and impact to the business, amount of time requested and the impact on the team including the ability of the team to cover work if necessary • Agree and document the time/support agreed • Agree on the activity in line with the 70-20-10 Model for Learning and Development.

Capturing individual development plans through the My Contribution process as well as considering wider, more future-focussed

development requirements which should be captured in workforce plans and which in turn will feed into the organisational learning plan.

Responding to development requests which fall outside of the formal My Contribution conversations.

Considering the development needs of new colleagues during the Onboarding and Induction process and plan support as required.

1.3 Organisation

The Chief Executive is responsible for Public Health Wales' overall Statutory and Mandatory Training compliance of 85% as set by the Welsh Government*. The People and Organisational Development Directorate support this target by providing updated information on Statutory and Mandatory training requirements for all staff. The Learning and Development Team's responsibilities include procurement of training provision, scheduling training, collaborating with national groups and internal subject matter experts, reporting compliance information, communicating changes in learning requirements, advise on and address specific development needs and activities.
*Individuals should strive to be always 100% compliant and must be fully compliant for Pay Progression. The 85% Welsh Government target takes into account non-compliance in circumstances such as secondments, long-term sickness absence and parental leave.

2. Recording and Reporting

Statutory and Mandatory Training e-learning courses update employee records once fully completed/ successfully passed. Classroom attendance is manually recorded by the People and Organisational Development Directorate on receipt of signed registers. In the event of any issues with updating records, People Support should be contacted.

Compliance monitoring, recording, and reporting is completed through ESR and OLM. Managers can view compliance data and records relating to staff within their teams and export relevant reports via the Business Intelligence option on ESR.

The Executive Team receive monthly high-level directorate and divisional compliance reports. Team and individual compliance breakdowns are obtained locally through ESR and BI.

All staff should record any additional learning and development activity undertaken in ESR. Line Managers are required to approve on ESR that this learning and development activity has taken place. Please see guidance here: ESR Guidance (sharepoint.com).

3. Transfer of Training Records

When employees join Public Health Wales from another NHS organisation, their training records should automatically be transferred. Based on the line manager's assessment of their current training needs and past completion, Public Health Wales can assume compliance from the date training was successfully finished in their previous organisation. Employees will not be required to repeat the training until the compliance period ends. However, all staff should ensure they are familiar with local fire safety and information governance practices. More guidance on how to manage organisational and individual data can be found here: Information Governance Page.

4. Diversity and Inclusion

Public Health Wales is committed to implementing the policy in an inclusive way and one that meets the needs of all colleagues. Line managers are empowered to ensure the effective implementation of this policy and its supporting procedures, taking into consideration the unique needs of individuals within their teams. Colleagues and managers should discuss any individual needs openly, respectfully and with a view that reasonable adjustments will be supported.

Further advice can be sought from the People and Organisational Development team and/or an appropriate Staff Diversity Network.

In addition, aligned to Being our Best – our values-based behavioural framework, equality, diversity and inclusion objectives should also be discussed.

5. Welsh Language

As a bilingual public body in Wales, Public Health Wales is proud to offer some training opportunities in Welsh for our staff in line with our Welsh Language Standards. Here are details of some of these training opportunities:

- The mandatory training on ESR for all members of staff, including health and safety, violence against women and safeguarding, are available in either Welsh or English for staff to complete

- One of the mandatory training modules covers Welsh Language Awareness, which explains why and how Public Health Wales offers services in both Welsh and English to our customers, stakeholders and service users
- All members of staff are encouraged to learn, improve and use their Welsh language skills while at work and most Welsh courses are provided free of charge. Details of Welsh courses available are here: Dysgu Cymraeg / Learning Welsh (sharepoint.com) Once you've found a suitable course, remember to discuss this in detail with your line manager.
- Further training on the Welsh Language at Public Health Wales is available via the Welsh Language Team. Please contact them on the e-mail address below for further information.

Other training opportunities for staff may be offered in Welsh from time to time, depending on demand. For further information on this, please contact the Organisational Development team or the Welsh Language Team: Cymraeg.ICC@wales.nhs.uk / Welsh.PHW@wales.nhs.uk

6. Non-Compliance

Completion of statutory and mandatory training is an essential requirement at Public Health Wales. The organisation is committed to providing its workforce with the necessary resources, including the My Contribution process, to facilitate learning and development. It is important that as an organisation we stive to achieve full compliance with core statutory and mandatory training before pursuing further development opportunities. This will ensure that we fulfil our duty of care to ourselves and others, creating a safe working environment and minimising risks to our well-being, as well as that of our colleagues and service users. Non-compliance with training may impact the organisation's ability to ensure the safety of employees, visitors, service users, and their information. Therefore, Public Health Wales takes mandatory training seriously to maintain a secure and competent environment.

6.1 Funding Recovery

If the organisation provides a financial contribution towards an employees' development activity, it reserves the right to reclaim costs on a sliding scale should the individual leave the organisation within the time frames set out below.

Repayment Costs / Time Scale
Leaving org before course completion: Up to **100%**

1 year after completion: Up to **75%**
Within 1-2 years of completion: Up to **50%**
Leaving the organisation within 2-3 years of completion Up: to **25%**

Factors such as the below will be considered in instances of cost recovery:

- Reason for leaving
- The return on investment gained to date
- Whether or not the individual is still working within the NHS/wider public sector or public health workforce in Wales.

For more information on Funding please refer to Supporting Learning and Development Process doc. page 10.

7. Changes to Required Statutory/Mandatory Training

Where a change to required statutory and mandatory training is required, i.e. a change to refresher period or a new subject is introduced, colleagues will be informed at the earliest opportunity by the People and Organisational Development Directorate. This includes intranet news, staff newsletter updates, and email briefings to managers. Colleagues will be given a maximum of three months to complete the updated learning, unless communicated otherwise. If colleagues wish to introduce a new module to the Statutory and Mandatory Training, they should discuss it with the People and Organisational Development Directorate and then present the case to the Senior Leadership Team in the first instance. The final decision on mandates, unless driven by legislation or policy changes, rests with the Public Health Wales Business Executive Team.

8. Review

This policy will be reviewed in 3 years' time or sooner if required.

The named lead will monitor this policy to ensure it is compliant with current legislation, to ensure it is effectively implemented, and ensure that it is reviewed in accordance with the timetable for review.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this policy. Feedback can be provided by emailing PeopleSupport.PHW@wales.nhs.uk or you may wish to feedback via your Trade Union representative.

Appendix A: Subjects

The table below sets out statutory and mandatory training subjects applicable to all staff, volunteers/placements and honorary contract holders. This is subject to change in line with national or local requirements.

	Subject	Staff Group	Frequency	Delivery Method	Comments
Core Skills/Statutory Training	Fire Safety	All Screening Staff	2 years 1 year	E-learning E-learning	UK Core Skills Training Framework
	Health and Safety Awareness	All	3 years	E-learning	
	Manual Handling Awareness	All	2 years	E-learning	
	Manual Handling – Inanimate Loads	Based on risk assessment	2 years	Classroom	
	Manual Handling – Safer People Handling	Based on risk assessment	2 years	Classroom	
	Violence and Aggression Awareness	All	Once only	E-learning	
	Violence and Aggression – Theory of Personal Safety and De-escalation	Based on risk assessment	2 years	E-learning	
	Violence and Aggression – Breakaway	Based on risk assessment	2 years	Classroom	
	Information Governance, Records Management and Cyber Security	All	2 years	E-learning	
	Equality, Diversity and Human Rights	All	3 years	E-learning	
	Safeguarding People	Level One – all	3 years	E-learning	

	Safeguarding Adults	Level Two– role dependant	3 years	E-learning	
	Safeguarding Children	Level Two – role dependant	3 years	E-learning	Safeguarding Children - Roles and Competences for Healthcare Staff 02 0....pdf (wales.nhs.uk)
	People	Level 3 - Registered health care staff who engage in assessing, planning, intervening and evaluating the needs of a child, young person or adult adults where there are safeguarding concerns (as appropriate to role).	1 year	Classroom	
	Safeguarding People	Level 4 - Specialist roles and those who have specific child and/or adult safeguarding responsibilities			
	Safeguarding People	Level 5 – Specialist Roles – designated and named professionals and equivalent roles			
	Safeguarding People	Board Level			
	Infection Prevention and Control	Level One – all Level Two – role dependant	One - 3 years Two – 1 year	E-learning E-learning	

	Resuscitation	All	3 years	E-Learning	
	Basic Life Support (CPR) Adults/Paediatric	Role dependant	1 year	Classroom	
Additional Mandatory	Violence Against Women, Domestic Abuse and Sexual Violence	All	3 years	E-learning	
	Violence Against Women, Domestic Abuse and Sexual Violence Group 2	All clinical screening staff and pathway staff	3 years	Classroom	
	Welsh Language Awareness	All	3 years	E-learning	Mandated by the Welsh Government "more than just words" action plan.
	Dementia Awareness	All	Once only	E-learning	
	Counter Fraud Awareness	All	Once only	E-learning	
	Putting Things Right	All	Once only	E-learning	
	Paul Ridd Learning Disability Awareness	All	Once only	E-learning	
	Foundations In Improvement	All	Once only	E-learning	
	Managing Attendance At Work	All Line Managers	3 years	Classroom	
	DSE Assessment	Screening Staff	Once only or following desk move	e-learning	Screening only
	Stress Awareness	Screening Staff	3 years	Face to face or e-learning	
	Customer Care	Screening Staff	3 years	Classroom	
	Anaphylaxis	Breast Test Wales Radiographic Staff	1 year	Face to face or e-learning	

	ANTT – Aseptic, Non-Touch Technique	Breast Test Wales Radiographic Staff	Once Only	e-learning	
	Mental Capacity	Level 1 Level 2 – staff who take informed consent or assess capacity	3 years 3 years	E-learning Elearning/Classroom	
	Radiation Protection	Breast Test Wales Radiographic Staff	Once Only	E-Learning	

Appendix B: Legislative and Regulatory Framework

Subject	**Legislation or Policy**
Safeguarding Children	Children Act 1989 and 2004 Working Together 2006 Laming Report 2003 Intercollegiate Document 2014 The Social Services and Wellbeing (Wales) Act 2014
Violence and Aggression	Conflict Resolution Training - Implementing the National Syllabus 2004 (NHSLA st3) A Professional Approach to Managing Security in the NHS 2003 Welsh Violence and Aggression Passport Scheme
Health and Safety	Health and Safety at Work Act (1974) Management of Health and Safety at Work Regulations (1999) COSHH Regulations 2004
Equality, Diversity & Human Rights	Equality Act 2010
Fire Safety	Fire Precautions Act (1971) amended (1999) Management of Health and Safety at Work Regulations (1999) Health and Safety at Work Act 1974 Regulatory Reform (Fire Safety) Order 2005 Firecode HTM 83 - Fire Safety in Healthcare Premises 1994.
Infection Prevention and Control	Clinical Negligence Scheme for Trusts Standards for Health Services in Wales. MRSA Reduction (Key local and national target) (NHSLA st2 & 4)

	National Infection Control Training. Health and Care Standards in Wales, 2015. WG Strategy for the Prevention of HCAI – 'Commitment to purpose', 2011. WG HCAI Code of Practice, 2014. Health and Safety at Work Act 1974 COSHH NHS Wales Delivery Framework 2015/16 and Future Plans
Information Governance	Caldicott Principles into Practice Data Protection Act 1998 Health and Social Care Act 2008 Confidentiality: Code of Practice for Health and Social Care in Wales Access to Health Records Act 1990 Freedom of Information Act 2000 Human Rights Act 1998 Wales Accord for the Sharing of Personal Information (WASPI) Section 251 of the National Health Service Act 2006
Manual Handling	Health and Safety at Work Act (1974) (NHSLA st2) Management of Health and Safety at Work Regulations (1999) Manual Handling Operations Regulations (1992). Welsh Manual Handling Passport Scheme
Risk Management	Risk Management in the NHS Management of Health and Safety at Work Regulations (1999) Health and Safety at Work Act (1974
Violence Against Women	Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 Serious Crimes Act 2015
Safeguarding Adults	Patient Safety (NHSLA st3) The Social Services and Wellbeing (Wales) Act 2014
WRAP	Counter-Terrorism and Security Act 2015
Welsh Language	Welsh Language (Wales) Measure 2011 Welsh Language Standards (No. 7) Regulations 2018 More Than Just Words

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 8

Local Partnership Forum Terms of Reference	
Executive lead:	Neil Lewis, Director of People and Organisational Development
Author:	Karen Fitzgibbon, Head of People and OD Operations

Approval/Scrutiny route:	People and Organisational Development Committee Board

Purpose

The purpose of this paper is to present the revised Local Partnership Forum Terms of Reference to the People and Organisational Development Committee for consideration.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☒	☐	☐

The People and Organisational Development Committee is asked to:

- Consider the revised Local Partnership Forum Terms of Reference; and
- **Recommend** the Terms of Reference to the Board for approval.

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	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis	
Equality and Health Impact Assessment	An EQHIA is not required for this paper.
Risk and Assurance	Appropriate Terms of Reference support effective governance, accountability and partnership working between management and recognised Trade Unions.
Health and Social Care (Quality and Engagement) (Wales) Act	The revised Terms of Reference support effective governance, leadership and engagement through established partnership arrangements.
Financial implications	There are no financial implications arising from the updated Terms of Reference.
People implications	Effective partnership working with Trade Union colleagues through the Local Partnership Forum is a key element of effective governance and support to our staff.

