



GIG
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NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales



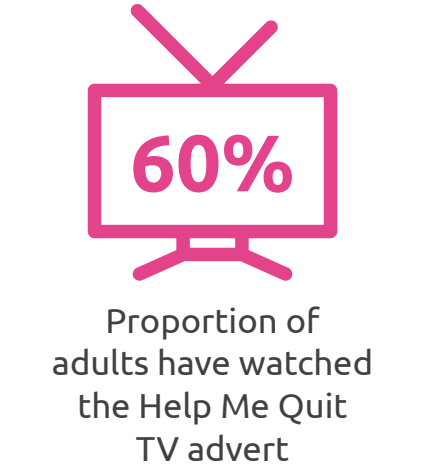
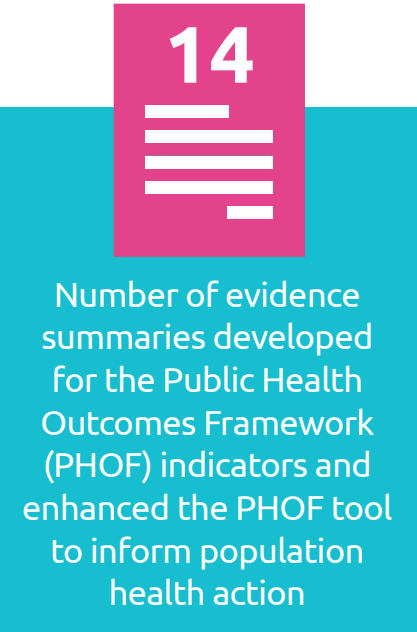
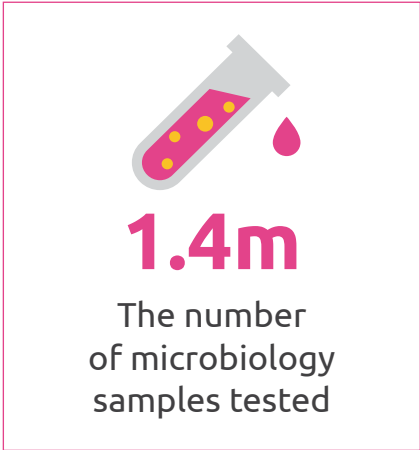
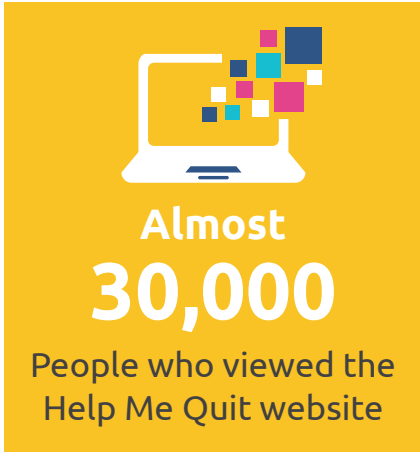
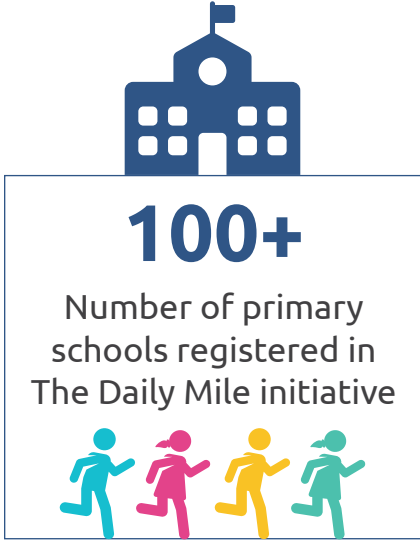
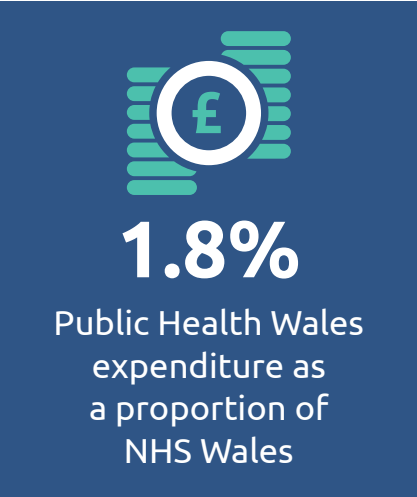
ANNUAL REPORT 2017-18



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The year in numbers



Chair's Foreword

I was privileged to join Public Health Wales in September 2017. In introducing this year's report, I would like to pay tribute to my predecessor, Professor Sir Mansel Aylward, who chaired the Public Health Wales Board from its inception in 2009. Mansel discharged his role with great distinction and I came into an ambitious, far-thinking organisation intent on making the most of the ground-breaking policy and legislative context that we have in Wales, to build a healthier, happier and fairer Wales.



In 2017-18, Public Health Wales conducted a number of strategic reviews and consulted widely on new strategic priorities to underpin the 2018-30 long-term strategy. Seven strategic priorities emerged, as reflected first in the 2018-21 Integrated Medium Term Plan (IMTP). They demonstrate clearly the ways in which we will deliver on the provisions of the Well-being of Future Generations Act.

The Public Health Wales Board also invited a team from the International Association of National Public Health Institutes (IANPHI) to conduct a 'peer review' of its effectiveness since inception in 2009, and to recommend how the organisation could continue to build on its position as the national public health institute for Wales.

The organisation also made a successful application to the World Health Organization (WHO), and ended the year by being confirmed as the world's first WHO Collaborating Centre for Investment in Health and Well-being. This is well-deserved recognition of the long-standing relationship between the WHO and the Public Health Wales Policy, Research and International

Development Directorate (PRID), and of the significant contribution they and the wider organisation makes to the international health and well-being agenda.

Public Health Wales has a long and successful track record in partnership working, and 2017/18 brought new opportunities, most particularly in the successful multi-agency bid to the Home Office Police Transformation Fund. Over the next two years, Public Health Wales will work with policing and criminal justice partners to help build more resilient communities in Wales by tackling root causes of crime and vulnerability. Using public health informed research and evidence, the Early Action Together Programme will work with a number of third and public sector agencies to address the lack of early intervention when Adverse Childhood Experiences (ACEs) and trauma are present, moving towards a preventative approach to crime.

In addition to formulating a new strategy and enhancing its reputation on the international stage, the Public Health Wales team had another successful year of operational delivery, meeting

I took great pleasure during the year from getting to know the staff of Public Health Wales, to see and hear their passion for, and commitment to, making a real difference to the lives of people across Wales.

performance targets and delivering financial balance for the ninth year in a row – a testament to the clear business planning, performance management and scrutiny arrangements in place across the organisation.

I took great pleasure during the year from getting to know the staff of Public Health Wales, to see and hear their passion for, and commitment to, making a real difference to the lives of people across Wales. Public Health Wales aims to address the complex interaction between the economic, social, environmental and cultural determinants of health and well-being, and I am continually impressed by the breadth and depth of the expertise across the directorates.

The Public Health Wales Board saw several changes in 2017/18, and I would like to thank all members for their leadership around strategy formulation, the scrutiny and oversight of operational performance, and for highlighting the tone and culture that we want to embed across the organisation. I am indebted to the whole Board for the support, guidance and assistance offered to me as the incoming Chair, and I look forward to working with Board colleagues in the years ahead.

The many successes in 2017/18 owe much to the executive leadership of the organisation, and I would like to thank Tracey Cooper for her inspirational leadership of the executive and the staff of Public Health Wales.

Public Health Wales has a major role in providing system leadership, both in the health and care system, and also more widely across public services, using its position as the public health institute for Wales to impact positively on all the determinants of health and well-being. 2017/18 saw the design and development of some key strategic building blocks, and the years ahead will see Public Health Wales, guided by its values of Working Together, with Trust and Respect, to Make a Difference, to make a real, meaningful difference and achieve its vision.

Jan Williams OBE FRSPH
Chair
Public Health Wales

Chief Executive's Introduction

It is an honour to introduce this year's Annual Report. This is the final Annual Report marking the end of our first Strategic Plan from 2015 – 2018, and it has been yet another busy year for the whole organisation in improving the health and well-being of the people of Wales.

Once again, our amazing and dedicated people have gone above and beyond, working in collaboration with one another and with our partners across Wales to deliver what we set out to achieve against our seven strategic priorities. A summary of the key achievements over the full three years of our first Strategic Plan can be found in Key Achievements in the last three years (2015 – 2018) on page 146.

Throughout the year we have continued on our journey to embed the Well-being of Future Generations Act, both across the organisation and in support of others across public services and our wider society through the work of our Health and Sustainability Hub. The Act is a key driver and enabler to improve the health of our nation, and a fundamental instrument to achieving the kind of economic, social, environmental and cultural change required to make a difference and improve the lives of people in Wales. Examples of the work that we have been doing to embed the Act, particularly the five ways of working, are included throughout this Annual Report, and we have added some case studies of particularly innovative approaches.

We have had a lot of highlights throughout the year across the wide range of our functions, and it is difficult to do them all justice in an introduction, so I have given a flavour of some of the highlights below.

Through our collaborative partnerships with Cymru Well Wales, and its Adverse Childhood Experience (ACE) Support Hub and First 1000 Days Collaborative, and with the police and criminal justice partners in Wales, through securing Home Office investment to create an ACE-informed policing and criminal justice



system in Wales, we have continued to progress the creation of an ACE-informed Wales and built momentum to improve our early years. The ACE work was further supported by new research about the factors in communities that influence our resilience that was undertaken by our Policy, Research and International Development Team.

Our Help Me Quit service has brought the smoking cessation system in Wales together under one umbrella, ensuring that services across Wales are integrated, and that members of the public can access help in a way that is responsive to their needs, and takes into account the complexity of their lives.

Our Every Child Wales and healthy school and pre-school programmes are out there, in schools, in nurseries, and in homes, involving partners and the people of Wales in strong collaboration.

I would like to personally thank each and every one of our people across Public Health Wales for their relentless hard work, passion and commitment to the people of Wales, our Board for all of their support during the year, and all of our partners who we work with to make a difference.

We have continued to support colleagues in the NHS to improve patient outcomes and patient safety. We launched a Healthcare Associated Infections Improvement Collaborative, and launched our Safer Pregnancy Wales campaign in conjunction with the Wales Maternity Network.

Our Observatory has been doing trailblazing work to support our long-term thinking and enable others to plan well in reviewing the burden of disease in Wales today and in the future through our Health and its Determinants report.

Through the excellent work of our Policy, Research and international Development Team, and other key people across the organisation, the World Health Organization designated us as a Collaborating Centre on Investment for Health and Well-being, which is a substantial achievement both for us and for Wales.