1. Purpose/ Situation

Local Partnership Forum joint Chairs and members have reviewed and updated the Local Partnership Forum Terms of Reference.

The purpose of this paper is to present the revised Local Partnership Forum Terms of Reference to the People and Organisational Development Committee for consideration.

The Committee is asked to consider the revised Terms of Reference and recommend them to the Board for approval.

2. Background

The Local Partnership Forum provides the formal mechanism through which Public Health Wales management and recognised Trade Unions work together on strategic workforce matters. It enables consultation, negotiation and communication on workforce issues arising from the organisation's strategic priorities and plans.

Following a request from the Welsh Partnership Forum, the Terms of Reference were reviewed during Quarter 2, 2026/27, against the model Terms of Reference contained within Standing Orders.

Local Partnership Forum members were also asked by Welsh Partnership Forum to consider stronger links with the Welsh Partnership Forum, an operating protocol or memorandum of understanding to support the running of meetings, meeting cycles and awareness of the dispute resolution process.

3. Description/ Assessment

The revised Terms of Reference retain the existing purpose and remit of the Local Partnership Forum while strengthening and clarifying its operating and governance arrangements.

The principal updates include:

- a clearer two-way relationship with the Welsh Partnership Forum and relevant national partnership structures;
- provision for supporting guidance which covers practical meeting arrangements and expected behaviours;
- clearer escalation arrangements where matters cannot be resolved;
- further clarification of arrangements where a meeting is not quorate;

- strengthened expectations relating to attendance and active participation, including deputy arrangements, and the process for addressing prolonged non-attendance.

The Terms of Reference also confirm that they will be reviewed annually, in line with Standing Orders. Joint Chairs will diarise this for Quarter 1 of 2027/28 and include in the annual workplan for the Local Partnership Forum (under development).

4. Recommendation

The People and Organisational Development Committee is asked to consider the revised Local Partnership Forum Terms of Reference; and **recommend** the Terms of Reference to the Board for approval.

Appendix 1 – Revised Local Partnership Forum Terms of Reference

Local Partnership Forum
Terms of Reference
June 2025

YELLOW HIGHLIGHT = DRAFT SUGGESTED AMENDMENTS FOR CONSIDERATION

1. Introduction

1.1 The Local Partnership Forum (LPF) for Public Health Wales NHS Trust (the organisation) is the formal mechanism where the organisation management and recognised Trade Unions work together to improve the health and well-being of the people of Wales. It is the forum where key stakeholders can discuss and consider the organisation's strategic direction, priorities and plans, and how these will affect the workforce, as well as engage with each other to inform, debate and seek to agree local priorities on workforce related issues.

1.2 The purpose of the LPF is twofold:

1.2.1 It is where key stakeholders can engage with each other to prioritise, inform, debate, and seek agreement on strategic workforce and public health services issues enabling high-level, strategic discussions to take place in relation to the organisation's future direction.

1.2.2 It will also provide the formal mechanism for consultation, negotiation and communication between the Trade Unions and management on specific workforce related matters that arise out of the organisation's priorities and plans.

1.3 Operational, day to day matters will typically be discussed and resolved at Directorate or divisional level.

1.4 There is also the opportunity to resolve any informal/operational matters through regular dialogue at the Partnership Working Informal Meetings. These meetings happen bi-monthly (in the months in which LPF is not due to meet), they are chaired by the People and OD Operations Service Manager or nominated deputy, and attended by members of People and OD and the Staff Side Committee.

1.5 In embracing the ethos of partnership working, the Public Health Wales Board will engage with recognised Trade Unions in the key discussions

affecting the organisation and its people at the Public Health Wales Board and its Committees, LPF and, where appropriate, at Local Directorate or divisional level.

1.6 The LPF will provide the formal mechanism for consultation, negotiation and communication between the Trade Unions and management.

1.7 As above, members of LPF and People and OD will work to resolve operational issues outside of this forum. Depending on the nature of the work being undertaken, there may be a requirement to report back to LPF or for LPF to refer work to the operational group.

1.8 The LPF will maintain a clear two-way relationship with the Welsh Partnership Forum (WPF) and relevant national partnership structures. The annual LPF meeting cycle and workplan will, where practicable, be aligned to enable local issues to be escalated to WPF and national updates to be considered locally. WPF feedback, national partnership priorities, and any issues requiring escalation will be included as standing LPF business. The Secretariat will confirm the WPF meeting schedule when available and propose any consequential changes to the LPF cycle.

2. Principles

2.1 As laid out in the Partnership Working Charter, Public Health Wales promotes partnership working, it supports both the workforce and management to work through challenges and allows us to grow, learn and develop. Our relationships are built on trust and confidence and demonstrate a real commitment to working together.

2.2 The TUC six principles of partnership will underpin the relationships and work of the LPF:

- a shared commitment to the success of the organisation
- a focus on the quality of working life for our staff
- recognition of the legitimate roles of the employer and the Trade Union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation

- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

2.3 In addition to the above, management and Trade Unions abide by the following general principles which are based on the etiquette adopted by Board Members of Public Health Wales.

2.4 Aspects which are particularly pertinent to LPF Members and attendees are set out below:

- Embody Public Health Wales values
- Adhere to the Nolan Principles of Public Life, Social Partnership Act, and relevant Codes of Conduct
- Declare any potential conflicts of interest at the beginning of a meeting (or when these arise if it becomes evident part way through)
- Be respectful of, and courteous to others, recognising that all contributions have value
- Listen actively and challenge constructively
- Manage conflict objectively, explore differences fully and look for resolutions. Respect any ultimate divergence of view
- Show support and loyalty to other members of the LPF
- Commit and demonstrate throughout to openness, transparency and candour
- Turn mobile phones to silent, focus on the agenda and discussions in hand, and refrain from undertaking other work
- Avoid repeating points made by other LPF Members
- Adopt a solution-focussed approach to decision making
- Be alert throughout to the issues of diversity and inclusion
- Flag up in advance with the Chair if you will need to leave the Forum meeting at any point

2.5 The Joint Chairs will maintain a short LPF operating protocol/ ground rules/ MoU, to be reviewed alongside these Terms of Reference. The protocol will set out practical arrangements for agenda planning, expected behaviours, meeting preparation, attendance, escalation and communication between meetings.

3. Purpose

3.1 The purpose of the LPF is to establish regular meetings between senior management and recognised Trade Unions on matters relating to the key strategic issues and future direction of the organisation and any hosted organisations. Such discussions will be confined to strategic, highlevel organisational plans and priorities, enabling the LPF to be the formal mechanism for consultation, negotiation and communication between the recognised Trade Unions and management on specific workforce related matters. This will include and enable:

- regular and formal dialogue between the organisation and the Trade Unions on matters relating to strategic workforce and workforce-related organisation issues
- the employer and Trade Unions to put forward issues affecting the workforce
- opportunities for Trade Unions and managers to input into service development plans at an early stage
- consideration the workforce implications of service reviews and organisational change, and identify and seek to agree new ways of working
- consider the implications for our people of NHS reorganisation at a national or local level and to work in partnership to achieve a mutually successful implementation
- appraisal and discussion in partnership of the financial performance of the organisation on a regular basis
- appraisal and discussion in partnership of organisational activity and performance and its implications
- opportunities to identify, discuss and seek agreement on quality issues, including clinical governance, particularly where such issues have implications for our people
- communication to the LPF of key decisions taken by the organisation and senior management
- consideration of national developments as part of the NHS Wales Workforce Strategy and the implications for Public Health Wales including matters of service re-profiling.
- negotiation on matters subject to local determination
- policy development and review (see 4.2)
- development in partnership of appropriate facilities arrangements using the Agenda for Change Facilities Agreement as a minimum standard
- Trade Union representatives being afforded reasonable paid time off to undertake Trade Union duties

3.2 In addition to the above, Public Health Wales may establish local groups at Directorate and divisional level as required, to establish ongoing dialogue, communication and consultation on service and operational management issues specific to each area.

4. Delegated Powers and Authority

4.1 The LPF may establish sub-committees or task and finish groups to carry out, on its behalf, specific aspects of the work of the LPF.

4.2 Policy Development workshops take place regularly to review and develop People and OD policies, procedures, guidelines, protocols, and schemes. This forum is a mechanism by which management and Trade Union representatives, facilitated by People and OD, meet to jointly review and develop policies for recommendation to LPF, Business Executive Team/ Leadership Team and, where appropriate, final ratification by People and OD Committee. The LPF should review and comment on all people related policies, this may be managed either at LPF meetings or electronically between meetings if required. Other policies may also be appropriate for the LPF review, and this should be jointly agreed.

4.3 Minutes of the meetings of the LPF will be forwarded to People and OD Committee for information.

~~4.4 Where matters cannot be resolved they will be referred to an appropriate governance forum.~~

4.4 Where matters cannot be resolved through discussion at LPF, the Joint Chairs will agree the appropriate next step in line with the agreed local and/or national dispute resolution process. The route for escalation, the issue under dispute, any interim position and the outcome will be recorded in the LPF action log or minutes, subject to any confidentiality requirements.

5. Local Partnership Forum Meetings

5.1 There will be Bi-Monthly meetings of the LPF which will consider any key strategic issues and the strategic direction of the organisation as it relates to the workforce. The LPF will maintain an annual workplan. Key items for consideration will be included in the annual workplan in order to support efficiency in agenda management and to ensure relevant people are in attendance.

5.2 These meetings will be chaired alternately by the Director of People and OD and the Chair of Staff Side Committee, or their nominated Deputies, who are Joint Chairs of the LPF.

5.3 An agenda-setting meeting will take place for all Bi-Monthly meetings, between the Joint Chairs of the LPF in order to discuss and agree the agenda.

5.4 For all Bi-Monthly meetings of the LPF there should be 2 management representatives (one of which must be a senior member of the People and OD Directorate and 2 Staff Side representatives, each from separate recognised from separate Trade Unions (one of which must be the Chair, Vice Chair, Secretary or Vice Secretary of Staff Side Committee) for the meeting to be quorate.

~~5.5 If a meeting is not quorate no decisions can be made but information may be exchanged, and recommendations can be endorsed at the next meeting (when quorate).~~

5.5 Where a meeting is not quorate, it may proceed for discussion and information sharing only. No formal decisions will be made. Recommendations may be brought back to the next quorate meeting for agreement. The Joint Chairs will review any recurring difficulties in achieving balanced representation and agree proportionate action with the relevant management or Staff Side representatives.

5.6 The cycle of meetings will be determined and agreed at the start of each year but will generally follow the schedule below:

- April
- June
- August
- October
- December
- February

5.7 Joint Chairs can, by agreement, schedule extraordinary meetings with 7 calendar days' notice.

5.8 The business of the Bi-Monthly meetings shall be restricted to matters pertaining to strategic issues and discussion/updates in relation to major change programmes and major corporate initiatives. Local operational

issues should be raised at local Directorate level, and/or raised at the informal Partnership Working meeting and will not be considered at LPF unless it is agreed that such issues have organisation-wide implications.

5.9 The agenda and papers shall be sent out no later than 7 days in advance of the LPF meeting.

6. Membership

6.1 The Director of People and OD and the Chair of Staff Side Committee will be Joint Chairs of the LPF and chair on an alternate basis.

6.2 All members of the LPF shall be full and equal members and share responsibility for the decisions of the LPF.

6.3 If a meeting has more representatives from either Trade Unions or from Management the voting rights of the meeting shall remain equal, suffice to say the focus of the LPF is effective engagement and discussion, and where required negotiation, this is not achieved through the number of attendees but a recognition that the organisation and the Trade Unions are equal partners at the LPF.

6.4 Where matters cannot be resolved they will be referred to an appropriate governance forum.

6.5 The Local Partnership Forum is comprised of the following recognised Trade Unions:

- GMB
- MiP
- Royal College of Nursing
- Society of Radiographers
- UNISON
- Unite

6.6 Membership of Management at Bimonthly meetings will be determined by the specific agenda agreed for the meeting but will include:

- Members of the Executive Team
- Board Secretary and Head of Board Business Unit
- Head of People and OD Partnering and/or People and OD Partner

- Head of People and OD Operations
- People and OD Operations Service Manager

6.7 Deputies should only attend in exceptional circumstances and by prior agreement with the Joint Chairs.

7. Staff Representatives

7.1 Public Health Wales recognises those Trade Unions listed above for the representation of members who are employed by the organisation.

7.2 It will be the prerogative of the staff representatives to decide on the formula to achieve the maximum number of representatives for each Trade Union. However, it is generally recognised that a maximum of between 6-10 representatives of both Management and Staff side will be present at each meeting.

7.3 The Joint Chairs will review and agree attendance prior to each LPF Meeting to ensure the meeting is appropriately represented and manageable.

7.4 Staff representatives must be employed by Public Health Wales and accredited by their respective Trade Unions. If a representative ceases to be employed by the organisation, or ceases to be a member of a nominating Trade Union then they will automatically cease to be a member of the LPF. Full Time Officers of the Trade Unions may attend meetings as observers subject to prior notification and agreement of the Joint Chairs.