Whilst we have had considerable highlights, we also continue to have some considerable challenges across a number of our services including microbiology and screening services. These relate particularly to the ability of us, and colleagues in health boards, to recruit key staff. Our teams across these services have therefore been working above and beyond to maintain the

quality of services that they provide every day, which is exemplary. Despite these challenges, our people have continued to progress the services by introducing new technologies, new screening developments and thinking innovatively and strategically for what our services need to look like in the future. We also managed to secure internationally recognised UKAS accreditation across all of our laboratories during the year, which is a substantial achievement - and huge thanks to all our people for the significant work to achieve this. Meanwhile, our health protection teams have continued to respond to outbreaks as appropriate and, as part of keeping our population safe, they supported the emergency services preparation, planning and delivery for the UEFA Champions League final in Cardiff.

A key priority for us is to continue to develop as an organisation by being as effective as we can be in what we do and how we do it and, as importantly, to support and develop our people to be the best that they can be. We launched our values following a substantial engagement programme across the organisation, we achieved the bronze Corporate Health Standard, and focused far more on the health and well-being of our people than we have done previously.

We have also had a year of insight and review to ensure that we are providing high impact and high quality work to support our people in Wales. We invited peers of National Public Health Institutes across the world to undertake a peer review of our effectiveness through the International Association of National Public Health Institutes (IANPHI), Welsh Government completed a stocktake of our relationship with them, the Wales Audit Office concluded a review of how we manage our local public health resource with health boards, and we are in the implementation phase of our Screening for Life programme and Health Intelligence modernisation following strategic reviews.

The year has not solely been about delivering our plan, it was also a year when, through applying the five ways of working, we undertook a substantial engagement and evidence process to develop a new Long Term Plan for us from 2018 to 2030. We now have seven new strategic priorities aligned with the Well-being of Future Generations Act that will take us into the next decade, and a new purpose to drive our work – working to achieve a healthier future for Wales. Find out more about this in ‘Moving Forward’ on page 40, and how we consulted on our new strategy in the case study on page 36.

I would like to personally thank each and every one of our people across Public Health Wales for their relentless hard work, passion and commitment to the people of Wales, our Board for all of their support during the year, and all of our partners who we work with to make a difference.

Finally, I would like to express a huge thank you to Professor Sir Mansel Aylward who was our Chair at the beginning of this year, and for all of his substantial contributions to Public Health Wales over the last seven years, and to Jan Williams who joined us as our new Chair in September, who has already made a significant contribution to shaping our future.

Dr Tracey Cooper
Chief Executive
Public Health Wales

Statement of Accountable Officer’s Responsibilities

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer’s Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

As Accountable Officer I confirm that, as far as I am aware, there is no relevant audit information of which the entity’s auditors are unaware, and I have taken all the steps that ought to have been taken to make myself aware of any relevant audit information and that the Trust’s auditors are aware of that information.

As Accountable Officer I confirm that the annual report and accounts as a whole is fair, balanced and understandable and I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.



Dr Tracey Cooper
Chief Executive and Accountable Officer
Public Health Wales
30 May 2018



WHAT WE DELIVERED

What we delivered

This part of our Annual Report outlines what we have delivered during the year 2017-18, showing how we have made an impact. Here, we report our achievements against seven priority areas of work, which are:

1. Adopting and implementing a multi agency systems approach to achieving significant improvements in our population’s health
2. Working across sectors to improve the health of our children in their early years
3. Developing and supporting primary and community care services to improve the public’s health
4. Supporting the NHS to improve outcomes for people using services
5. Influencing policy to protect and improve health and reduce inequalities
6. Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver
7. Developing the Organisation

Strategic Priority 1

Adopting and implementing a multi agency systems approach to achieving significant improvements in our population’s health

Over the past year, we have been working with partners inside and outside of Public Health Wales to deliver a range of exciting projects and programmes.

Working with the Welsh Local Government Association (WLGA), we are continuing to foster the coordinated development of the Cymru Well Wales movement, which brings together motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow.

In a similar collaborative vein, we have also agreed and put in place a programme of support for communities and voluntary organisations through our Healthy and Well Communities Programme, and continue to support over 60 businesses through Healthy Working Wales in partnership with local authorities, Health and Safety Executive and others.

We have supported the development of a new Obesity Prevention and Reduction Strategy with the Welsh Government. We have also developed and implemented new social marketing programmes to help smokers quit, and to prevent obesity in early childhood. We have worked with a range of partners to strengthen our work on physical activity with a particular focus on promoting active travel to school, and have registered over 100 primary schools in The Daily Mile initiative.

In Wales, approximately half of all disability-adjusted life years are made up of three health conditions, namely cancers, cardiovascular diseases and musculoskeletal disorders. A large proportion of these health conditions are caused by known risk factors, which are linked to adjustable behaviours. Of these, smoking remains the biggest risk factor.

This is why we supported the Welsh Government in the development of a new national Tobacco Action Plan, and launched a unified national Help Me Quit brand and campaign. Over the course of the year, almost 200,000 people have engaged with Help Me Quit social media, 60 per cent of Welsh adults have watched the TV advert, and almost 30,000 people have viewed the website.

We have developed new evidence and resources too. Including publishing evidence summaries for 14 of the Public Health Outcomes Framework (PHOF) indicators, and introduced enhancements to the PHOF tool (including sub-local authority analyses) to inform population health action.

We had great news in November 2017. The Home Office announced that the all Wales collaborative bid, National ACE approach to policing vulnerability, between Public Health Wales, the four Wales Police and Crime Commissioners and Chief Constables, as well as key partners such as HM Prison and Probation Service in Wales, had been successful. We were awarded £6.87million from the Police Transformation Fund for a three-year programme, ending in March 2020.

The project, named Early Action Together Programme (EATP), proposes to address the lack of early intervention and preventative activity when Adverse Childhood Experiences (ACEs) and trauma are evident and families are at risk of poor outcomes, and the associated impact this has on policing in terms of vulnerability and crime.



This will be achieved by taking a multi-agency, public health approach to policing and criminal justice by working at a national and local level with organisations across the public and third sectors, and using evidence to understand the current context and identify interventions to tackle root causes. The aim is to create a paradigm shift in attitudes and thinking across policing and criminal justice, to enable transfer of investment to a system wide prevention first model.

Public Health Wales has been working with the housing sector too, and has collaborated with Community Housing Cymru to deliver a joint work plan on health and housing. In 2017-2018, projects undertaken linked to this work plan have included the development of an ACE-informed approach within the social housing sector, developed through collaboration between the policy leads in policing and housing, in partnership with health and housing leads in Solas Cymru, Community Housing Cymru and the Welsh Government. This project aims to map and identify current ACE-based approaches in housing across Wales, and to develop and test an ACE informed approach with housing providers and their support services. In 2018-2019, a project is to be undertaken to understand the intersections between ACEs and homelessness. Substantial work has also been undertaken by this group in relation to the prevention of falls, and this has linked to the National Falls Taskforce.

How we are working together to contribute to Public Services Boards' well-being objectives

Public Health Wales is a public body with a national reach. It is not a statutory member of Wales' 19 Public Services Boards (PSBs), rather an invited partner. The organisation's local public health teams and Observatory have supported the PSBs by developing the Public Health Outcomes Framework (PHOF) and supporting their local well-being assessments and plans.

The *Health and Sustainability Hub* has also provided relevant, accessible and timely public health and sustainability advice in response to requests from PSB coordinators such as the briefing on 'healthy spaces and places for present and future generations'. Public Health Wales is also supporting PSBs to take a whole system approach to improving outcomes, in terms of the first 1000 days of a child's life, and addressing Adverse Childhood Experiences (ACEs). This work also reflects ACEs being a priority of the Future Generations Commissioner to equip people for the future.

The organisation is also co-ordinating a PSB Support Network for the public health system in its work with PSBs. To date, this has delivered three workshops for public health leads in local areas focused on knowledge and skill development.

Our Impact

**HELPA FI
STOPIO
HELP ME
QUIT**
0800 085 2219



22,500+
Contacts received by the
Help Me Quit contact centre

Case Study



Creating a smoke free Wales

Smoking remains the risk factor that contributes most to the years of lost life in Wales, according to the *Burden of Disease Report for Wales* published this year.

Smoking causes approximately 5,400 deaths each year, and costs the Welsh NHS around £1/3 billion per year. Smoking is also one of the main causes of inequalities in health, with smoking rates in the most disadvantaged areas around three times higher than those in the least disadvantaged areas.

We have been working closely with the Welsh Government and other partners to develop the *Tobacco Control Delivery Plan for Wales 2017/20*. The plan establishes the foundation for an overall vision of a smoke-free Wales. It contains activity around prevention by helping children and young people not to start smoking, cessation by helping more smokers to quit, and reducing exposure by ensuring smoking is increasingly not the norm.

Good progress is being made towards achieving a smoke-free future generation, with the most recent data showing that smoking is at an all-time low for 15-16 year olds (seven per cent of boys, nine per cent of girls in 2014). This continues a downward trend, and follows action including changes in laws around displaying tobacco for sales, and handing-over tobacco to those under 18.

Activity led by Public Health Wales has also contributed to this progress, and includes whole-school approaches to tobacco control via our *Welsh Network of Healthy School Schemes*, and *Just B* – our programme supporting influential year eight pupils to talk with their peers about the social, economic, environmental, and health benefits of staying smoke-free. We target this activity to schools in areas where smoking uptake is likely to be highest, to help ensure maximum impact on inequalities in health that smoking leads to. Over two thirds of smokers take up the habit when they are still at school, so it is absolutely critical that we intervene at this early stage.



Just B was developed with young people, and involves them completely in the delivery. It reflects the way young people communicate today with use of a web-based app to help them disseminate messages and record their smoke free conversations with their friends.

With the Help Me Quit service (www.helpmequit.wales) we have continued to lead action to build an integrated system to meet the diverse needs of the vast majority of smokers in Wales who say they want to quit. This has included a step-change in marketing activity to help encourage quitting.

As part of efforts to denormalise smoking and protect non-smokers from exposure to second-hand smoke, we've been supporting the development and ongoing implementation of the Public Health (Wales) Act 2017 which includes proposals to restrict smoking in school grounds, playground and hospital grounds. We are continuously applying our increasing understanding of the most effective things we can do to reducing smoking prevalence, to help deliver a smoke-free Wales.

Strategic Priority 2

Working across sectors to improve the future health and well-being of our children

Driving long-term improvements in the health and wellbeing of our children is an investment in the future health the nation.

We have worked with the Welsh Government to support the development of government policy on early years, as part of Prosperity for All, and including the future direction of the *Healthy Child Wales* programme.

In 2017 the Health and Wellbeing Directorate launched *Every Child Wales*, a new five-year programme initially focussed on the *10 Steps to a Healthy Weight*, and charged with improving health in the pre-school age group. Over the launch period, there has been a specific focus on childhood obesity, breastfeeding and outdoor play.

Our work has brought greater attention to the importance of giving every child the best start in life, with a focus on the first 1000 days – during pregnancy and to a child's second birthday. Through our *First 1000 Days Collaborative*, we are building a network of local areas committed to improving outcomes at this critical time. By the end of 2017/18 four Public Services Boards in Wrexham, Torfaen, Conwy and Denbighshire, and Caerphilly had signed up to the collaborative.

In December 2017 we held our first national network event bringing together key stakeholders in Wales to mobilise actions and hear from policy and subject matter experts from across the UK. The *First 1000 Days Programme* has also published the findings of a parental insight project to better understand the experiences and support needs of parents.

We also brought professionals together to explore how higher and further education institutions can improve the health and well-being of staff and students, which will lead to a network of higher and further education professionals to share what they know, and learn from one another.

More widely across Public Health Wales, colleagues in the Policy Research and International Development Directorate have worked with the Welsh Government and the Cymru Well Wales collaborative to establish an Adverse Childhood Experiences (ACEs) Prevention and Support Hub.

The Hub has since started ACE prevention and support awareness and training sessions the length and breadth of the country. This has involved around 200 people in the development of an ACE knowledge and skills competency framework and raising awareness of ACEs, reaching over 3000 people directly.

The Quality Nursing and Allied Health Professionals Directorate co-developed a draft safeguarding maturity matrix (children and adults) with NHS Wales, for piloting during 2018-19, and developed the Children and Young Persons' Annual Quality Statement and inaugural Public Health Youth Summit.

Case Study



Every Child Wales



The *Every Child Wales* programme provides information for parents about health and well-being in the early years of life, with an initial focus on reducing childhood obesity.

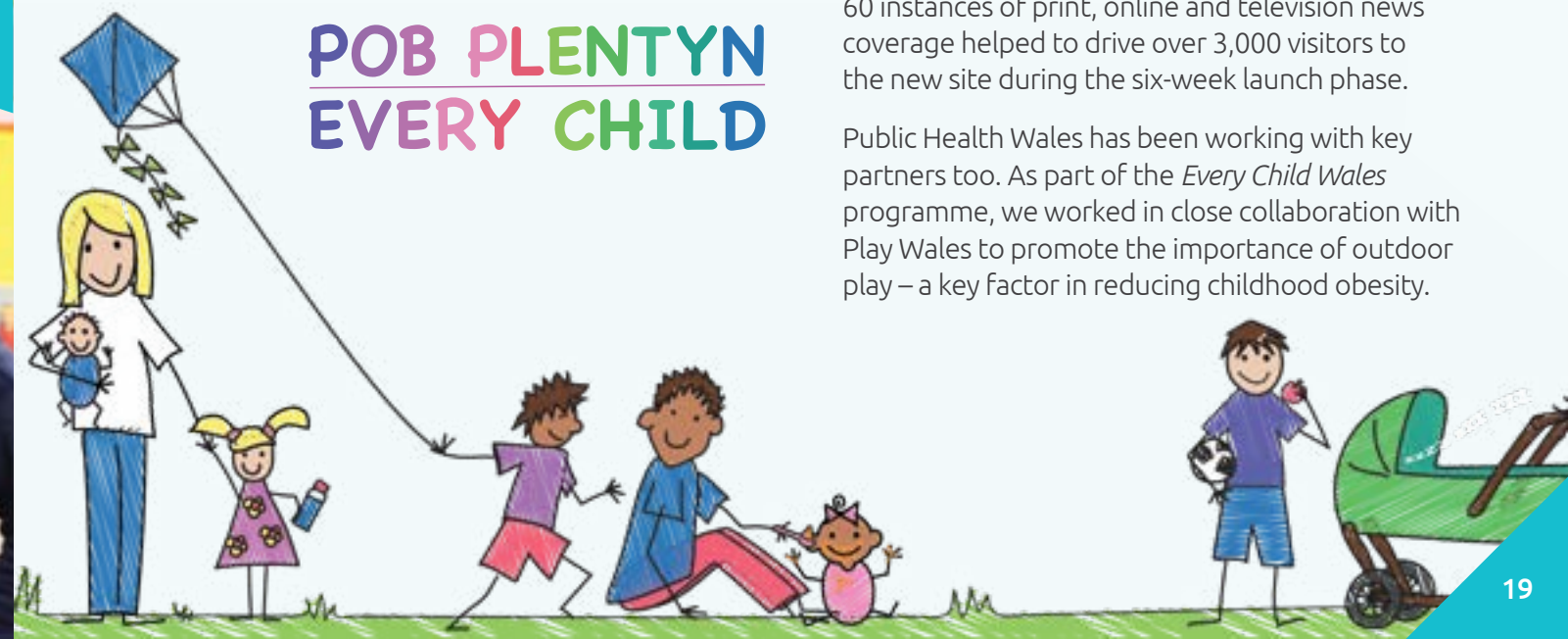
In summer 2017, the Health Improvement Division worked in partnership with the Communications Team to launch the new programme – and a brand new, colourful *Every Child Wales* website.

The website now provides a wealth of health and well-being information for families who are planning a pregnancy, and for parents with babies and small children. It is also a vital source of information for professionals working in every sector, and who come into contact with families and those planning a pregnancy.

Public Health Wales worked to raise awareness of the new programme and website through exciting new social media channels, as well as by working with traditional news outlets. More than 60 instances of print, online and television news coverage helped to drive over 3,000 visitors to the new site during the six-week launch phase.

Public Health Wales has been working with key partners too. As part of the *Every Child Wales* programme, we worked in close collaboration with Play Wales to promote the importance of outdoor play – a key factor in reducing childhood obesity.

**POB PLENTYN
EVERY CHILD**



Our Impact

100%

Proportion of the 19 well-being assessments in Wales that used information from the Child Measurement Programme for Wales to inform their wellbeing plans.



Strategic Priority 3

Developing and supporting primary and community care services to improve the public’s health

Public Health Wales works to coordinate support for health boards and clusters at a national level in the delivery of the National Plan for Primary and Community Care in Wales.

Our work plan includes a range of projects to support the delivery of local and national priorities, which collectively aim to support the transformation and sustainability of primary and community care in Wales. Over the course of the year we have co-ordinated the ongoing development of the Primary and Community Care Development and Innovation Hub in conjunction with our Programme Board partners.

Outputs have included engaging clinicians and managers in developing a new model for primary and community care in Wales. This has included the creation and launch of the new *Primary Care One Wales (PCOne)* website, designed to promote collaborative working and support for clusters, and the delivery of the well-received Confident Leaders Programme for cluster leads and aspiring cluster leads.

We have also delivered skills-based workshops on a regional basis aimed at those working in or with clusters. Topics included Health Needs Assessment, Co-production and Principles of Project Management.

Our research activities have supported more effective social prescribing through mapping evidence and sharing of activity and learning between clusters. We have also continued to embed health improvement initiatives into primary care delivery – for example stop smoking support for smokers from minority ethnic communities, and a GP training resource on the use of Fit Notes.

The Hub supported the introduction and development of the pharmaceutical needs assessment framework in Wales, and in a series of linked developments, created a plan to improve oral health intelligence in line with the strategic Public Health Intelligence Review and the Public Health Wales Dental Public Health Review recommendations. We then went on to implement the recommendations of the Dental Health Resources review over the course of the year.

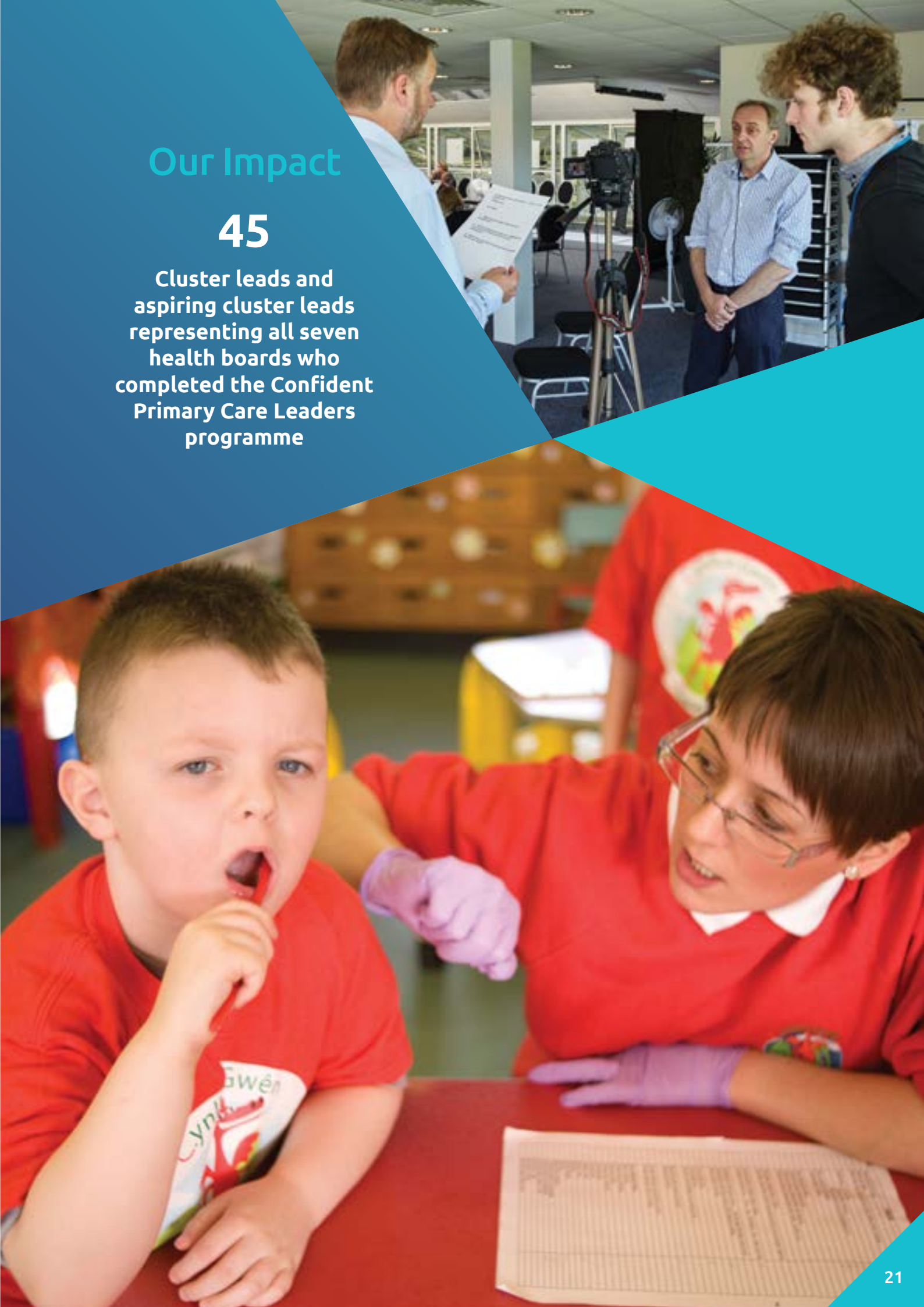
The Hub also worked closely with the Chief Dental Officer’s office and health boards to start the General Dental Service Reform Programme, taking over the national leadership of the *Designed to Smile* programme. We followed this with the delivery of a programme of re-orientating *Designed to Smile* to the 0-5 year age group, with an increased emphasis on the first 1000 days.