7.5 Members of the LPF who are unable to attend a meeting may send a suitable deputy (in line with Section 6.3 above) who will be taken into consideration when determining whether the meeting is quorate.

~~7.6 Consistent attendance and commitment to participate in discussions is essential. Where a member of the LPF does not attend within a year (except for reasons of sickness, pre-planned annual leave, maternity leave, etc.), the Joint Chairs will write to the member and bring the response to the next meeting for further consideration and possible removal from the LPF.~~

7.6 Consistent attendance and active participation at LPF are essential. Where a member is unable to attend, a suitable deputy may attend by

prior agreement with the Joint Chairs, provided the deputy is eligible and appropriately briefed. Where a member has not attended any LPF meeting within a year, except for an agreed reason, the Secretariat will bring this to the attention of the Joint Chairs, who will write to the member requesting confirmation of their continuing commitment. Following consideration of the response, the Joint Chairs may declare the position vacant and request a replacement representative.

7.7 The LPF Joint Chairs may also invite any others from within or outside the organisation to attend all or part of a meeting to assist it in its discussions on any particular matter.

7.8 The Joint Chairs will be supported by the Head of People and OD Operations who shall ensure that key and appropriate issues are discussed by the LPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. The Head of People and OD Operations will be accountable for monitoring attendance to ensure the meeting is quorate.

7.9 Administrative support, including the circulation of agenda, minutes and notification of meetings will be provided by the Secretariat. The Secretariat will report concerns to the Joint Chairs and coordinate agreed follow-up action.

8. Reporting and Assurance Arrangements

8.1 The LPF shall:

- Report each of its meetings formally to the People and OD Committee via submission of its minutes
- Bring to People and OD Committee's attention any significant matter under consideration by the LPF through the standing agenda item at the People and OD Committee.
- Provide an annual report to the Board in relation to the activities of the LPF.

8.2 The Trade Unions (LPF staff side) through their Staff side Committee mechanisms, will nominate the members of the LPF staff side to attend the Board and its committees, in accordance with agreed policies and arrangements.

9 Review

9.1 These terms of reference and operating arrangements shall be reviewed annually in line with the Standing Orders. This should be scheduled for April-June each year.

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Performance and Insight Report

August 2026

Report Overview

Our refreshed **Performance and Insight Report** focuses on delivering actionable insights and assurance whilst identifying areas for further improvement.

The report focuses on our performance across the following key areas:



Section 1
Governance and Accountability

This section provides information and assurance for a number of areas key corporate accountability including **People Governance**, **Finance Governance and Corporate & Information Governance**



Section 2
Service Delivery

This section provides information and assurance for the activities that our services carry out on a day-to-day basis including our **Health Protection and Screening Services, Health and Wellbeing services, Policy and International Health and our Research, Data and Digital services**



Section 3
Strategy Delivery

This section provides information and assurance for the delivery of our strategic plan including **IMTP Milestone Delivery**, progress against our **Strategic Change Programmes** and updates for our **six strategic priorities**. The section also includes an update on **Inequalities** which is reported on a bi-monthly basis.



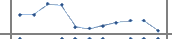
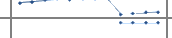
Section 4
Outcomes Measurement

This section provides information and assurance on our developing work on **Outcomes Measurement**, including reporting of IMTP measurement system indicators and developing a strategically aligned Evaluation Programme for 2025/26 onwards. Update provided on a bi-monthly basis.



Section 1
Governance and Accountability

Key Performance Indicator Summary

People Governance	Target	12 Month Look Back	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
12m Rolling Sickness Absence FTE %	YoY Reduction		4.58%	4.57%	4.52%	4.58%	4.46%	4.52%	4.60%	4.64%	4.63%	4.60%	4.57%	4.58%
Statutory and Mandatory Training	85%		93%	92.9%	92.9%	92.9%	92.9%	92.8%	92.3%	92.4%	92.5%	92.5%	92.5%	92.3%
Appraisal Compliance	85%		86.8%	86%	86.5%	86.5%	86.0%	85.7%	83.4%	79.9%	78.6%	81.0%	83.1%	83.8%
Diversity ESR Data	N/A		77%	78%	77%	77%	77%	78%	78%	78%	78%	78%	78%	78%
Agency Spend	30% YoY Reduction		1,042m	1,120m	1,180m	1,270m	1,379m	1,491m	1,645m	113k	218k	316k	436k	479k
Admin and Clerical Agency Spend	£0 Spend		82k	68k	22k	40k	49k	71k	97k	51k	47k	39k	53k	26k
Financial Governance														
Revenue Position YTD	Breakeven		-£0.016m	-£0.002m	-£0.040m	-£0.069m	-£0.034m	-£0.054m	-£0.088m	-£5k	-0.002m	-0.089m	-0.312m	Breakeven
Revenue Position Forecast	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Capital Year-End Variance	Breakeven		£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
Public Sector Payment Policy (PSPP) In-Month	95%		96.72%	97.24%	97.03%	97.34%	97.14%	96.74%	97.42%	97.00%	95.96%	96.91%	97.31%	96.88%
Public Sector Payment Policy (PSPP) Cumulative			97.41%	97.38%	97.34%	97.34%	97.32%	97.27%	97.29%	97.00%	96.55%	96.70%	96.85%	96.86%
Information Governance														
Freedom of Information Request Response*	Within 20-Days		1	1	0	0	1	0	1	2	1	3	2	
Subject Access Request Response*	1 Month Avg		0	0	0	1	0	1	1	0	1	0	1	
Personal Data Breaches Reported	N/A		2	1	3	3	4	2	2	3	3	4	5	
Personal Data Breaches Reported - Escalated			0	1	2	0	1	0	0	1	0	0	1	
Mandatory Information Governance Training	85%		91%	91%	90%	90%	90%	95%	89%	89%	89%	88%	88%	87%
Clinical Governance														
Moderate or above harm incidents - Monthly	N/A		2	1	2	7	6	6	22	4	6	6	8	4
Moderate or above harm incidents - YTD 26/27			25	26	28	35	41	47	69	4	10	17	25	28
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - In Month	N/A		3	1	0	4	1	0	1	0	0	0	0	0
Number of externally reported incidents (NRI's, EWI, RIDDOR, IRMER) - Rolling 12m			15	13	13	20	24	24	23	26	26	25	24	20
Incident Closure Compliance*	85% PHW		79%	86%	85%	71%	70%	72%	74%	75%	75%	69%		
Formal Complaints - Acknowledged within 5 working days**	75% WG 95% PHW		75% (4)	50% (4)	100% (5)	100% (2)	100% (3)	100% (4)	67% (3)	100% (2)	100% (2)	100% (4)		
Formal Complaints – Responded to within 30 working days**	75% WG 95% PHW		50% (4)	75% (4)	60% (5)	100% (2)	100% (3)	75% (4)	100% (3)	100% (2)	50% (2)	25% (4)		
Early Resolution Complaints – In Month***	75%		7	11	14	11	8	9	4	8	5	6	5	4
Early Resolution Complaints – YTD***	N/A		85	91	103	109	105	108	110	111	13	19	24	28
Appropriate complaints resolved through early resolution	40%										100%	100%	100%	100%
Early Resolution Complaints - Acknowledged in 5 working days	75%										100% (5)	100% (6)	100% (5)	
Early Resolution Complaints - Responded to in 10 working days	75%										100% (5)	83% (5)	100% (5)	
Nationally reportable incidents open over 12 months	0 NRIs		0	0	0	0	0	0	0	0	0	0	0	0
Number of never events	0 Never Events		0	0	0	0	0	0	0	0	0	0	0	0

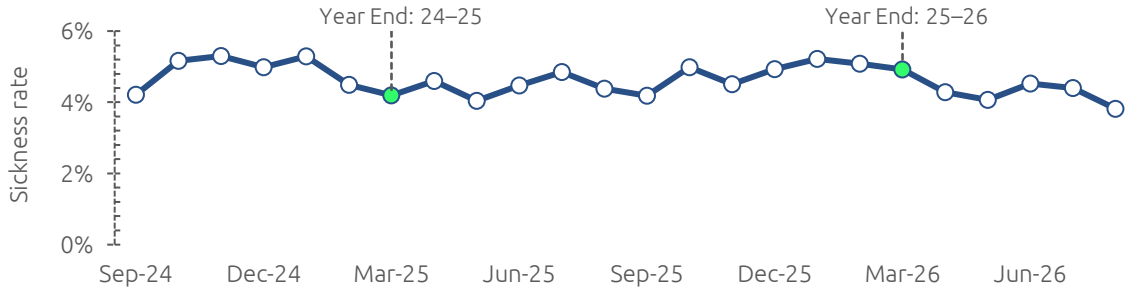
*Note: Incidents and Complaints require 30 working days for closure, therefore this data pertains to June 2026

**Note: Figure in brackets refer to total complaint numbers received.

***Note: Early Resolution Complaints was previously reported as Informal Complaints and is now presented as a percentage rather than a count. This change reflects new regulations introduced on 1 April 2026

People Governance

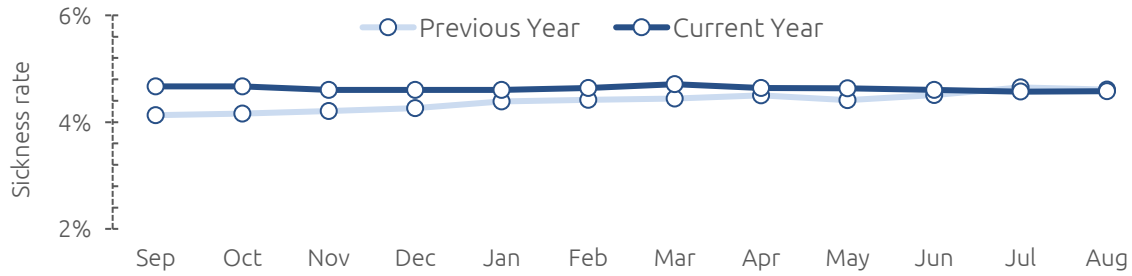
Sickness Absence



3.82%

Decreased by **0.58%** in August 2026.

12 Month Rolling Absence



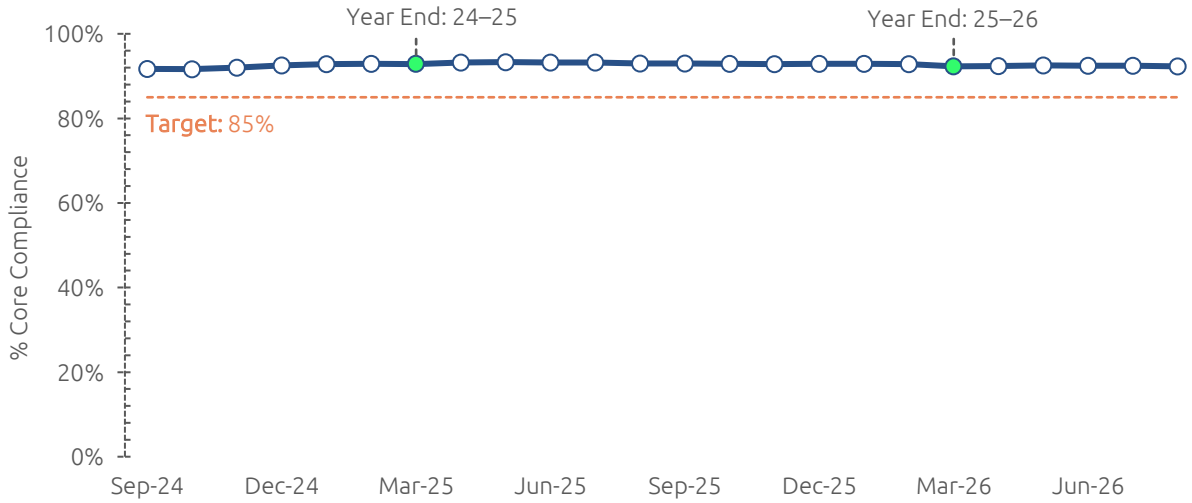
4.58%

-0.03% Year on Year

Currently achieving the year-on year reduction target - has fluctuated around 4% over the past three years.

Additional assurance is provided in the focus area on page 6

Statutory and Mandatory Training



85%

92.3%

Remains **above** target in August 2026.

All Directorates continue to **exceed target** within the financial year with the exception of Board and Corporate (82.6%).

The module reporting lowest completion is Welsh Language Awareness (84.4%).

In Focus: Sickness Absence

Key Insights

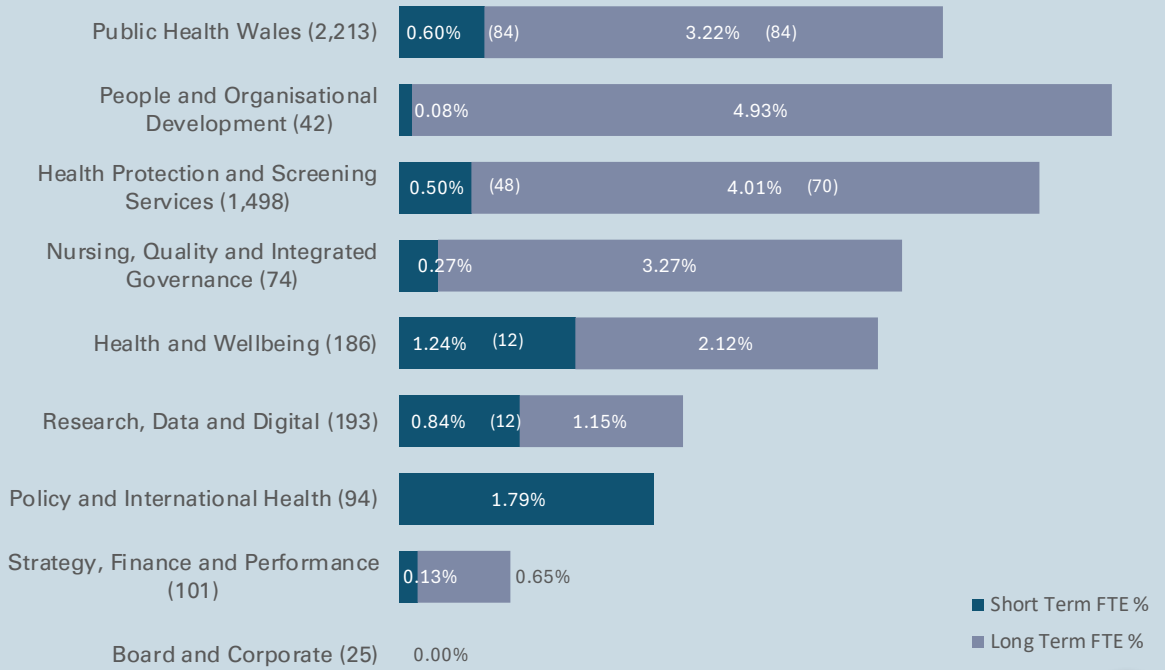
- Overall sickness absence reduced to 3.82% in August 2026, compared with 4.4% in July 2026, and is at its lowest level in the current financial year.
- Long-term absence remains the principal driver, accounting for 83% of FTE days lost, indicating that sustained improvement is likely to depend on supporting those with more complex and prolonged health conditions.
- Mental health-related absence continues to be the most frequently reported reason for sickness absence, consistent with wider NHS and UK-wide workforce trends.

Assurance and Actions

- People and OD continue to work with directorates to support the effective management of sickness absence, with a particular focus on long-term cases which remain the main driver of overall absence levels.
- Improvement efforts remain focused on ensuring timely review meetings, appropriate Occupational Health referrals and the consistent application of the Managing Attendance at Work (MAAW) Policy.
- Targeted support is being provided to areas with higher absence levels to strengthen case management, facilitate earlier interventions and support sustainable returns to work.
- Manager development continues through HR Clinics and MAAW training, helping to build confidence in managing complex cases and supporting employee wellbeing.

Sickness Absence by Directorate

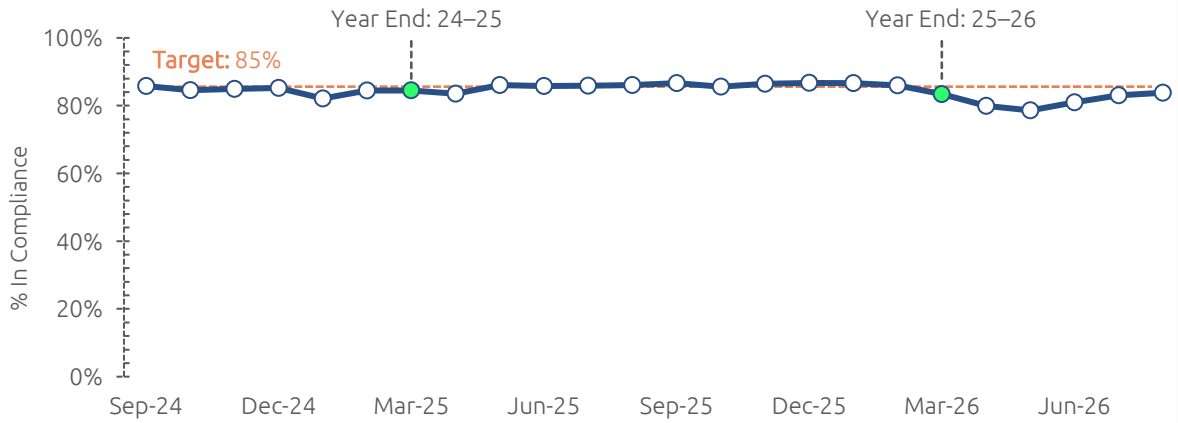
The breakdown of Directorate level sickness absence for August 2026 is provided below, split by Short-Term (less than 28 days) and Long-Term (28 days or more) Absence FTE %.



*NB. Number of sickness episodes are in brackets - fewer than 10 have been redacted in accordance with data confidentiality.

People Governance

Appraisal and Development Reviews



85% | 83.8%

Appraisal compliance has slightly increased but remains **below** the 85% target. HPSS is below target at 79.9% with Health & Wellbeing at 86.8%

Compliance may decline over the next three months if appraisals are not completed in a timely manner. People and OD continue to support improvement and address barriers to completion.

**Reported retrospectively taking into account updated data being reported following the monthly refresh. Previous reports may therefore demonstrate minor variances in monthly performance data.*

Additional assurance is provided in the focus area on page 8

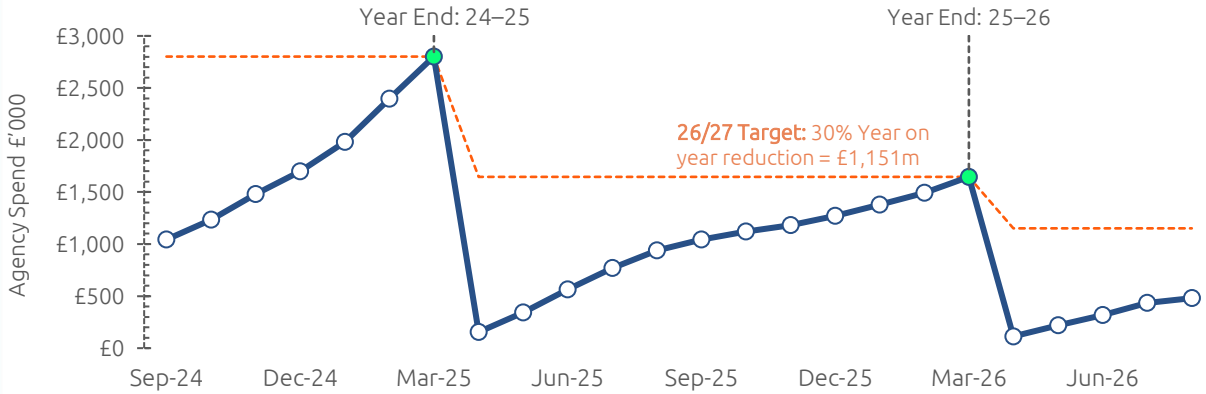
Equality and Diversity

78%

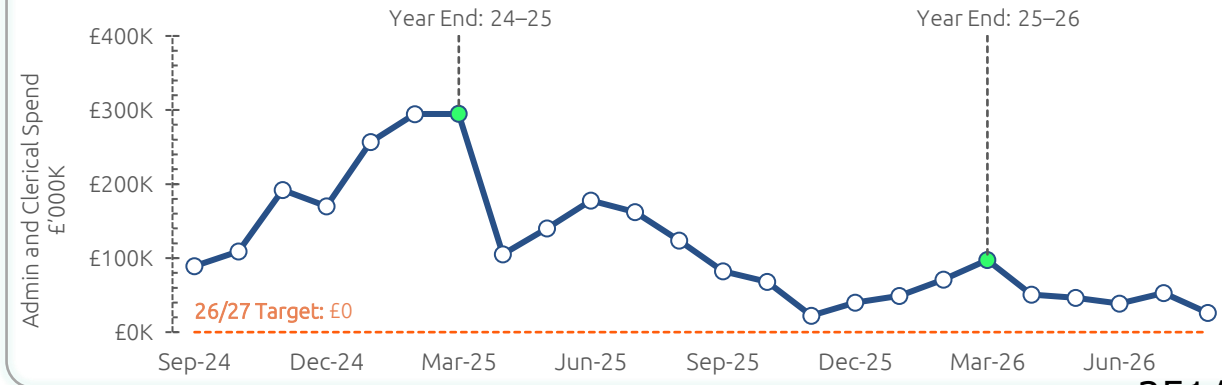
We encourage all staff to record their diversity data in ESR so that we can use the data effectively and ensure we are meeting the needs of our workforce.

Our current Diversity data completeness has steadily improved over the last four years

Agency Spend



Admin and Clerical Agency Spend



GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 9.2

Audit Recommendations Tracker

Executive lead:	Paul Veysey, Board Secretary and Head of Board Business Unit
Author:	Liz Blayney, Deputy Board Secretary and Deputy Head of Board Business Unit
Approval/Scrutiny route:	Leadership Team for approval (20/08/2026) and Audit and Corporate Governance Committee for assurance (03/09/2026)

Purpose

The Leadership Team considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

The purpose of this report is to provide assurance to the People and Organisational Development Committee on the management of Audit Actions.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	NOTE	ASSURANCE
☐	☐	☐	☒	☐

The Committee is asked to:

- **Note** the actions relevant to the People and Organisational Development Committee (PODC).

1. Purpose / situation

The Leadership Team (LT) considers the Audit Tracker to track progress against agreed management actions in response to the recommendations of audit reviews.

The Tracker is submitted to the Audit and Corporate Governance Committee for Assurance following review by LT. The purpose of this report is to present the latest updates on the progress with the implementation of all actions from Internal and Audit Wales, and to outline the changes approved by LT for the closure of completed actions, and extensions to implementation dates.

Where the recommendations of an Audit are relevant to the remit of the other Committees, a copy of the tracker is submitted for information to the next Committee meeting following ACGC.

2. Background

Role of the Committees:

Audit and Corporate Governance Committee:
The Audit and Corporate Governance Committee (ACGC) and has overall oversight of the Audit programme of work on behalf of the Board.
ACGC's oversight role is to:

- Ensure that there are effective Internal and External Audit functions that meets the standards set for the NHS in Wales.
- Oversee the results of audit and assurance work, and ensure that the implications of the findings of wider audit and assurance activity relevant to the Trust's operations are considered.
- Seek assurance on behalf of the Board on the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity, including ensuring timely implementation of any actions.

Remit Committees:
Where the subject matter of an audit report falls within the remit of one of the other Board Committees, the report is also submitted to that Committee, following consideration at ACGC.

The role of the Remit Committee is to receive the report and to consider the recommendations made in the context of its work plan, and the areas of focus within its remit. Where relevant, the information contained in the reports will then be used to inform discussions of items on the work plan for the Committee.

Further information on the roles and responsibilities relating to Audit can be found in the Audit Protocol available here: https://phw.nhs.wales/about-us/publication-scheme/audit-protocol/

3. Current Audit Tracker

The latest updated Tracker was last presented to LT on 20 August 2026 and ACGC on 03 September 2026.

Attached is a summary of the relevant recommendations to the People and Organisational Development Committee.

4. Recommendation:

The Committee is asked to:

- **Note** the actions relevant to the People and Organisational Development Committee (PODC).