Our Impact

45

Cluster leads and aspiring cluster leads representing all seven health boards who completed the Confident Primary Care Leaders programme



Case Study

Meeting our commitments on social prescribing



What is social prescribing?

Recognising that people’s health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people’s needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Who is involved, and why?

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

Services often include activities provided by third sector organisations, such as volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. As well as helping individuals to take greater control of their own health, social prescribing schemes may also lead to a reduction in the use of NHS services.

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, including mental health and physical well-being. Those who benefit most from social prescribing include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and frequent users of primary or secondary health care.

Our commitment

The Primary and Community Care Development and Innovation Hub (Primary Care Hub), hosted by Public Health Wales, leads on three areas of social

prescribing in Wales: mapping the evidence base for social prescribing; identifying current project activity in primary care; and sharing learning.

Over the past 12 months, the Public Health Wales Observatory Evidence Service has mapped all relevant evidence for social prescribing practice, and the Hub has used information from health board heads of primary care to identify, collate and share current or intended social prescribing activity. We have also established three communities of practice, with support from 1000 Lives Improvement. This helps share local project experiences and creates opportunities to learn from approaches developed outside of Wales. All material is published on the PCOne website.

In addition, the Hub has created a generic evaluation tool for social prescribing for primary care clusters, and laid the groundwork to create a new All Wales Social Prescribing Research Network, which launched in May 2018.

The team

The Social Prescribing Project Team oversees the Hub’s work on social prescribing. It includes representatives from primary care clusters, heads of primary care, local public health teams, county voluntary councils, Public Health Wales and individuals with links to wider networks including the voluntary and charitable sector. Cross-membership with other groups connects the Hub’s work to other national programmes that relate to social prescribing in Wales, including community development, use of green space and time banking.

Strategic Priority 4

Supporting the NHS to improve outcomes for people using services

This year marked the tenth anniversary of *1000 Lives Improvement* and the NHS Wales Awards, celebrating a decade of supporting health boards and trusts to improve services for patients.

1000 Lives Improvement helps NHS Wales staff provide the highest quality patient care. Over the last year, we have delivered expert quality improvement training and worked with the UK charity, The Health Foundation, to establish a network of improvement champions (Q Wales). This will help staff to make the changes needed to improve the quality of NHS services.

Our role in patient safety has included supporting the Wales Cancer Network and working with Cwm Taf and Abertawe Bro Morgannwg University Health Boards to test a faster way to diagnose patients. We have also continued to lead a national network to support the reduction of harm and death in acutely ill patients. This has included a focus on Sepsis and acute kidney injury (AKI).

As part of our work with mental health services, we have also supported health boards to use a new Health Equalities Framework to improve services for people with learning disabilities.

We have worked with Public Health Services to launch a new collaborative to help the NHS in Wales reduce infection rates and antimicrobial resistance (antimicrobial resistance happens when a drug is no longer effective against infection). This work included the re-launch of a campaign to improve the appropriate use and maintenance of medical devices to prevent infection.

We have also worked with the broader public sector by supporting a national task force to prevent falls amongst older people. This work closely aligns to the ‘Ageing Well in Wales’ and the ‘Health and Housing’ agendas, and was supported by a national falls awareness campaign.

We are looking forward to the coming year which will see the development of new programmes of work, including reducing demand on emergency services and improving the quality of care in care homes.

Our Impact



Nearly 9000

People trained in tools and techniques for managing a range of long term health conditions through Education Programmes for Patients Cymru

Case Study

Reducing harm from excessive bleeding in mothers after childbirth



An award winning quality improvement project to reduce harm from excessive bleeding in mothers after childbirth was launched in November 2016.

It is a partnership between *1000 Lives Improvement*, health boards, the Maternity Network and the Wales Deanery. The project is called OBS (Obstetric Bleeding Strategy) Cymru.

Excessive bleeding after childbirth (also called postpartum haemorrhage) is the second leading cause of direct maternal death in the UK and is in the top five quality and safety issues for every maternity service in Wales.

Since the project began, *1000 Lives Improvement* has supported interventions across all consultant led labour wards in Wales to reduce critical care admissions, the amount of blood products given and the number of hysterectomies performed due to excessive bleeding after childbirth.

Health boards are already demonstrating the following improvements:

- **Risk Assessment for excessive bleeding after childbirth** is now becoming a routine part of the admission process in consultant led birth settings
- **Measuring Blood Loss** is quickly becoming embedded in practice, with over 90 per cent of women who have just given birth having their blood loss measured

- **Multidisciplinary Team (MDT) Working** is improving as a result of training provided by the project
- **Specialist machines** have been installed in every labour ward in Wales to allow rapid access to essential test results and guide blood product management

Training is being rolled out across consultant led maternity services in Wales to improve knowledge, clinical skills and team working.

The project supports Wales' Prudent Healthcare agenda with clinicians and patients working together, learning from women's experiences and using evidence to reduce variation.

The project has been successful in winning the MediWales Efficiency Through Technology Award. It has also been shortlisted for an NHS Wales Award, and a Patient Safety (UK) Award.

Read more about the project at www.1000livesplus.wales.nhs.uk/obs-cymru, and follow the conversation on Twitter with [#OBSCymru](https://twitter.com/OBSCymru).

Strategic Priority 5

Influencing policy to protect and improve health and reduce inequalities

Over the past year the Policy Research and International Development Directorate has been working with partners inside and outside of Public Health Wales to develop new knowledge and deliver a range of innovative programmes.

A key focus has been work exploring the Adverse Childhood Experiences (ACEs) agenda. This has included a ground-breaking collaboration with South Wales Police and the South Wales Police and Crime Commissioner to develop, deliver and evaluate ACEs training, and pilot a single point of contact for vulnerable clients through the South Wales Early Intervention Project. This success led directly to a successful bid to the Police Transformation Fund for £6.8million to develop a National Approach to Policing Vulnerability and ACEs Programme.

We have also delivered high impact factor research on ACEs, electronic cigarettes, cancer survival, mass unemployment events and violence prevention, with more than 20 academic papers completed in quarter one alone.

We have also gone on to deliver new research outputs covering community resilience, ACEs and prevention, the Well-being of Future Generations Act, gambling harms and policing vulnerability.

On an international level, Public Health Wales has hosted a European study visit on co-production and vulnerable groups, and jointly facilitated with RIVM (Netherlands) the Wales First Foresight workshop for senior delegates from Public Health Wales, the Welsh Government and the Future Generations Commissioner’s Office. We also undertook a peer-to-peer review of Public Health Wales by the International Association of National Public Health Institutes.

Major international developments include the publication with the World Health Organization (WHO) of the Welsh approach to health and

sustainability and the launch of our International Health Strategy, complete with the development of its governance structure, implementation plan and stakeholder involvement.

We worked with WHO Europe on the publication of the only International Health Impact Assessment (HIA) Quality Assurance tool and an online resource. We also supported and advised Welsh Government on drafting the HIA Statutory Guidelines and their practical implementation.

Looking to the future, we have embedded the sustainable development principle in all work across the organisation to support strategic planning and Well-being of Future Generations Act implementation, and have progressed a programme of work on *Investment for Health and Wellbeing* across Wales and the WHO European Region.

The Health Intelligence Division has produced the significant report on *Health and its Determinants*, which is now widely used to inform policy development and strategic planning across the wider NHS in Wales. While colleagues in the Policy Division have identified new routes for public engagement and involvement in policy development and implementation.

We have also set up a Public Service Board (PSB) Support Network for public health leads who support PSBs, providing peer support and continuing professional development, as well as providing broader support to public bodies through working with the Office of the Future Generation’s Commissioner as part of the ‘Live Labs’ initiative.

Our Impact

10

Times Adverse Childhood Experiences (ACEs) were mentioned in Assembly plenary and committee sessions



Case Study

Welsh ACE and Resilience survey



In 2017, we undertook the second national Adverse Childhood Experience (ACE) survey.

Our first ACE survey in 2015 had exposed the strong relationships between ACEs and a wide range of health-harming behaviours and health conditions in adulthood, and correspondingly with increased use of health services. However, many people who suffer ACEs manage to avoid their harmful effects, and this ability to thrive in the face of adversity is known as resilience. Supporting the development of resilience in children and young people is a key priority in Wales, and consequently our second ACE survey aimed to identify factors that may help build resilience against ACEs in the Welsh population.

The survey was completed by around 2,500 adults aged 18-69 across Wales. The first findings report focused on relationships between ACEs and mental illness, and showed that the more ACEs people suffer in childhood, the more likely they are to suffer mental illness across the life course. People who reported four or more ACEs were over three times more likely to report currently receiving treatment for a mental illness, six times more likely to report having ever received treatment for a mental illness, and nine times more likely to report having ever felt suicidal or self-harmed.

However, people who reported greater resilience resources had lower levels of mental illness. For example, among those with four or more ACEs, levels of current treatment for mental illness reduced from 29 per cent in those with low

childhood resilience resources to 14 per cent in those with high childhood resilience resources.

Along with overall resilience measures, factors including having a trusted relationship with an adult in childhood, childhood and adulthood sports participation, community engagement and higher financial security were all associated with a reduced risk of mental illness.

The protective effects of resilience resources were seen both in those who had suffered ACEs and those who had not, showing the importance of resilience in supporting mental health across the population.

Critically, the survey showed that individuals who had suffered multiple ACEs had fewer resilience resources both during their childhood and as adults, and were less likely to engage with services. This highlights the importance of supporting the development of resilience in individuals at risk of, or already affected by ACEs, and of services understanding the barriers that those affected by ACEs may face in accessing opportunities for resilience-building.

Moreover, while resilience factors can provide some protection against ACEs, they do not entirely counter the risks associated with them, and primary prevention remains essential. The findings from the second Welsh ACE survey can thus help inform the development of ACE-informed services and resilience building activity across Wales.

Strategic Priority 6

Protecting the public and continuously improving the quality, safety and effectiveness of the services we deliver

A core part of our work is supporting partners to protect public health.

The Public Health Services Directorate collaborated on the establishment of consensus and systems to evidence and reduce premature deaths related to alcohol and drug poisonings, and also provided support to the Chief Medical Officer’s Sexual Health Service review and introduction of PrEP for HIV.

The implementation of a national surveillance system for blood borne viruses, including HIV, from screening to treatment outcome to reduce rates of related liver disease was delivered in 2017/18.

The work on modernising our microbiology services has continued, with a stabilisation plan featuring new ways of working to support 24/7 microbiology service delivery across Wales. The active recruitment for key medical and clinical scientist posts in Microbiology has also continued.

The coordination and introduction of Non Invasive Prenatal Testing (NIPT) in Antenatal Screening was delivered in 2017/18. The screening programmes also progressed plans for the introduction of HPV primary testing in Cervical Screening Wales, FIT testing in Bowel Screening Wales, and implemented actions to improve access to screening for users with sensory loss.