Remit Committee: PODC ×

Clear ×

Action No.	Origin	Report	Report Assu...	Exec Lead	Date added	Original Imp...	Current Imp...	Recommendation	Management Action Agreed	Remit Co...	Managemen...	Quarterly Progress Report	Financial Year	Priority	Implementa...	Open/Private?
673	Internal Audit	Workforce - Mental Health Support	Reasonable assurance	Director P...	16/12/2025	30/06/2026	30/09/2026	Managing Attendance at Work (MAAW) Staff training We tested a sample of mental health-related sickness absence episodes. We considered if line managers, who conducted the Return to Work (RTW) meetings, had completed the Managing Attendance at Work (MAAW) training. We note: • 9/14 responders were either unaware of the training or had not undertaken the training. • 4/14 line managers had not undertaken MAAW training in the last 3 years, which is longer than the recommended time. • No response was received from six line managers within the sample. People and OD recommend that MAAW training is completed every three years. While we understand that a refresher course is recommended, it is not mandatory. The team is awaiting the release of an e-learning module for MAAW, which will become a mandatory requirement for line managers.	Management will ensure the delivery of learning and development on the Managing Attendance at Work (MAAW) Policy for individuals with line management responsibilities. Once the e-learning is available, the MAAW course will be incorporated into the organisation's induction guidance, as well as updated within relevant policies and procedures (noted that the Policy and e-learning are both developed and agreed at an All-Wales level).	PODC	Jenny Ansell (POD Operations Service Manager)	July 2026 Update: Request extension to 31 October 2026. The MAAW e-learning module will be assigned to the ESR training competency profile of all People Managers in Public Health Wales, and this exercise is due to be completed by 30 September 2026. Reference to the e-learning module will then be incorporated into induction guidance and added to other relevant information pages for staff and managers. There will be a three year renewal period on the training, i.e. training will need to be repeated every 3 years. The People and OD team will also continue to deliver one session a month online for those managers who wish to engage in the learning in a different way. RAG would be green once the requested extension is approved, but would be amber until it is approved. March 2026 Update: The e-learning module that was shared with PHW was for quality assurance checking. This has now been done and was returned to NWSSP in February. We are currently awaiting confirmation of a go-live date. POD continue to deliver the MAAW training internally. RAG = Amber (potential delays due to release of the module not yet confirmed. POD will continue to deliver until e-learning module is available)	2025/26	Medium	Red	Open
674	Internal Audit	Workforce - Mental Health Support	Reasonable assurance	Director P...	16/12/2025	30/06/2026	31/10/2026	We reviewed a sample of 20 mental health-related sickness absence episodes which identified gaps in compliance with the Managing Attendance at Work policy: • Late recording: Four sickness episodes were entered on ESR between 23 and 140 days after absence began. • Missing or incomplete documentation: Two samples lacked supporting documents; five self-certification forms were missing or incomplete; one case had no RTW or self-certification forms. • Form Errors: Discrepancies between ESR and RTW/self-certification dates; unsigned or undated forms; one RTW form had an incorrect historical sign-off date. • GP Fitness Notes: Four samples missing notes; one sample had three notes without the staff member's name.	Management will ensure line managers undertake the MAAW training and strengthen compliance with the application of the MAAW policy by ensuring: • Communication to managers on the importance of appropriate certification for sickness absences. • Timely recording of sickness absence episodes on ESR. • RTW interviews conducted promptly. • Adequate completion and storage of related documentation. • Provision of regular training and refresher sessions for line managers.	PODC	Jenny Ansell (POD Operations Service Manager)	July 2026 Update: Request extension to 31 October 2026. More regular communications planned to managers to remind them of the importance of appropriate certification and timely recording of absences. Review of rolling 12 months absence on ESR shows 55.68% of sickness absence was added to ESR within 7 days of absence being reported. 60.56% of closed sickness absences have recorded a return to work date. Health Roster is used to record sickness instead of ESR for the areas where rostering is rolled out so there would be a delay with this information being added to ESR for those areas. Data to be reviewed again in October to identify if there has been any further improvement. Sickness documentation is now stored in staff files on SharePoint. Training is provided monthly online, and will shortly be available on ESR. RAG would be green once the requested extension is approved, but would be amber until it is approved. March 2026: Comms has been shared with the Communciation team and is planned to go out in the Managers News in April. RAG = Green	2025/26	Medium	Red	Open

Count 2

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 9.3

Workforce Equality Standard (WES)

Executive lead:	Neil Lewis, Director of People and Organisational Development
Author:	Ffion Grundy, Equality, Diversity and Inclusion Manager

Approval/Scrutiny route:	BET (7 October 2026)

Purpose

The purpose of this paper is to provide a summary of the findings from Public Health Wales' Workforce Equality Standard (WES) Report 2026, highlight the areas that require focus and provide assurance that actions are being taken to address them.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☐	☐	☐	☒

The People and Organisational Committee is asked to:

- Take **assurance** from the 2026 organisational-level Workforce Equality Standard report that Public Health Wales demonstrates a strong and well-balanced equity profile, with high performance across three of the six domains.
- Take **assurance** that existing workplans target the areas requiring focus to drive improvement.
- Commit to making time to **consider** the review of Equality, Diversity and Inclusion (EDI) data and accompanying proposal for EDI indicators.
- **Note** the intended publication of the 2026 WES and accompanying communication on the PHW intranet and weekly staff bulletin.

Link to Public Health Wales Strategic Plan

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

This report contributes to the following:

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

Summary impact analysis	
Equality and Health Impact Assessment	An EHIA is not required as this is an update paper and no decisions are required.
Risk and Assurance	
Health and Care Standards	Identifying areas for improvements and addressing them links to the Health and Social Care Act, in particular: Equitable – This work aims to move us to our equality goals and beyond, both as a public sector organisation and as an employer. Identifying areas for improvements and addressing them links to the Health and Social Care Act, in particular:
Financial implications	There are no financial implications as this is a summary of the report.
People implications	People implications include leadership and progression practices, disciplinary processes and workplace conditions to support our staff.

1. Purpose / situation

The purpose of this paper is to provide a summary of the findings for the Public Health Wales' Workforce Equality Standard (WES) Report 2026.

2. Background

The Workforce Equality Standard (WES) was developed from the Workforce Race Equality Standard (WRES). It is an annual report with equity-focused analysis for each NHS organisation. It highlights where staff experience differs by protected characteristic, where intersections deepen disadvantage, and where PHW has the strongest opportunities to act. Organisation-level reports are created for each NHS organisation, as well as a national summary report (not yet published).

The data presented in the report is taken from ESR, staff survey results, internal disciplinary and capability records and our recruitment system, TRAC. It is broken down by workforce diversity indicators and protected characteristics including race, sex, disability, age, religion, sexual orientation, gender identity, maternity and menopause, unpaid carers, zero-hours contracts (bank workers) and socio-economic background.

To better describe organisational culture, the WES indicators are grouped into six domains, aligned to contributors influencing workplace experience. These are: –

- Leadership and Progression
- Professional Development
- Disciplinary and Capability
- Workplace Behaviours
- Wellbeing and Safety
- Workplace Conditions

3. Description/Assessment

The 2026 Workforce Equality Standard (WES) report concludes that Public Health Wales has a generally strong and well-balanced workforce equity profile, with positive outcomes across most domains. The data shows equitable access to professional development, low levels of harassment, discrimination and workplace harm, and strong staff confidence in speaking up. Flexible working and workplace adjustments are also well embedded across the organisation.

The report identifies three areas requiring greater organisational focus:

1. **Leadership and Progression** – the report notes that inequities remain in appointment outcomes and progression into senior roles for some groups, particularly ethnic minority staff.
2. **Disciplinary Processes** – low case numbers overall, but some evidence of disproportionate entry into formal processes for ethnic minority staff.
3. **Workplace Conditions** – high levels of burnout and pressure to attend work when unwell persist despite strong access to flexibility and workplace adjustments.

Overall, the report concludes that our principal challenge is ensuring that workforce processes consistently deliver equitable outcomes and that existing support mechanisms translate into sustainable workforce experiences.

What is working well (Green)

- Professional development processes are mature and consistently applied across protected groups.
- Workplace behaviours indicators are significantly better than national benchmarks, with low levels of harassment and discrimination.
- Staff report strong confidence in speaking up and very low levels of physical harm at work.
- Flexible working and workplace adjustments are widely accessible and positively experienced.

Areas requiring continued focus (Amber)

- Recruitment and progression outcomes do not yet consistently translate workforce diversity into leadership representation.
- Disciplinary processes require ongoing scrutiny to ensure equitable application and confidence in decision-making.
- Workforce wellbeing data indicates sustained workload pressures, burnout and presenteeism, suggesting support arrangements alone are insufficient to address underlying pressures.

Areas requiring oversight (Red)

There are currently no domains assessed as 'Red' within the WES report.

Public Health Wales demonstrates a predominantly green WES profile, with strong foundations in inclusion, professional development, staff safety and workplace culture. Current priorities should focus on improving equity in recruitment and progression, strengthening assurance around formal workforce processes, and addressing workforce sustainability challenges associated with burnout and workload pressure.

The full details of the Workforce Equality Standard (WES) report can be found here in appendix 2.

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



The actions that have been undertaken so far, together with those planned enable us to strive towards a long-term aim of a fully inclusive and supportive culture where everyone can be their best.



The actions help to create an environment free of discrimination, thus preventing problems in the future.



The work focuses on all the Well-being goals, in particular, a more equal Wales. They also align with our 2024-28 SEP objectives.



Diverse stakeholders from across the organisation collaborate to support this work.



Collaboration is key to ensure we build an inclusive culture and progress the equality agenda.

4. Recommendation

The People and Organisational Committee is asked to:

- Take **assurance** from the 2026 organisational-level Workforce Equality Standard report that Public Health Wales demonstrates a strong and well-balanced equity profile, with high performance across three of the six domains.
- Take **assurance** that existing workplans target the areas requiring focus to drive improvement.
- Commit to making time to **consider** the review of Equality, Diversity and Inclusion (EDI) data and accompanying proposal for EDI indicators.
- **Note** the intended publication of the 2026 WES and accompanying communication on the PHW intranet and weekly staff bulletin.

5. Appendix

Appendix 1: Actions being taken to target areas requiring continued focus for assurance.
Appendix 2: Full WES Org Report PHW

Domian	Status	Key Finding	Current/Planned Activity
Leadership & Progression	Amber	Ethnic minority candidates are less likely to be appointed following shortlisting and progression into senior roles remains uneven	As part of the implementation of our People Strategy, we are currently undertaking an Inclusive Recruitment Review to help ensure our recruitment approach is inclusive, accessible and reflects the experience we want people to have of us as an employer. As part of this review, focus groups will help us explore what is working well, where there may be opportunities to improve, and how we can create the best possible experience for people considering, applying for and joining Public Health Wales. We will review; The recruitment and onboarding experience, Accessibility and inclusivity within our processes, Communication and candidate engagement, Opportunities to enhance the experience for hiring managers, candidates, and new employees, How effectively we communicate what Public Health Wales is like as a place to work, What attracts people to join and stay with us and How our employer brand and employee value proposition could be strengthened. Alongside this work, we will relaunch our Diverse Recruitment Panel Programme to increase diversity and promote inclusion by maximising the impact on hiring decisions. This will provide benefits to interview panel members, candidates and us as an organisation.
Professional Development	Green	High appraisal compliance and equitable access across protected groups	Work is underway to strengthen foundational leadership and management learning and development, with the aim of increasing leadership capability, confidence, and capacity. Delivery of the new People Manager Essentials programme will commence shortly, providing a comprehensive development offer to support managers in leading people effectively and equitably. The programme includes a People Manager Learning Needs Assessment and targeted learning and development across key people management topics, including Respect and Resolution, Recruitment and Selection, Managing Attendance at Work, Disciplinary, Improving Performance at Work, Effective Fact-Finding, Honest Conversations, and Managing Change. The new NHS Wales Disciplinary and Improving Performance at Work policies, published in April 2026, alongside the associated learning being developed through People Manager Essentials, place a greater emphasis on early resolution, supportive intervention, and a do no harm approach. The policies also reinforce the importance of managers recognising and challenging potential bias, assumptions, and misunderstandings of difference when addressing workplace issues, including concerns relating to performance. This aims to support fair, consistent, and inclusive decision-making and contribute to more equitable employee experiences and outcomes. Alongside the development of the People Manager Essentials programme, work continues through the Leadership and Management Academy to strengthen leadership capability across all levels of the organisation. The Academy provides a structured development pathway that supports leaders and managers to lead inclusively, foster psychologically safe and compassionate working environments, and build the skills required to support a diverse workforce. This contributes to the organisation's ambition to create equitable employee experiences and outcomes for all staff. The Leadership Community of Practice provides a forum for leaders to share experiences, discuss challenges, and exchange good practice in people leadership. Through peer learning and reflective discussion, the community supports the consistent application of inclusive leadership approaches and contributes to the development of positive workplace cultures across Public Health Wales.
Disciplinary & Capability	Amber	Low-volume data but directional disparities require ongoing oversight and assurance	We will maintain ongoing oversight of disciplinary data through workforce reporting and continue to enhance governance processes. We have adopted the new Disciplinary policy and are developing additional training and resources to support our People Managers to undertake fair and robust fact finding assessments, enuring that they consider and apply the policy with a person-centerd approach and that all decisions are informed by cultual understading and free from bias.
Workplace Behaviours	Green	Low levels of harassment, bullying and discrimination compared with national benchmarks	We will continue to monitor workplace behaviour, including harassment, bullying, discrimination indicators, through regular workforce reporting to identify any emerging trends or areas of concern. Work is underway to strengthen our network of facilitators to support early resolution of workplace conflict.
Wellbeing & Safety	Green	Very low exposure to workplace harm and generally strong confidence in speaking up	A cross-functional People and Organisational Development working group is leading the development of a Psychological Safety Toolkit, drawing on expert advice from Jim McManus. This work supports our priority of creating opportunities for open, honest and meaningful dialogue. Recognising that Psychological Safety is everyone's responsibility, the toolkit will support leaders, managers, teams and individuals to build trusting relationships, encourage constructive challenge, value diverse perspectives and create environments where people feel safe to speak up, raise concerns and contribute ideas. By embedding these practices across the organisation, the toolkit will help foster a culture of belonging, fairness and wellbeing for all colleagues.
Workplace Conditions	Amber	Burnout and presenteeism remain high despite good access to flexible working and adjustments	We will monitor burnout, wellbeing and presenteeism indicators through workforce reporting to identify emerging trends and areas requiring intervention and continue to promote a culture that encourages rest, recovery and healthy working practices, including the appropriate use of annual leave and wellbeing resources. We will encourage and support managers to have regular wellbeing and workload conversations with staff, enabling the early identification of pressure points and support needs, and continue to provide resources to support conversations. We'll continue to analyse workforce data by protected characteristic to identify any emerging inequalities in workload, wellbeing or access to support.

GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Adroddiad lefel sefydliad

Organisation-level Report

Safon Cydraddoldeb y Gweithlu (SCG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Equality Standard (WES)
An inclusive workforce provides the best care

1. Public Health Wales (PHW) Organisational-level data snapshot

Priority Indicator	Data identified issue / Area requiring improvement	What Improvement Looks Like
Leadership and Representation	Below parity appointment outcomes and uneven progression into senior roles despite a representative workforce	More consistent conversion from shortlisting to appointment and improved progression into senior roles
Professional development	High, consistent, and near-parity appraisal coverage across all staff groups	Sustained high appraisal coverage with continued equitable access and quality of development
Disciplinary and capability	Low case volumes but consistent directional disparity across some characteristics	Consistent and proportionate application of disciplinary processes supported by strong governance and oversight
Workplace behaviours	Very low levels of harassment, bullying and discrimination across all groups	Sustained low prevalence and consistent behavioural standards across the organisation
Wellbeing, safety and voice	Very low exposure to harm with generally strong speaking-up confidence	Continued low harm exposure and sustained confidence in speaking up
Workplace conditions sustainability	Strong access to flexibility and adjustments but continued high burnout and workload pressure	Reduced burnout and presenteeism with clear evidence of sustainable workload and recovery

2. Purpose and Scope

This report presents an equity-focused analysis of the Workforce Equality Standard data for PHW It highlights where staff experience differs by protected characteristic, where intersections deepen disadvantage, and where PHW has the strongest opportunities to act.

The scope covers all protected characteristics captured in WES. It uses the same national indicators and methodology to ensure comparability and the focus is on actionable findings, not exhaustive description.

To better describe organisational culture, the WES Indicators were grouped into six domains, aligned to contributors influencing workplace experience.

- **Leadership and Progression**
- **Professional Development**
- **Disciplinary and Capability**
- **Workplace Behaviours**
- **Wellbeing and Safety**
- **Workplace Conditions**

A thematic analysis allows more strategic insight, moving from a long list of indicators to a coherent organisational story for PHW. Grouping indicators that conceptually belong together allows patterns to emerge and thus help identify systemic challenges rather than seeing indicator silos. It also allows anchoring the intersectional narrative in lived experience domains.

3. Executive Summary

PHW demonstrates a strong and well-balanced equity profile, with high performance across professional development, workplace behaviours, and wellbeing and safety. Appraisal processes are consistently and equitably delivered across all staff groups, and levels of harassment, discrimination, and physical harm remain substantially below national benchmarks. Flexible working is widely available and strongly experienced across the workforce, and staff generally report confidence in speaking up, indicating a positive and responsive organisational environment.

Moderate equity challenges are present in leadership progression and disciplinary processes. Ethnic minority staff remain less likely to be appointed from shortlisting, and progression into senior roles is uneven, indicating inconsistency at key decision-making points. Disciplinary data shows a higher likelihood of some groups entering formal processes, although overall volumes remain low.

Workplace conditions represent a further area of focus. While access to flexibility and workplace adjustments is strong, burnout and pressure to attend work when unwell remain high across the workforce. This indicates that existing support mechanisms are not yet fully translating into sustainable working conditions.

Overall, PHW's equity challenge is centred on improving consistency in decision-making and ensuring that strong workplace systems translate into sustainable and equitable outcomes, while maintaining strong performance across all other domains.

Executive Assurance Questions
Are recruitment and progression decisions consistently delivering equitable outcomes across all staff groups?
Are appraisal and development processes consistently and equitably delivered across all staff groups?
Are disciplinary decisions applied consistently and fairly across all staff groups?
Are behavioural standards continuing to be maintained across all teams?
Do staff feel safe and confident to raise concerns across the organisation?
Are staff experiencing sustainable workload and recovery in practice, not just access to support?

4. Domain Profiles

PHW has a workforce profile broadly aligned with NHS Wales, with moderate diversity and good representation across several protected characteristics, providing a solid basis for equity analysis.

- **Ethnic minority representation is close to the national average (10.4% vs 11.3%), with a balanced mix across Asian, Black, and Mixed/Other groups. This indicates a meaningful ethnic minority pipeline, sufficient to interpret progression and experience outcomes without heavy pipeline caveats.**
- **The gender profile is slightly more balanced than the NHS Wales norm, with a higher proportion of men and fewer women than average, though still female-majority.**
- **Disabled staff representation is notably higher than the national average (9.5% vs 6.3%)**
- **LGBTQIA+ representation is also higher than national levels (6.6% vs 3.8%), strengthening the robustness of experience-based analysis for these groups.**
- **The age profile is skewed toward mid-career staff, with a higher proportion aged 31–50 and fewer staff aged over 51 than the national picture.**
- **Religious affiliation broadly mirrors NHS Wales overall, although *Unknown* responses are lower than national levels, indicating good data completeness.**
- ***Prefer Not to Say* rates are in line with NHS Wales, suggesting typical disclosure confidence.**

Overall, PHW has a representative and well-balanced workforce, with sufficient diversity across multiple characteristics to support reliable interpretation of equity outcomes in subsequent domains. The workforce remains sufficiently diverse across key characteristics to support robust equity analysis, with no indication that pipeline constraints explain observed outcome differences.

4.1 Equity scoring

Equity RAG ratings were derived through a triangulated assessment of each domain, combining the scale of inequality (difference from benchmark), the consistency of patterns across protected characteristics, and the robustness of the data. Particular weight was given to signals that were repeated across multiple groups and indicators, while findings based on small numbers or inconsistent patterns were treated cautiously to avoid over-interpretation. The Equity Scorecard and ratings are designed to support data interpretation at a glance and to highlight specific areas of disparity. Priority actions have also been identified.

Rating	Meaning	Response
Minimal or no inequity	Broad parity; no consistent disadvantage pattern	Maintain what works
Mild inequity	Small or inconsistent differences	Monitor for deterioration
Moderate inequity	Consistent disadvantage across multiple indicators	Focused domain improvement action needed
Severe inequity	Persistent, intersectionally reinforced disadvantage	Executive oversight needed

4.2 Organisational Workforce Equity Scorecard

Domain	Overall equity signal	Characteristics most affected	Key intersectional risk signals	Comparison to national pattern	Primary equity signal	Action priority
Leadership and Representation	Moderate	Ethnic minority staff (appointments)	Ethnicity intersects with recruitment conversion; weak reinforcement elsewhere	Slightly better than national but still below parity	Recruitment and senior progression not consistently equitable	Targeted (appointment conversion and senior progression oversight)
Professional Development	Minimal	None identified	No stable intersectional patterns	Stronger than national	Appraisal delivery equitable and well embedded	Maintain and assure quality
Disciplinary & Capability	Moderate	Ethnic minority staff (disciplinary entry)	Weak intersectional reinforcement; capability data too sparse	Broadly aligned with national	Low-volume but uneven use of formal disciplinary processes	Targeted (decision-making consistency and oversight)
Workplace Behaviours	Minimal	None identified	No stable intersectional patterns	Substantially lower than national	Low prevalence of harassment and discrimination	Maintain and monitor
Wellbeing & Safety	Minimal	None identified	No stable intersectional patterns; small-numbers volatility	Substantially lower than national	Very low exposure to harm with generally strong speaking-up confidence	Maintain and monitor
Workplace Conditions	Moderate	None uniquely affected	Pressure and burnout broadly shared	Slightly better than national but still high	Support exists but workload pressure remains high	Targeted (workload sustainability and recovery)

4.3 Leadership and Progression Domain

Equity rating	Headline finding
🟠 Moderate	Interpretable recruitment conversion data, uneven but not extreme progression ratios, reasonable confidence in fair progression, absence of severe or compounded disadvantage

Overview

The Leadership and Progression domain for PHW shows a mixed picture, with generally reasonable representation and progression confidence, but clear friction at recruitment and senior transition points.

At Board level, differences between workforce and Board composition are present but not extreme, and broadly consistent with workforce composition. There is no clear evidence of systematic exclusion at Board level, although elevated *Unknown* representation suggests that non-disclosure intersects with senior roles, which should be monitored.

Progression ratios across AfC bands show uneven movement at key transition points, particularly:

- Upper-to-senior progression, where some disparity ratios fall below parity, and
- Lower-to-senior progression, where ratios indicate reduced likelihood of advancement for some groups.

These patterns suggest that progression into senior roles is less predictable than early-career progression, even where workforce representation is broadly balanced.

The clearest equity signal in this domain comes from appointment from shortlisting. The overall likelihood of ethnic minority staff being appointed is below parity (LR ≈ 0.43). While this is less severe than in some other organisations, it nonetheless indicates that shortlisting does not consistently convert into appointments for ethnic minority candidates.

Perceptions of fair progression are moderately positive across most groups, including ethnic minority staff (56.2%) and White staff (61.6%). This suggests that confidence in fairness exists, but masks underlying outcome gaps — a pattern consistent with a developing rather than mature system.

Intersectional signals

Intersectional signals are present but not strongly reinforcing. Ethnicity intersects with recruitment conversion, while disability and sexual orientation show more mixed patterns, without consistent disadvantage across all indicators.
Higher Unknown and Prefer Not to Say values at senior levels suggest that visibility and disclosure may influence leadership experience, but this signal is not consistently reinforced across progression and perception measures.

Overall, the intersectional picture indicates isolated friction points rather than cumulative disadvantage

Organisational interpretation

Leadership and progression systems in PHW appear functionally established but not fully embedded. Workforce composition provides a sufficient pipeline, and staff confidence in fair progression is reasonably strong, but recruitment and senior progression decisions are not yet delivering consistently equitable outcomes.

The primary equity risk in this domain is therefore conversion and consistency, particularly at shortlisting-to-appointment stages and senior transitions, rather than absence of opportunity or pipeline.

4.4 Professional Development Domain

Equity rating	Headline finding
Minimal	Likelihood ratios close to parity, high appraisal coverage across all characteristics, absence of reinforcing or compounded disadvantage

Overview

The Professional Development domain shows a positive and equitable picture, with high appraisal coverage across all protected characteristics and likelihood ratios close to parity.

Overall likelihood of having a recorded appraisal is near parity (LR ≈ 0.97), indicating that staff are almost equally likely to receive an appraisal regardless of protected characteristic. Appraisal coverage for ethnic minority staff is high (82.7%), closely aligned with White staff (85.0%), and gaps between groups are small and not directionally concerning.

Across gender, disability, age, sexual orientation, and religion, appraisal rates are consistently in the low-to-mid-80% range, suggesting that professional development processes are well embedded and routinely delivered, rather than dependent on individual managers or teams.

Importantly, *Prefer Not to Say* and *Unknown* groups also show strong appraisal coverage, indicating that non-disclosure does not appear to limit access to development processes in PHW.

Intersectional signals

Intersectional signals are weak and non-reinforcing. No protected characteristic experiences consistently lower appraisal likelihood across multiple measures, and there is no evidence of compounded disadvantage.

The absence of intersectional inequity suggests that professional development is operating as a universal entitlement, rather than selectively experienced.

Organisational interpretation

Professional development systems in PHW appear mature and consistently applied. While appraisal coverage is not yet universal, the distribution of access is equitable, and differences between staff groups are minimal.

This domain therefore represents a clear organisational strength and does not require targeted equity intervention. This confirms that professional development is functioning as a reliable, consistently applied, and embedded organisational process.

4.5 Disciplinary and Capability Domain

Equity rating	Headline finding
Moderate	Low absolute numbers of disciplinary cases, directional differences that warrant attention but not escalation, inability to assess capability processes robustly

Overview

The Disciplinary and Capability domain shows a directional but limited equity signal, based on formal disciplinary processes. Local capability process data is not suitable for analysis, as there were only five cases in total, making disaggregation by protected characteristic unreliable.

Ethnic minority staff show a higher likelihood of entering formal disciplinary processes (LR ≈ 1.57), with some stronger variation across other characteristics. While absolute volumes remain low, this represents a consistent directional signal requiring ongoing monitoring and strengthened oversight.

However, given the small number of disciplinary cases overall, these differences should be interpreted as signals requiring monitoring, rather than definitive evidence of systemic bias.

Intersectional signals

Intersectional signals are weak and not reinforcing. While ethnicity shows some association with disciplinary entry, this pattern is not compounded across other characteristics and cannot be triangulated with capability data due to insufficient volume.

Some higher ratios appear for *Unknown* and *Prefer Not to Say* categories, but these are not stable across indicators and likely reflect single-case effects rather than structural inequity.

Organisational interpretation

Formal disciplinary processes in PHW appear to be used infrequently, but with some inconsistency in application across staff groups. This suggests some inconsistency in the application of disciplinary processes, with variation across multiple characteristics, requiring strengthened governance and assurance, while recognising the limitations of low-volume data.

Given the very limited capability data, the appropriate organisational response is monitoring and governance, rather than targeted intervention, while ensuring that any future increase in volume is reviewed through an equity lens.

4.6 Workplace Behaviours Domain

Equity rating	Headline finding
Minimal	Consistently low prevalence across all indicators, clear separation from national benchmark levels, absence of reinforcing or compounded disadvantage

Overview

The Workplace Behaviours domain shows a strong and positive picture, with very low reported levels of harassment, bullying, and discrimination across all three indicators. Reported experiences are substantially lower than NHS Wales benchmarks and do not indicate systemic behavioural risk.

Harassment from patients, relatives, or the public is reported by fewer than 5–6% of staff across most protected characteristics, including ethnic minority staff (4.9%) and White staff (3.9%). This represents a marked reduction compared with national averages and suggests low exposure to external harassment.