The Health Protection Teams continued to lead on the effective control of outbreaks and environmental incidents including Measles, Campylobacter and waste fires. They also provided epidemiological intelligence and specialist advice to support the NHS Wales response to winter flu, as well as contributing to the preparedness for the UEFA Champions League event.

A Patient Notification Exercise for cardiac heater cooler units across NHS Wales was also successfully concluded. In order to improve joint responses to incidents, an evaluation of pilots of the All Wales Acute Response (AWARe) system was undertaken.

Our Impact



99.5%
Uptake for our
Newborn Hearing
Screening Wales
programme - meaning
that of 33,884 babies
born in Wales, 32,998
were screened.

Case Study

Pathogen genomics



In February 2018, the Public Health Wales Microbiology Service became the first in Wales to begin the genome sequencing of pathogens.

The Pathogen Genomics Unit is led by Dr Sally Corden. Here she tells the story of this next step in clinical services:

"Infectious diseases account for seven per cent of UK deaths, cost the NHS around £30billion per year to treat, and represent eight per cent of bed days. The need to look deeper into the identity, ancestry, the ways in which pathogens interact with our bodies, and evade treatment, is clear.

"Pathogen genomics is a high profile and complex programme that will have significant implications for the way services in the Microbiology laboratories will be delivered across Wales.

"The genome sequencing of pathogens will replace most classical diagnostic Microbiology in the long term, and Wales had made a great start.

"Initially, our focus has been on the installation and implementation of the next generation sequencing (NGS) platforms at the Cardiff and Swansea laboratories, and the development of an infrastructure which will aid the realisation of the power of this exciting technology.

"The Pathogen Genomics Programme encompasses five main areas:

- HIV resistance: Next Generation Sequencing (NGS) provides a more accurate and powerful tool for discovering viral resistance to current treatment
- Mycobacterial species identification and TB resistance: This provides both speed and precision, reducing time to result from a few weeks to a few days
- Development of a novel *C. difficile* typing scheme
- ARGENT (Antimicrobial Resistance GENomic Typing)
- Respiratory viruses, e.g. influenza now require whole genome sequences to be submitted to a worldwide database

"It is an exciting journey that will have a significant impact on patients and we need to help translate the science into meaningful clinical care.

"Public Health Wales Microbiology will be delivering a number of genomic projects over the coming months to help demonstrate its utility. Our next step will be to mine genomics data to find out how we can use it in preventative or earlier interventions."

The inauguration of the Pathogen Genomics Unit took place on 14 February 2018 at the Life Sciences Hub. The opening event was attended by healthcare professionals, Welsh Government officials and Public Health England representatives.



Strategic Priority 7

Developing the organisation

Listening to staff and acting on feedback has been a recurring theme throughout 2017/18 for the enabling functions. From using the staff survey results to drive organisational improvements, to significantly increasing the provision of Welsh Language learning for staff, to holding regular lunch and learn sessions on a range of issues relevant to Public Health Wales, we have sought to act on what staff say they want.

A core component of this has been the work on launching our organisational values – Working Together, with Trust and Respect, to Make a Difference – and embedding them in key procedures.

Widening the scope of who we call stakeholders has been a priority for us this last year. We achieved the PENNA Award for Championing the Public: Listening and learning from children and young people, and the Elite Award for large employers. We also developed a Youth Summit for children and young people around our Annual Quality Statement. Furthermore, we enhanced our work on diversity and inclusion, including completing the Stonewall Index and launching a range of network groups including Enfys LGBT+ Network, Black, Asian and Minority Ethnic Staff Network, Disability Staff Network and Single Parents Network.

Public Health Wales is constantly evolving, so it is important that we ensure that functions that support our directorates are organised in the best way possible. With this in mind we conducted and implemented a review of the engagement, communications and web resource across the organisation. We also completed a strategic review of our health intelligence functions and have an implementation programme ready for 2018/19.

A key piece of work was developing and agreeing our new organisational strategy and priorities, supported by a robust financial programme. The development of the strategy was achieved through a process

of internal and external engagement, and this will carry on as we plan for next year. You can read more about how we did it in the Developing our Long Term Strategy case study on page 36.

How our seven corporate areas of change are adapting to the Five Ways of Working

Financial Planning

The financial planning aim is to ensure that we maximise the impact of our funding through prudent investment, effective stewardship, and innovative financial management. This will be demonstrated through our value and impact work.

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

With many resources committed over the short term, the shift of such resources to reflect our new priorities and commitments will be affected over a number of years. In the first “transitional” year, the focus will be on the reinvestment of cost improvement savings and the investment pot in areas prioritised in the strategy. In this transitional year, much of the funding will be of a pump priming nature and will be used to non-recurrently facilitate and support the change.

Cydweithio, gydag ymddiriedaeth a pharch, i wneud gwahaniaeth



Working together, with trust and respect, to make a difference



Planning

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

We are aware that translating these aspirational goals of the Well-being of Future Generations Act into everyday normal practice is heavily reliant on the way we as an organisation develop our strategies and plans, how we create the right structures, policies and processes, and how we lead, communicate and involve our staff and partners so that we work together towards a common purpose. To this end, we decided that our well-being objectives must drive everything we do, and become one and the same with our new strategic priorities.

This stronger alignment will enable the monitoring and reporting of the well-being objectives to show a clear link to how the organisation will reflect its unique contribution to the seven well-being goals. The strong alignment of our strategic priorities and objectives and the well-being goals can be seen throughout our Strategic Plan (IMTP 2018-21).

Performance Management

In order to monitor our progress against our well-being objectives, we mapped each well-being objective against the contributory actions within our Integrated Medium Term Plan (IMTP). A status of completion of the contributing IMTP actions to each well-being objective was presented to our Board at mid-year and end of year in 2017/18. This quantitative approach was complemented by examples of work contributing to our well-being objectives from across the organisation (for further information see pages 55 - 62 of this report).

Public bodies are encouraged to look for opportunities to bring together existing reporting arrangements in a more integrated way as part of the Act. In 2017/18 we committed to developing an integrated performance report which ensures that the Executive Team and Board have robust and relevant performance information to facilitate decision making, as well as providing a more balanced overview of our progress across the organisation. In addition, as part of our bi-annual directorate performance review meetings, directorates presented examples of work where they have considered the Five Ways of Working.

Risk Management

The risk management system in Public Health Wales continues to mature and develop in line with the standards set out in ISO31000, the International Standard for Risk Management. The objective of the system is to ensure that the organisation recognises the risks it faces in the future, and makes the necessary decisions to manage them. This work is designed to ensure a sustainable approach to organisational risk management, and to allow the organisation to implement appropriate strategies to prevent threats to objective delivery being realised.

A key element of this development has been that the Board of Public Health Wales has developed a new set of strategic risks which set out the risks that the organisation faces in trying to achieve its priorities and objectives. In addition to this, the Board has for the first time set out its risk appetite level for each strategic priority. This is now being communicated across the organisation, combined with a review of all operational risks. This will ensure a consistent, integrated approach whereby all risks are clearly linked to organisational objectives with a line of sight to the Board Assurance Framework.

Workforce Planning

Public Health Wales has continued to review and refine its workforce planning processes in support of the Five Ways of Working.

In particular, we have introduced a new workforce planning toolkit, designed around the six-stage NHS Wales Planning Framework. The toolkit includes information about the composition of the current workforce, and links to useful resources such as population demographics, and information related to the external context affecting the work and the workforce, including the Act.

One of the key outputs from our 2017/18 workforce planning process was the introduction of a Colleague Development Programme, responding to softer skills requirements identified on a consistent basis across the organisation to support our strategy and plans. This included modules on influencing skills, facilitation skills, project management, powerful conversations, change planning and communications and research, evidence and evaluation skills.

In May 2017 we launched the Public Health Wales values which require us to ‘work together, with trust and respect to make a difference.’ We continue to review how we work with our stakeholders and public, which has been brought to life in the creation of our new longer term organisational plan, as well

as reviewing how we work better around shared priorities internally, including a review of matrix working in support of our Organisational Priorities as detailed in our latest IMTP.

We have further focused on widening access to our organisation through a revised work experience programme, and increased use of apprenticeships. We will continue to build on these approaches over the course of our IMTP, and specifically we will work to establish clear links with the communities we serve, both supporting them where they live and work and widening opportunities for them to join Public Health Wales.

Communications Team

The Public Health Wales Communications Team has embraced the Five Ways of Working in many aspects of our work.

Our purpose is to consistently build the credibility of Public Health Wales and its leadership - both internally with colleagues, and externally with media, government and partner agencies. This helps Public Health Wales, as a national public health institution, to influence policy makers, health and care providers, those agencies and partners involved in delivering public health, and the public to place increased focus on long-term thinking, population health improvement and prevention of ill health.

We collaborate closely with local health boards and with the Welsh Government to publicise campaign messages and share content as widely as possible. We’re working in closer partnership than ever before with communications colleagues in our partner organisations, and we have integrated our objectives with the strategic objectives of Public Health Wales, working in true purposeful partnership with internal and external partners.

We apply long-term thinking to the planning and execution of our work. We continually scan the horizon, keeping ourselves abreast of trends that will impact our work over the longer term. We invest in new skills and technology to make sure that we are in the best possible position to deliver the right information, in ways that are specific and appropriate to intended audiences, to enable individuals to take greater and more effective accountability for their health and well-being.

Our Estate

We continue looking at the overall estate and its functionality, occupancy levels and its fitness for purpose, alongside accommodating agile working. We are also assessing our property portfolio and the opportunities within our current estate, and working with partners to identify joint working opportunities and joint projects to benefit the population we serve and our staff.

In addition, we are reviewing the energy performance of our sites and what positive steps can be taken to improve energy performance, and when taking out new leases look for a minimum of ‘C’ rating on EPC (Energy Performance Certificate).

Our Impact



1000+
Hours spent listening and talking to staff and our stakeholders in the first stage of engagement for the long term strategy

Case Study

Developing our Long Term Strategy



In April 2017, work commenced on the development of a long term (10-12 year) strategy – designed to help us have a better plan for the future.

This approach helps us and our partners understand our focus and our priorities so we can work to achieve a healthier future for Wales.

One of the early products in this development process was Health and its Determinants in Wales. Produced by our Observatory, the report helped us to understand the problems we will face and where we should focus our efforts to achieve results.

Our Board carried out a PESTLE (Political, Economic, Social, Technological, Legal, and Ethical) analysis to help us understand the environment that we will be operating in over the next few years – what the threats and challenges we’ll be facing as we aim to achieve a healthier Wales.

We spent a great deal of summer 2017 listening to our staff and stakeholders about what they thought we should be focussing on. Our Executive Team held a number of meetings with key stakeholders to gain the views of representatives from the public sector, NHS, third sector, police, local government and the Welsh Government.

Staff engagement was also key to the development of our long term strategy. During the summer of 2017 focus groups and drop in sessions were held with over 200 of our staff members in order to understand where they thought we should focus our efforts to achieve a healthier Wales.

Finally, we carried out a public survey of 1000 face-to-face interviews and 3,400 online surveys to understand what the public thought were the major areas of concern that we could help with.

Alongside our own research, we also considered a number of key documents that would influence our strategic direction. For example, the Well-being of Future Generations (Wales) Act 2015 is a great opportunity for us as it means that other organisations are also thinking longer term about the health and well-being of Welsh citizens. Other key legislative and policy documents we had to ensure our strategy was aligned with include Prosperity for All: the National Strategy, the Parliamentary Review of Health and Social Care In Wales and the Public Health (Wales) Act. Our Strategy will be further refined to ensure alignment with the wider NHS Strategy due in summer 2018.

This information fed into our facilitated workshops with our Executive and Senior Leadership Teams who came together to group suggestions and ideas into themes. Our Board provided guidance and challenge throughout the process.

From this work came our seven long term strategic priorities, underpinned by our Strategic Plan 2018-21 (also known as our Integrated Medium Term Plan) which details the first three years of our Long Term Strategy; and our Annual Plan 2018/19, which details the milestones that will be delivered during 2018/19.

The scope of each of the priorities illustrates that every directorate is responsible for the success of all the priorities, and staff can identify with more than one of the priorities.

How we are contributing to a globally responsible Wales

Public Health Wales has established itself as a globally responsible National Public Health Institute and a world leading authority on supporting investment in people’s health and well-being, driving sustainable development and promoting prosperity for all.



Public Health Wales has established itself as a globally responsible National Public Health Institute and a world leading authority on supporting investment in people’s health and well-being, driving sustainable development and promoting prosperity for all.

The World Health Organization (WHO) has designated our Policy, Research and International Development Directorate as a WHO Collaborating Centre (CC) on Investment for Health and Well-being – the first one in this subject area in the world. As part of a four-year programme of work, the WHO CC will develop, collect and share information and practical tools on how best to invest in better health, reduce inequalities and build stronger communities in Wales, Europe and worldwide. This will inform and promote more sustainable policies, embrace the principles of human rights, equity and evidence based interventions and help address the health and well-being needs of current and future generations.

The WHO CC has joined a global network of over 800 centres in more than 80 countries. It supports Wales to implement the United Nations 2030 Agenda on Sustainable Development and its world-leading enabling legislation, the Well-being of Future Generations (Wales) Act 2015. Working with world leading experts in the WHO, and throughout our international networks, will help us maximise the benefits of international learning and innovation for the people of Wales, as well as enhance our role and impact on the global health agenda.

Following the adoption and launch of our 10 year International Health Strategy (IHS), *Public Health Wales: Nationally Focused, Globally Responsible*, in June 2017, an overall Implementation Plan with a three-year Action Plan (2018/21) was developed, together with a strategic governance and monitoring framework.

In addition to the existing NHS Charter Implementation Group, two new groups have been established:

- An International Health Strategic Advisory Group, and
- A Public Health Wales International Health Group

They aim to facilitate sound governance; organisational and cross-sector global responsibility; effective communication and information sharing; synergies, collaboration and reciprocal partnerships; knowledge mobilisation and innovation; maximising impact and utilising new opportunities.

Through our International Health Coordination Centre (IHCC) Public Health Wales has continued to support the organisation and the wider NHS to implement the Charter for International Health Partnerships in Wales. We are working closely with the Office of the Future Generations Commissioner and developing synergies to promote and better implement the ‘globally responsible Wales’ goal. This is visible in the published IHCC Progress Report 2015-17, *Working towards a globally responsible, resilient and prosperous NHS in Wales*.

In October 2017, Public Health Wales underwent a peer review by the International Association of National Public Health Institutes (IANPHI). Five reviewers spent four days undertaking a deep dive into our activities and key priorities.

All directorates were involved, with a series of sessions involving staff at all levels across six of our sites. Members of the peer review panel came from Finland, Germany, France, Canada and Slovenia. As well as Board members of Public Health Wales, the review panel met with the Cabinet Secretary Health Social Care and Sport, the Public Health Minister, the Director-General Health and Social Care and Chief Executive of the NHS in Wales and his senior officials at the Welsh Government, Directors of Public Health, Future Generation Commissioner, the Chief Executive of the Welsh Local Government Association, the Chief Executive of Natural Resources Wales, the Chief Executive of Sport Wales, South Wales Police Deputy Chief Constable and the Police and Crime Commissioner, as well as third sector and academic interests in Wales, and public health leads in the other three UK countries.

The review allowed us to showcase Wales and Public Health Wales. They were impressed with the legislative context (the Wellbeing of Future Generations (Wales) Act) and our response in the establishment of the Health and Sustainability Hub. They were also impressed by the wide range of partners we work with and the range of activities we have committed to, especially with partners outside the health sector. The report of the review was received in June 2018.

Public Health Wales is expanding the traditional range of health protection into other areas, most notably into violence prevention, through developing evidence-based approaches with the Commonwealth Secretariat on preventing violence, promoting peace. We have also developed a Health Protection Toolkit as an essential part of global health security and supporting the 52 nations of the Commonwealth.



Moving forward – Developing our new Long Term Strategy

During 2017/18 we undertook a process to develop a new Long Term Strategy for the organisation from 2018 – 2030. The development of the Strategy was underpinned by the five ways of working in the Well-being of Future Generations (Wales) Act and is accompanied by a first three year Strategic Plan for its implementation (the Integrated Medium Term Plan 2018 – 2021) which has been approved by the Cabinet Secretary for Health and Social Services.

The Strategy outlines seven new strategic priorities for the organisation that we believe will enable us to have the biggest impact on improving health and well-being in Wales.

In addition to the consideration of the policy and legislative environment in Wales, the development of the new Strategy involved over 1000 hours of staff and stakeholder feedback. We also undertook a review of the burden of disease in Wales, and the latest research internationally and nationally, to inform the best available evidence to define our strategic priorities.

Finally, for the first time we undertook a survey of our public’s views of health and well-being to inform the Strategy - *Stay Well in Wales*, to find out what the Welsh public thought about health and well-being.

In considering the information we have collected, seven strategic priorities emerged.

These are:

- Influencing the wider determinants of health
- Improving mental well-being and building resilience
- Promoting healthy behaviours
- Securing a healthy future for the next generation through a focus on early years
- Protecting the public from infection and environmental threats to health

- Supporting the development of a sustainable health and care system focused on prevention and early intervention
- Building and mobilising knowledge and skills to improve health and well-being across Wales

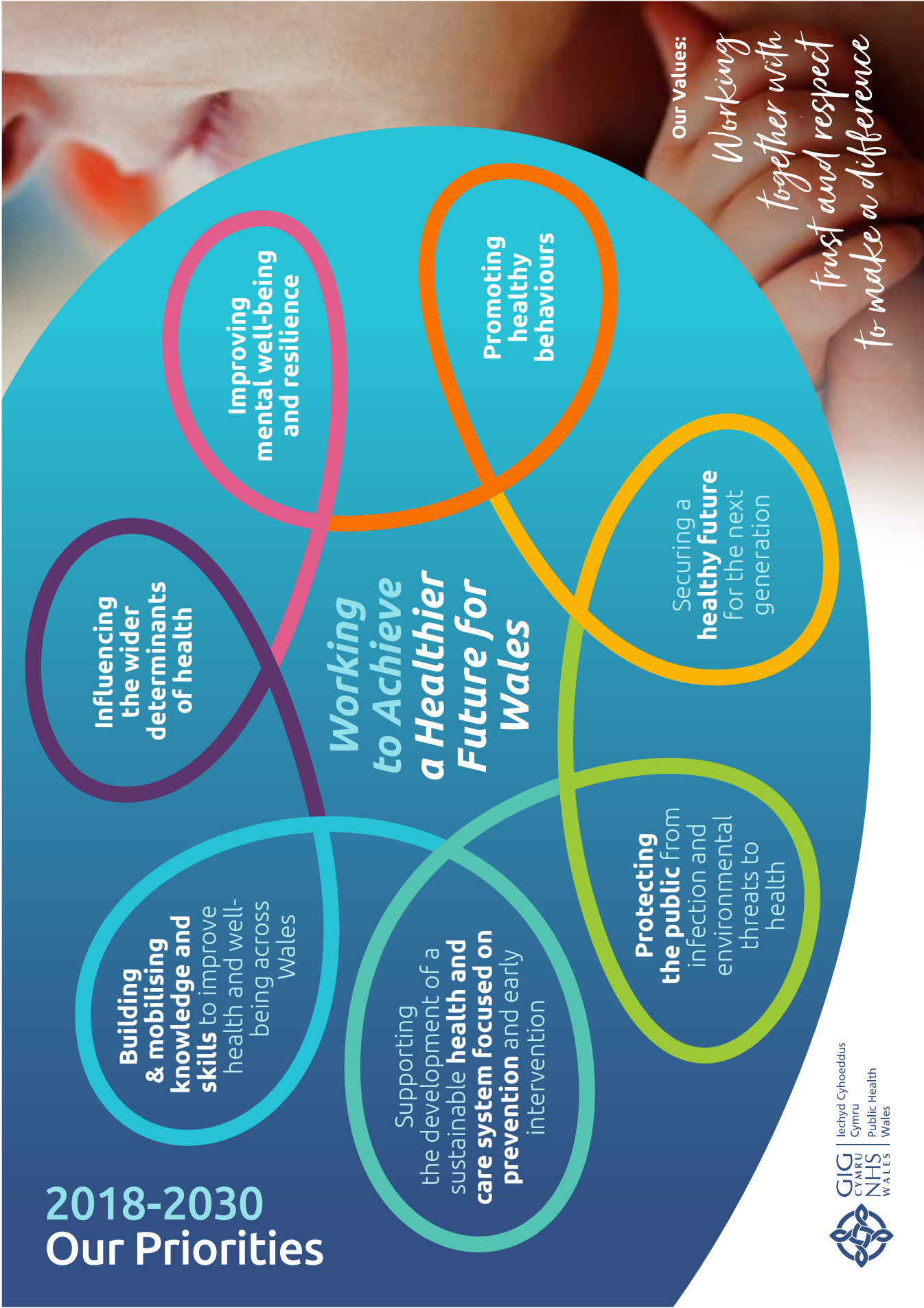
We look forward to reporting against these new priorities in our next Annual Report.

Our well-being objectives

In developing our Long Term Strategy we recognised that our well-being objectives must drive everything we do, and therefore decided these would be one and the same as our strategic priorities. These represent our intent of how we as an organisation are responding to the public health challenges and opportunities we face, whilst reflecting our contribution to the seven well-being goals.

Our Well-being Statement details our revised well-being objectives and includes several examples of where we have applied a future generations ‘lens’ to identify areas of work which exemplify the sustainable development principle.