Staff-to-staff harassment remains moderate but controlled, with most groups reporting levels between 18–22%, and no consistent pattern of disproportionate exposure by ethnicity, gender, disability, or sexual orientation. While some elevated figures appear in Unknown and Prefer Not to Say categories, these are not reinforced across other indicators and are likely influenced by small subgroup sizes.

Reported discrimination is relatively uncommon, with most groups reporting single-digit to low-teen percentages, and no clear evidence of concentrated disadvantage for any protected characteristic.

Intersectional signals

Intersectional signals are weak and non-reinforcing. No protected group experiences consistently higher exposure across harassment from the public, staff-to-staff harassment, and discrimination indicators.

Some volatility appears for Unknown and Prefer Not to Say categories, but this is not stable across indicators and should not be interpreted as systemic inequity.

Overall, the data does not support an interpretation of cumulative or structural disadvantage in workplace behaviours.

Organisational interpretation

Workplace behaviours in PHW appear generally positive and well managed, with low levels of harmful behaviour and no evidence of widespread or entrenched problems. This suggests that behavioural standards are embedded in practice, and that existing prevention and response mechanisms are effective.

The organisational priority in this domain should therefore be maintenance and vigilance, rather than targeted intervention.

4.7 Workplace Safety Domain

Equity rating	Headline finding
Minimal	Near-zero incident volumes, absence of repeated or directional patterns, more reliable signal from speaking-up confidence than from harm exposure

Overview

The Wellbeing and Safety domain shows a strong and reassuring profile, with very low reported exposure to physical violence and generally positive confidence in speaking up, alongside some expected volatility in reporting figures due to small numbers.

Experience of physical violence at work is extremely low across all protected characteristics, typically below 1%, and in many categories recorded as 0%. This includes ethnic minority staff, White staff, disabled staff, and LGBTQIA+ staff. These figures are substantially lower than NHS Wales benchmarks, indicating very low exposure to physical harm in PHW.

Reporting of physical violence among those affected shows high variability, including some values at 0% or 100%. These figures are driven by very small numerators and should not be interpreted as differences in reporting culture. Importantly, there is no evidence of systematic under-reporting by any protected group.

Confidence in speaking up about concerns is moderate to strong across most characteristics, with many groups reporting levels in the 60–70% range, including ethnic minority, disabled, LGBTQIA+, and heterosexual staff. While Prefer Not to Say and Unknown groups show slightly lower confidence, this pattern is not accompanied by higher harm exposure, indicating no compounded safety risk.

Intersectional signals

There are no stable or reinforcing intersectional patterns in this domain. Differences between groups in exposure, reporting, or speaking-up confidence are not repeated consistently across indicators and are largely attributable to very small numbers of incidents.

The data therefore does not support an interpretation of cumulative or structural disadvantage in wellbeing and safety for any protected group.

Organisational interpretation

Wellbeing and safety systems in PHW appear to be operating effectively in a low-risk environment. Physical harm is rare, and staff generally report confidence in raising concerns, suggesting that both prevention and voice mechanisms are functioning well.

Given the very low incidence of harm, the appropriate organisational response is maintenance and monitoring, rather than targeted intervention. Continued attention should be paid to sustaining psychological safety, particularly for staff who choose not to disclose protected characteristics.

4.8 Workplace Conditions Domain

Equity rating	Headline finding
Moderate	Strong and consistent access to adjustments and flexibility, persistently high burnout across most groups, some small-number volatility, but stable overall patterns

Overview

The Workplace Conditions domain presents a mixed but interpretable picture, combining strong access to adjustments and flexible working with persistently high levels of pressure and burnout across much of the workforce.

Access to workplace adjustments appears appropriate and aligned with need, particularly for disabled staff, where over half report receiving adjustments (54.1%). Adjustment access is also relatively consistent across other protected characteristics, indicating that support mechanisms are functioning and accessible.

Satisfaction with opportunities for flexible working is very high across most groups, typically in the 80–85% range, and higher than NHS Wales benchmarks. This suggests that flexibility is well embedded and positively experienced, including by ethnic minority, disabled, and LGBTQIA+ staff.

However, indicators relating to pressure and sustainability show a more concerning signal. A substantial proportion of staff report feeling pressure to attend work when unwell, and burnout remains high, with over half of staff across most groups reporting burnout. While these levels are slightly lower than national averages, they still indicate that workload demands are not fully mitigated by existing support and flexibility.

Intersectional signals

Intersectional signals are present but not strongly compounded. Burnout and presenteeism are widely distributed across the workforce, rather than concentrated in a single protected group. Some higher values appear among *Prefer Not to Say* and *Unknown* categories, but these differences are not consistently reinforced across indicators and are likely influenced by small cohort sizes.

Overall, the data suggests shared workload strain, rather than structural exclusion from support.

Organisational interpretation

Workplace conditions in PHW appear supportive in design but pressured in practice. Staff can access adjustments and flexible working, but these supports are not yet translating into sustainable workloads, as reflected in continued high burnout and presenteeism.

The equity issue in this domain is therefore not access to support, but effectiveness of that support in reducing pressure, indicating a need to focus on workload management, recovery, and role design, rather than additional policy provision.

5. Preserving What Works

The analysis highlights several clear strengths that should be protected and reinforced:

- **Professional Development**: high and equitable appraisal coverage, with no meaningful gaps across protected characteristics.
- **Workplace Behaviours**: very low levels of harassment and discrimination, substantially below national benchmarks.
- **Wellbeing & Safety**: near-zero physical violence and generally strong confidence in speaking up.
- **Access to workplace adjustments and flexible working**: strong and aligned with need, particularly for disabled staff. Flexible working is consistently experienced at high levels across all staff groups.
- **Data quality and disclosure rates**: better than or comparable to NHS Wales averages, supporting reliable interpretation.

These strengths indicate that PHW has a healthy organisational culture and functioning people systems, providing a strong platform for targeted improvement in the remaining pressure points.

6. Data-Informed Opportunities for Action

The data indicates that PHW's equity profile is generally strong, with most workforce systems functioning equitably, but with clear scope for improvement in leadership progression and workload sustainability.

The most significant opportunity lies in **Leadership & Progression**. While workforce composition provides a meaningful pipeline and staff confidence in fair progression is relatively positive, appointment from shortlisting remains below parity for ethnic minority staff. Targeted action should therefore focus on recruitment conversion and senior progression consistency, including panel practice, decision transparency, and routine equity oversight at senior gateways.

In **Workplace Conditions**, the opportunity is not access to support — which is strong — but effectiveness. High levels of flexibility and adjustments are not yet translating into sustained reductions in burnout and presenteeism. Action should therefore prioritise workload management, recovery, and role design, rather than additional policy provision.

For Disciplinary & Capability, volumes remain low, but some directional differences suggest the need for continued strengthened governance, assurance, and routine review of disciplinary decision-making, particularly as workforce composition changes over time.

Other domains **— Professional Development, Workplace Behaviours, and Wellbeing & Safety** — are largely areas of strength, where the primary task is maintenance, monitoring, and resilience, rather than redesign.

7. What Success Would Look Like

Success for PHW would be characterised by greater consistency and resilience at leadership decision points, alongside improved sustainability of working experience.

Leadership & Progression: success would mean that shortlisted ethnic minority candidates are appointed at rates closer to parity, and that senior progression pathways become more predictable and transparent, reducing reliance on discretionary judgement.

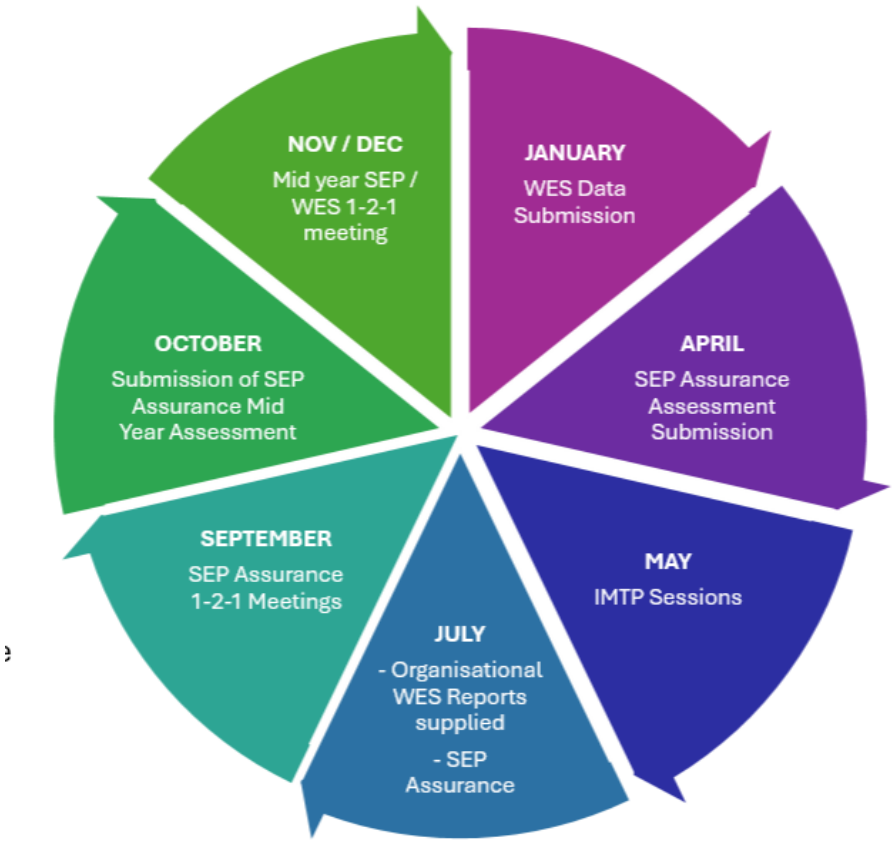
Workplace Conditions: success would be reflected in lower burnout and reduced pressure to work when unwell, indicating that flexibility and adjustments are effectively mitigating workload pressure, not compensating for it.

Across other domains, success would primarily involve sustaining current strong performance, ensuring that low harm, high voice, and equitable development remain resilient as PHW evolves.

Overall, success would not require parity across every metric, but would be defined by narrowing gaps, consistent direction of travel, and sustainable staff experience.

8. What Next

The WES organisational report sits at the midpoint of the NHS Wales planning and assurance cycle. This report should be used as a structured equity diagnosis, to informs IMTP planning and refinement of organisational strategic equality priorities. These priorities will translate into delivery plans and tested through SEP assurance meetings and mid-year assessment (October). Findings will be reported through the governance process to Boards and Welsh Government, enabling scrutiny of both progress and impact. As the cycle repeats annually, this creates a continuous feedback loop—linking data, planning, delivery, and assurance—ensuring sustained governmental oversight, accountability, and progressive improvement in workforce equity outcomes.



People and Organisational Development Committee
Work Plan 2026-27

Category	Item	Exec Lead	Approval Route	Private/ Public	Apr	Jul	Oct	Jan	Purpose of the Report
Deep Dives	POD **IMTP commitments** for 2026-27	Director People and Organisational Development	BET	Public	✓				**Summary of Focus:** Summary of the key areas of focus for 2025/26. **Delivery of Plan:** Assurance on the development of the implementation plan to deliver commitments. **Achievability:** Assurance on the timescales, achievability and deliverability of the plan. **Risks:** Risks or areas of concern identified that may impact delivery, and how these are being managed.
	Culture and Engagement, Including the 2025 Staff Survey Results				✓				**Summary of Focus:** Update on progress with the culture and engagement work undertaken this year. Key achievements / Outcomes / Impact Planned activity for next year. **Learning:** Summary of any improvements / key learning from this year, and how this is being taken forward. **Risks:** Risks or areas of concern identified that may impact delivery, and how these are being managed.
	People Strategy – Update on the Development of the Implementation Plan						✓		**Summary of Focus:** Summary of the key areas of focus for 2025/26 within the Strategy. **Delivery of Plan:** Assurance on the development of the implementation plan to deliver commitments. **Achievability :** Assurance on the timescales, achievability and deliverability of the plan. **Risks:** Risks or areas of concern identified that may impact delivery, and how these are being managed.
	Strategic Workforce Planning – Outputs of the 2025-2026 activity which will be part of the integrated planning process					✓			**Summary of Focus:** Update on progress with the culture and engagement work undertaken this year. Key achievements / Outcomes / Impact Planned activity for next year **Learning:** Summary of any improvements / key learning from this year, and how this is being taken forward. **Risks:** Risks or areas of concern identified that may impact delivery, and how these are being managed.
Partnerhip Working	Staff Network: Update on Actions	Director People and Organisational Development	BET	Public		✓			Update on Staff Network requests.
	Local Partnership Forum Annual Report		BET	Public	✓				Annual report from the Local Partnership Forum to Board/People and OD Committee.
	Local Partnership Forum Terms of Reference		BET	Public			✓		For assurance of effective arrangements in place.
	Trade Union Partnership Working Forums Update		Exec Lead	Private			✓		Update on the work of the various TU forums for assurance.
Workforce	ESR Transformation	Director People and Organisational Development	BET	Public	✓				Updating the Committee on preparatory work in readiness for implementation of the new NHS Wales workforce information system (ESR transformation)
	Culture and Engagement - Action Plan		Exec Lead	Public			✓		To include the results of the planned pulse survey in the context of the action plan.
	Workforce Extract from the Integrated Performance Board Report		BET	Public	✓	✓	✓	✓	For information (not discussed) unless issues identified or remitted from Board.
	Organisational Change Management Update		LT	Public		✓		✓	For assurance of the management of change within the organisation.
	Nursing and Midwifery Objectives 2025-26	Executive Director Nursing, Quality and Intergrated Governance	LT	Public				✓	
Equality, Diversity and Inclusion	Annual Equalities Report (2024-25)	Director People and Organisational Development	BET	Public				✓	For approval of the annual report - to include workforce and equalities data.
	Gender Pay Gap Annual Report (2025)		BET	Public				✓	For approval of the annual report.
	More Than Words Annual Report		LT	Public		✓			
	Welsh Language Annual Report (2024-25)		LT	Public		✓			