Our Well-being Statement can be found here:
www.publichealthwales.org/wellbeing-statement



Performance Analysis

In order to monitor how we are performing as an organisation, we have formal performance management arrangements in place which are set out in our Performance Management Framework.

We monitor and measure our performance against our Strategic Plan and the key services that we deliver to drive improvements in everything that we deliver. This provides our Board with a comprehensive picture of our organisation's progress, who have overall responsibility to monitor the implementation of our Strategy. It also provides an early indication of emerging issues and risks that may require remedial action, to ensure that we are doing everything we can to improve the health and wellbeing of the people of Wales.

We again met all of our statutory duties in 2017/18, including achieving a breakeven position and having an approved Integrated Medium Term Plan. In addition, we managed to create an internal investment fund for the purpose of new development, to continue to build resilience across our functions, with the aim of improving what we do. These key achievements were recently highlighted in our bi-annual performance review with the Welsh Government, which forms part of our accountability arrangements between the Welsh Government Executive Team for Health and Social Services and our Executive Team. In addition, monthly meetings take place between our Chief Executive and the Director General for Health and Social Services / NHS Wales Chief Executive and various themed meetings take place with Welsh Government officials on specific areas of our work during the year. Our end-of-year meeting with the Welsh Government was the most positive we have had as our performance, resilience and transformational focus continues to progress each year.

During 2017/18, we continued the development and implementation of performance management and reporting arrangements to monitor our progress against our Strategic Plan and key performance indicators. Progress against delivery of our plan was captured as part of our actions within our annual operational plan, and reported to our Board and Welsh Government on a quarterly basis.

Figure 1 shows that, at the end of quarter four 2017/18, good progress was made against our operational plan, with 82 per cent of the actions (267 actions) being completed within agreed timescales. Most progress was made against actions supporting priority three (*Developing and supporting primary and community care services to improve the public's health*) and priority five (*Influencing policy to protect and improve health and reduce inequalities*), with 96 per cent and 100 per cent of actions completed within the timescale. Conversely, there has been less progress made on the actions supporting strategic priority two (*working across sectors to improve the future health and wellbeing of our children*) with 69 per cent of actions being completed by the end of quarter four, and 31 per cent outstanding (see figure 2). Where actions have not been completed, these have been incorporated as part of the delivery of our new Strategic Plan.

2017/18 Strategic Priorities



Figure 1: Overall progress across all plans

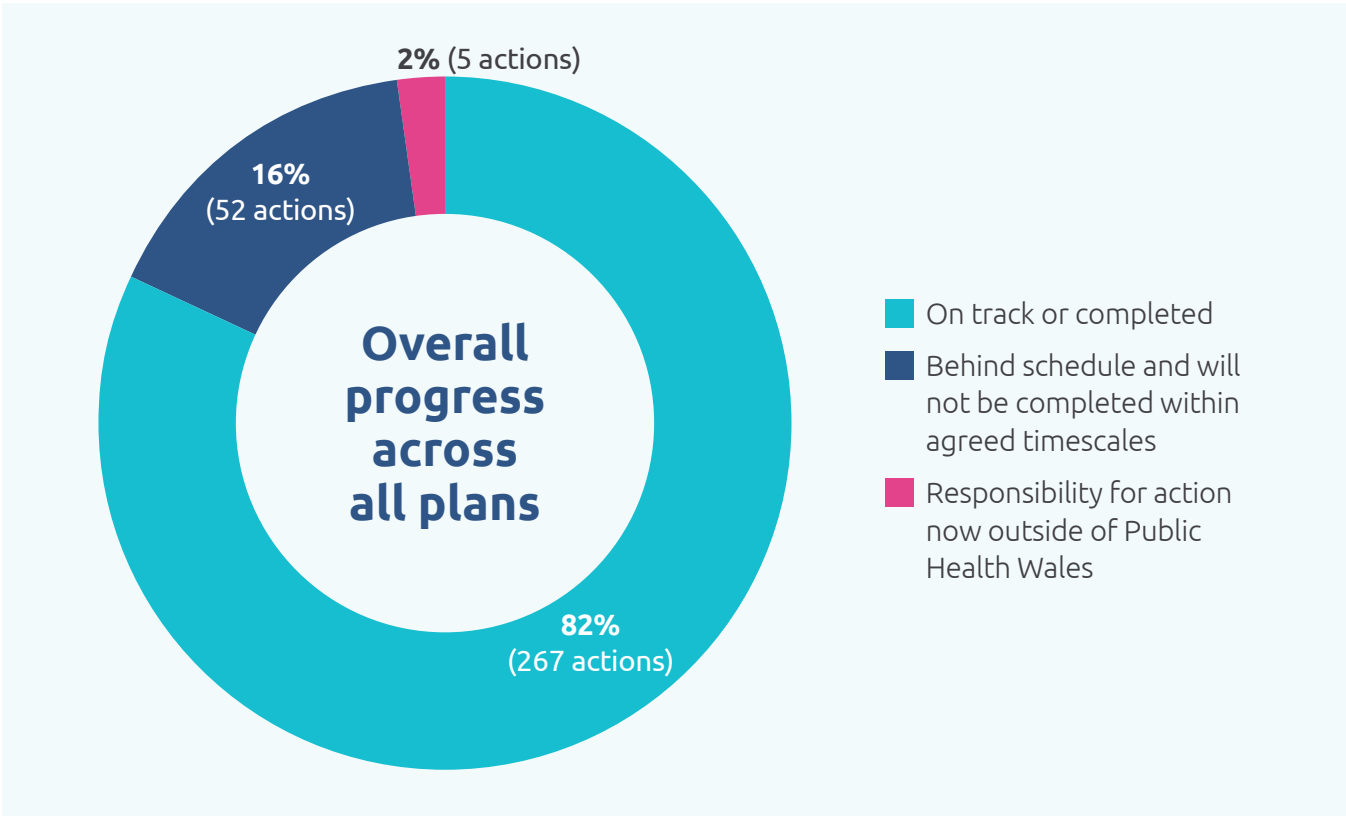


Figure 2: Progress against Strategic Priorities

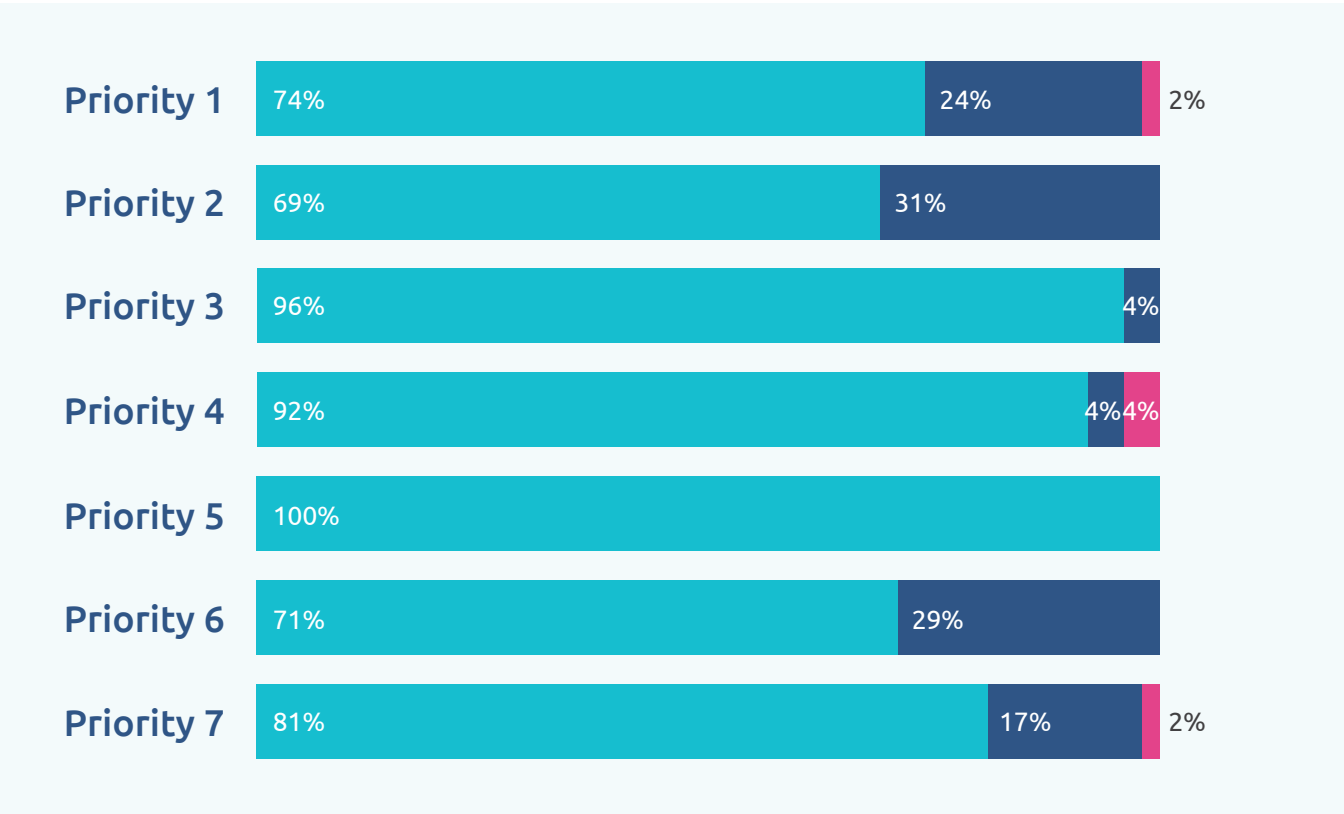


Table 1 provides an overview against a selection of our key performance indicators. To help support improvements in each of our services, we set a number of ambitious targets in our Strategic Plan to ensure we deliver the most effective and efficient services that we can. We also developed an integrated performance report which provides key information on our operational, people, quality and financial performance in an effort to better understand the linkages of our work. This information is scrutinised by our Executive Team on a monthly basis and by our Board on a bi-monthly basis at each formal Board meeting.

The following table provides a summary of our performance during 2017/18, along with comparator data for the previous two years. A narrative overview is also provided for each area, which highlights further information about our services and any key achievements and challenges within each.

Our latest figures highlight a mixed picture of performance compared with last year. Whilst improvements have been made in a number of areas, there continue to be challenges to achieve or sustain agreed Public Health Wales targets and national standards across our services.