People and Organisational Development Committee
Work Plan 2026-27

Category	Item	Exec Lead	Approval Route	Private/ Public	Apr	Jul	Oct	Jan	Purpose of the Report
Strategy Delivery	**IMTP Commitment Update:** Improve employee experience and address retntion for Nursing and Midwifery staff	Director People and Organisational Development	Exec Lead	Public				✓	For assurance of the progress with the implementation of the IMPT Commitment.
	IMTP Commitment Update: Develop and commence delivery of foundational leadership and management learning and development to increase leadership and management skills, capacity, and confidence.		Exec Lead	Public			✓		
	IMTP Commitment Update: Use People and OD KPIs and colleague feedback to measure service performance and user satisfaction; and deliver improvements to key employment life-cycle processes to ensure all colleagues receive consistent, high-quality support		Exec Lead	Public				✓	
Risk	Strategic Risk	Executive Director of Nursing, Quality and Integrated Governance	BET	Public	✓	✓	✓	✓	For assurance that risks within the remit of the Committee are management appropriately.
	Corporate Risk Register		LT	Public	✓	✓	✓	✓	
Professional Registration	Regulated Professional Review of compliance with regulatory requirements such as professional appraisal and revalidation.	**Joint:** National Director Health Protection and Screening Services, Executive Medical Director and Executive Director of Nursing, Quality and Integrated Governance	BET	Public			✓	✓	For assurance of the arrangements in place to ensure relevant medical professionals registration in in line with statutory requirements.
Governance	Committee Annual Report	Board Secretary and Head of Board Business Unit	Exec Lead	Public				✓	For recommendation to Board, to provide assurance that the Committee is fulfilling its terms of reference.
	Review of Committee Effectiveness		Exec Lead	Public				✓	As part of the overall Board and Committee Performance and Effectiveness review, the Committee will consider the outcomes of the Committee effectiveness survey, and identify any areas of improvement for the following year.
	Committee Terms of Reference Review		Exec Lead	Public				✓	For recommendation to Board on any proposed changes to the Committee's Terms of reference. (As required under Standing Orders)
	Speaking Up Safely Annual Report		BET	Private				✓	For assurance on the management of any concerns / grievance are in line with the policy.
	Summary of policies Bi-Annual Update		LT	Public	✓		✓		For assurance on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee and to approve any policies and procedures proposed to be removed from the register.
	Policies for approval (as required)		Exec Lead	Public	✓	✓	✓	✓	To approve policies and procedures within its remit, as outlined in the Policy, Procedure and other written control documents Policy.
	Committee Work Plan		Exec Lead	Public	✓	✓	✓	✓	For information, and for assurance that the Committee is fulfilling its terms of reference.
Audit Reports	Audit Report (as needed)	Relevant Executive Lead	Exec Lead	Public	✓	✓	✓	✓	Update on the implementation of the management response to the audit, for assurance.
	Audit Action Log Progress Update (within the remit of the Committee)	Board Secretary and Head of Board Business Unit	LT	Public	✓	✓	✓	✓	Where the subject matter of an audit report falls within the remit of one of the other Board Committees, the report is also submitted to that Committee, following consideration at ACGC. (Refer Audit Protocol) The role of the Remit Committee is to receive the report and to consider the recommendations made in the context of its work plan, and the areas of focus within its remit. Where relevant, the information contained in the reports will then be used to inform discussions of items on the work plan for the Committee.

People and Organisational Development Committee
Work Plan 2026-27

Category	Item	Exec Lead	Approval Route	Private/ Public	Apr	Jul	Oct	Jan	Purpose of the Report
NHS Wales Performance and Improvement	NHS Executive Bi-Annual Assurance Report	Director of the NHS Executive	BET	Public	✓		✓		Seek assurance on the on the relevant governance compliance areas: Equality, Diversity and Inclusion (Bi-Annually) Welsh Language (Bi-Annually) Raising Concerns Process (Annually) Workforce planning (Annually) Grievances (Annually)

October Changes:

- The Regulated Professional review of compliance with regulatory requirements such as professional appraisal and revalidation has been moved from October to January

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** People and Organisational Development Committee **Date of Meeting** 15 October 2026 **Agenda item:** 10

NHS Wales Performance and Improvement – PODC Bi-annual Assurance Report

For period 1 April 2026 – 31 August 2026

Report Sponsor/s:	Chris Clayton, Managing Director
Report Authors:	Colette Rees, Assistant Director of POD Rhiannon Windsor, Deputy Director POD
Approval/Scrutiny route:	Approval/scrutiny route for NHS Wales Performance and Improvement is via the Senior Director Team (SDT). Report presented for approval at the SDT Weekly Meeting on 30 September 2026.

Purpose

The purpose of this report is to provide a bi-annual assurance report to the People and Organisational Development Committee (PODC), on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Assurance Schedule.

This report provides assurance on the following areas:

For the period **1 April 2026 – 31 August 2026** (bi-annual):

- **Equality, Diversity and Inclusion**
- **Welsh Language**

Recommendation:				
APPROVE ☐	CONSIDER ☐	RECOMMEND ☐	ADOPT ☐	**ASSURANCE** ☒

The Committee is asked to:

- **Note** the contents of this report and receive **assurance** that effective arrangements are in place for related processes.

For the period **1 April 2026 – 31 August 2026**

Equality, Diversity and Inclusion

- **Take assurance** that there are effective arrangements in place to ensure compliance with Equality, Diversity and Inclusion requirements

Welsh Language

- **Take assurance** that there are effective arrangements in place to ensure compliance with Welsh Language requirements
- **Take assurance** that any areas of non-compliance are being appropriately managed.

Link to Public Health Wales Strategic Plan

Public Health Wales is the Host Organisation for the NHS Wales Performance & Improvement ('the Hosted Unit'). The *Hosting Agreement ('the Agreement') between Public Health Wales (PHW) NHS Trust and The Welsh Ministers* was approved by the PHW Board on 26th January 2023 and took effect from the launch of the NHS Wales Executive on 1st April 2023 (nmpw NHS Wales Performance & Improvement. To take account of variations, an Addendum was approved by the PHW Board on 28th March 2024. A revised Agreement has been prepared for 2025/26, which is subject to approval.

PHW is not responsible or accountable for setting the direction for, or the work programme of, the Hosted Unit or for the delivery/quality or management of work undertaken by the Hosted Unit on behalf of Welsh Government.

Summary impact analysis	
Equality and Health Impact Assessment	A specific Equality and Health Impact Assessment (EHIA) is not required to support of this report.
Risk and Assurance	This report provides assurance on the implementation of the relevant policy and procedures within the NHS Wales Performance & Improvement, ensuring good governance is maintained.
Health and Social Care (Quality and Engagement) (Wales) Act	This paper supports the Quality themes.
Financial implications	There are no financial implications as a result of this report.
People implications	The themes of this assurance report relate to staff and stakeholders.

1. Purpose / situation

The purpose of this report is to provide an assurance report to the People and Organisational Development Committee, on the relevant governance compliance areas as outlined in the NHS Wales Performance and Improvement Assurance Schedule.

This report provides assurance on the following areas:

For the period 1 April 2026 – 31 August 2026 (Bi-annual):

- Equality, Diversity and Inclusion
- Welsh Language

The sections below provide a summary of the status for the areas listed above.

1. Equality, Diversity and Inclusion

In line with the NHS Wales Performance and Improvement (NHSW PI) Assurance Schedule, NHSW PI is required to report to the Committee on a bi-annual basis for assurance on the arrangements in place to ensure compliance with the Equality, Diversity and Inclusion (EDI) requirements.

NHSW PI's 2026/27 Annual Plan, developed in response to the Welsh Government Remit Letter, embed equality considerations, engagement, collaboration and co-production throughout organisational delivery. EDI is reflected in key organisational processes, including stakeholder engagement, accessible communications and events, inclusive recruitment, corporate induction, workforce development, impact assessments and organisational development activities.

Workforce data is regularly reviewed to inform strategic decision-making, identify and address inequalities, and monitor progress. This includes continued collaboration with Public Health Wales on the workforce dashboard and ongoing work to improve the quality of EDI data recorded in ESR.

NHSW PI continues to promote an inclusive culture across the employee lifecycle through its Values and Behaviours and has established baseline staff engagement measures to support continuous improvement.

The emerging Communications and Engagement Strategy and NHSW P&I Strategy reflect the requirements of the Equality Act 2010, including the Public Sector Equality Duty and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.

Workforce Data

Workforce data is essential for monitoring Equality, Diversity and Inclusion (EDI) as it provides a clear understanding of the demographic profile of NHS Wales Performance and Improvement (NHSW P&I), helps identify areas of under-representation, and enables progress to be measured over time. Analysis of this data allows the People and Organisational Development (POD) function to monitor compliance with statutory and organisational requirements, inform workforce policies and initiatives, and support employee engagement and wellbeing. Workforce data also promotes accountability and transparency in EDI activity, helping to create a more inclusive workplace culture and supporting improved organisational performance and outcomes.

The workforce data for NHSW P&I indicates the following diversity profile:

	NHS Wales Performance & Improvement	PHW
Disabled	*7.22%*	*9.94%*
BME	*5.47%*	*10.51%*
Gay or Lesbian	*3.28%*	3.34%

Targeted initiatives to strengthen Equality, Diversity, and Inclusion

NHSW P&I continues efforts to ensure that it creates an inclusive environment where everyone can be themselves and thrive.

2. Welsh Language

In line with NHSW P&I Assurance Schedule, NHSW P&I is required to report to the Committee on a bi-annual basis for assurance on the arrangements in place.

The Welsh Language declarations by NHS Wales Performance & Improvement staff as of 31 August 2026 are:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|LANG|Listening/Speaking Welsh|	460	460	456	99.13%
NHS|LANG|Reading Welsh|	460	460	453	98.48%
NHS|LANG|Writing Welsh|	460	460	453	98.48%

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS|LANG|Welsh Language Awareness - 3 Years|	460	460	375	81.52%

- NHSW P&I must comply with Welsh Language Standards and follow the policies, procedures and guidance offered by PHW's Welsh Language Team. Staff have access to the Welsh Language Hwb intranet pages for advice, support and guidance. All information relating to Welsh language developments is shared by PHW with NHSW P&I through the Corporate Governance team.
- During the period several non-compliances were highlighted by the Welsh Language Society primarily focused on resource bilingualism on the organisations website and queries on how well embedded bilingualism is in strategic decision making.
- In response NHSW P&I has developed a Welsh Language Standards Action Plan for 2026-27 highlighting a number of areas of focus:
    - Strategic Integration of Welsh Language
    - Staff Confidence and Understanding
    - Provision of Resources and Guidance
    - Equality in Communication and Engagement
    - Accountability and Continuous Improvement
- NHSW P&I with the support of the PHW Welsh Language team have also met with the Welsh Language Society and the Welsh Language Commissioner to provide assurance on the work underway to address concerns raised. There is a follow up meeting planned for December to review progress.
- Annually a reflective report is developed, which is used to monitor compliance with the standards and information from this is fed into the PHW Annual Report on the Welsh Language Standards and the annual update on the *More Than Just Words* 5-year Action Plan.
- Compliance with the Welsh Language Standards is monitored across PHW by the PHW Welsh Language Manager, and review of compliance within the NHSW P&I is coordinated by the Compliance and Continuity team within the Corporate Governance team.
- The PHW Welsh Language Team support the NHSW P&I to fill any identified gaps in compliance and to put processes in place to improve.
- The PHW Welsh language team, via the Welsh Language Group, plays a central role in ensuring advice is shared within NHSW P&I and facilitates opportunities for staff to ensure understanding of the requirements under the Welsh Language Standards.

3. Conclusion

The report provides assurance to the Committee that the NHS Wales Performance and Improvement (NHSW P&I) is meeting the requirements for each of the subject areas.

There are no concerns to bring to the attention of the Committee in any of the areas listed.

4. Recommendation

The Committee is asked to:

- **Note** the contents of this report and receive **assurance** that effective arrangements are in place for related processes.

For the period **1 April 2026 – 31 August 2026**

Equality, Diversity and Inclusion

- **Take assurance** that there are effective arrangements in place to ensure compliance with Equality, Diversity and Inclusion requirements

Welsh Language

- **Take assurance** that there are effective arrangements in place to ensure compliance with Welsh Language requirements
- **Take assurance** that any areas of non-compliance are being appropriately managed.