Table 1: Overview of Our Key Performance Indicators

		Performance		
Indicator	Standard/Target	15/16	16/17	17/18
Stop Smoking Wales				
Per cent of smoking population treated by Stop Smoking Wales	2.01% (annual)	1.6%	1.2%	1.1%
Per cent smokers CO validated as successful	40%	42.1%	48.9%	47%
Childhood overweight or obese				
Per cent of reception class children (aged 4/5) classified as overweight or obese ¹	Reduction	26.2%	27.1%	Not available
Notes: ¹ The 2018 release for the Child Measurement Programme for Wales relates to the findings from the measurements of children in reception year aged four to five during the academic year 2016-2017				
Health Improvement Programmes				
National Exercise Referral Scheme – Number of referrals	23,184	29,542	30,919	32,775
National Exercise Referral Scheme – number of 1st consultations	16,228	17,995	18,307	19,694
National Exercise Referral Scheme – number of 16 week consultations	6,492	8,486	8,927	9,509
Healthy Working Wales - organisations completing a Corporate Health Standard full assessment	20	22	25	38
Healthy Working Wales - organisations achieving a Small Workplace Health Award	80	95	57	60
Vaccination and Immunisation				
Uptake of all scheduled childhood vaccinations at age four	95%	85.3%	84.6%	84.9%
Influenza vaccination uptake among those aged 65 and over	75%	66.6%	66.7%	68.8%
Influenza vaccination uptake among under 65s in high risk groups	55%	46.9%	46.9%	48.5%
Influenza vaccination uptake among pregnant women	75%	75.6%	76.8%	72.7%
Influenza vaccination uptake among frontline healthcare workers	60%	47.3%	51.5%	57.9%
Microbiology				
Microbiology - UKAS status of accreditation to ISO 15189:2012 for a defined scope	Accredited	Accredited	Accredited	Accredited

		Performance		
Indicator	Standard/Target	15/16	16/17	17/18
Healthcare Associated Infections				
Clostridium difficile rate (per 100,000 population)	<=26	40.1	33.6	36.8
Staph aureus rate (per 100,000 population)	<=20	27.9	27.1	30.0
E.Coli bacteraemia rate (per 100,000 population) ²	<=67	75.3	81.9	83.7
Notes: ² Welsh Government introduced a new measure (E.Coli) as set out in the NHS Delivery Framework 2017/18				
Screening ³				
Breast screening: normal results sent within two weeks of screen	90%	96.3%	98.0%	91.4%
Breast screening: assessment appointments within three weeks of screen	90%	52.1%	69.2%	65.1%
Breast screening: per cent women invited within 36 months previous screen	90%	64.0%	84.7%	88.6%
Bowel screening coverage	60%	51.2%	52.0%	52.2%
Bowel screening waiting time for colonoscopy	90%	81.3%	85.7%	47.5%
Cervical screening coverage	80%	77.8%	77.1%	76.3%
Cervical screening waits for results: within four weeks	95%	67.9%	94.8%	93.3%
Abdominal aortic aneurysm surveillance uptake: small	90%	89.2%	92.6%	91.0%
Abdominal aortic aneurysm surveillance uptake: medium	90%	93.1%	94.2%	90.9%
Newborn hearing screening per cent completing the programme within four weeks	90%	98.7%	98.7%	98.4%
Newborn hearing screening per cent completing the assessment procedure by three months of age	85%	91.5%	92.7%	89.8%
Newborn bloodspot screening coverage	95%	93.5%	94.2%	94.4%
Newborn bloodspot screening avoidable repeat rate	2%	5.6%	5.6%	4.8%

Notes: ³ The screening programme figures presented for 2017/18 relate to operational performance of these programmes during the specified year. They represent a different cohort to those participants invited in that year, who require a length of time to complete any associated activity before the Official Statistics can be published

		Performance		
Indicator	Standard/Target	15/16	16/17	17/18
Quality				
Number of written concerns/complaints received	N/A	48	43	52
Written concerns/complaints responded to within target timescales	100%	75%	72%	73%
Number of serious untoward incidents (SUIs) reported	N/A	6	3	2
SUI investigations completed within target timescales	90%	84%	100%	0%
Staff and Resources				
Sickness absence rate (annual rolling)	<=3.25%	3.86%	3.64%	3.90%
Percentage of medical staff undertaking revalidation appraisal within the last 15 months	100%	100%	100%	100%

Stop Smoking Wales

Stop Smoking Wales is a specialist health service that provides sessions for smokers who want help to give up. Our programme plays an important role in reducing the impact of tobacco on the health of people in Wales. In 2017/18, we have continued to work closely with health boards to deliver collectively the target for the number of treated smokers in each health board area. We committed to treating around 10,000 smokers in Wales which equates to around two per cent of all smokers nationally of which the proportion treated by Stop Smoking Wales will vary by health board.

Latest figures show that the percentage of smokers treated by Stop Smoking Wales fell slightly between 2016/17 (1.2 per cent) and 2017/18 (1.1 per cent), as did the percentage of smokers who are carbon monoxide validated as successful during the same period (from 48.9 per cent to 47 per cent). This is in line with the expectations of the service with the introduction of Help Me Quit – a new brand of smoking cessation services that covers all NHS stop smoking services in Wales – providing expert advice for smokers to access the most appropriate service for them to quit smoking. Performance should also be considered against a background decline in attendance at stop smoking services across the United Kingdom.

Helping to reduce the number of people smoking in Wales will continue to be a key element of our work alongside our partners in 2018/19 as we aim to reach the Welsh Government target of reducing smoking rates to 16 per cent by 2020. As set out in our new Strategic Plan, performance in 2018/19 will focus on the quality of service provided and outcomes rather than volume, based on the new model for smoking cessation services in Wales.

Child Measurement Programme for Wales

The Child Measurement Programme for Wales is a surveillance programme set up so that we may better understand how children in Wales are growing. The information collected will help people working in health services and other public sector services understand patterns of child growth so they can plan services accordingly.

At a national level there has been a near one per cent increase in the prevalence of overweight or obese over the last year, with more than a quarter of children (27.1 per cent) in reception year classified as overweight or obese.

National Exercise Referral Scheme

The National Exercise Referral Scheme is a Welsh Government funded scheme which has been developed to standardise exercise referral opportunities across all local authorities and health boards in Wales. The scheme targets clients who are at risk of developing chronic disease by providing them with an opportunity to access a high quality, supervised exercise programme to improve their health and wellbeing.

In 2017/18, over 32,770 referrals were made to the scheme, exceeding our target of just over 23,000 referrals for the third successive year. Of these, over 19,600 individuals undertook a first consultation and around 9,500 completed the 16 week consultation, which again surpassed respective targets by over 16 per cent and 31 per cent.

Healthy Working Wales

Healthy Working Wales supports people in Wales to return to work and remain in work for longer by promoting health and well-being, a good work-life balance and healthy lifestyles to help reduce sickness and absence. The programme is delivered in partnership by the Welsh Government, Public Health Wales and Cardiff University.

Healthy Working Wales nearly doubled its target of 20 for organisations completing a full assessment at 38, and although the number of organisations achieving a small workplace award saw a small increase at 60, it remained below the target of 80 organisations for the second consecutive year.

National Infection Service for Wales

One of our key statutory functions is preparing for, responding to and effectively managing existing and new infectious and environmental threats to health. Our health protection and microbiology teams have had an exceptionally busy three years responding to outbreaks and incidents as part of their core operational business whilst adopting new technologies to better respond to such threats. We provide a 24 hour, 365 days a year service to respond to infectious disease threats to the population of

Wales. This requires a close working relationship between our Health Protection and Microbiology services.

Two key activities in the last three years include the response and management of the Ebola Virus Disease outbreak, the adoption of new genomic technologies and the establishment of the new Pathogen Genomics Unit (PenGU) for Wales in partnership with Cardiff and Swansea Universities. We also achieved successful ISO 15189:2012 Accreditation of all Public Health Wales Microbiology Laboratories in 2017.

We have recognised for some time that we need to modernise and transform our infection service given the changing workforce and the continued development of new technologies. Having established new senior management structures and internal governance systems in 2017, we are in the process of developing a modernised National Infection Service for Wales. Work is underway to review our key performance indicators in these areas to ensure that we are able to monitor our progress whilst highlighting any potential issues.

Vaccination and Immunisation

Public Health Wales works to support health boards through policy development, training and the provision of information, to achieve targets in relation to a number of key vaccination and immunisation indicators.

We have seen improvements from 2016/17 for a number of our key performance indicators. The largest improvement was seen in *influenza vaccine uptake among healthcare workers*, a rise from 51.5 per cent to 57.9 per cent. Improvements in influenza vaccination uptake was also seen for those aged 65 and over (2.1 per cent improvement), and under 65s in high risk groups (1.6 per cent improvement), although uptake among pregnant women decreased (4.1 per cent decline). Following a dip in childhood vaccines at age four last year, figures for 2017/18 show a small increase from 84.6 per cent to 84.9 per cent over the last year.

More detailed information for each health board can be found at: www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=25355

Healthcare Associated Infections

Healthcare associated infections (HCAI) are infections that develop as a direct result of medical or surgical treatment or contact in a healthcare setting. They can occur in hospitals, health or social care settings in the community and can affect both patients and healthcare workers. Common HCAs include *Clostridium difficile* (C.difficile), *Staphylococcus aureus* (Staph aureus), and *E.coli* bacteraemia (E.coli). We monitor the number of these infections on a monthly basis for all health boards and NHS trusts that treat inpatients in Wales.

Latest figures for Wales have shown increases in C.difficile, Staph aureus and E.coli rates compared to last year, and remain above the national reduction expectations for Wales. Following a decline in C.difficile rates between 2015/16 and 2016/17, rates have increased over the last year from 33.6 to 36.8 per 100,000 population. E.coli rates, which have increased for the third consecutive year, rose from 81.9 to 83.7 per 100,000 between 2016/17 and 2017/18. Staph aureus rates also saw increases, rising from 27.1 to 30.0 per 100,000 within the same period.

We have provided strategic leadership to the NHS in response to the challenges of HCAs. Examples of how we have supported the NHS include our establishment of a national collaborative for HCAs, jointly led through our *1000 Lives* Improvement Service and our Health Protection Team, and our support to the Chief Medical Officer in taking forward a national plan to address antimicrobial resistance. We will continue to work closely with health boards and trusts to provide the expert support and advice to reduce rates of HCAs in Wales, as set out in the Welsh Government's new reduction expectations for 2018/19.

More detailed information for each health board can be found at: www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=67899

Screening

Public Health Wales delivers seven national screening programmes and coordinates the All-Wales managed clinical network for antenatal screening. Our programmes are either primary prevention with the aim of reducing incidence of disease (e.g. Cervical Screening) or secondary prevention with the aim of early diagnosis to reduce the impact of the disease (e.g. Breast Screening). Over the last year we have made progress in successfully implementing the new Patient Archiving System for our Breast Test Wales and AAA Screening programmes, and planned the introduction of Human papillomavirus (HPV) primary testing in Cervical Screening Wales and Faecal Immunochemical Test (FIT) in Bowel Screening Wales.

A key priority for us over the last few years has been to maintain or improve our performance within each of our programmes. This is set out within our Strategic Plan and is based on a series of performance indicators, which we refreshed in 2017/18, in order to actively monitor progress for each programme.

Following the progress made between 2015/16 and 2016/17, latest figures show that there are challenges to sustain or improve performance across our screening services. Modest improvements from last year can be seen for Breast Test Wales: *women invited within 36 months of previous screen* (3.9 per cent improvement), Bowel Screening *coverage* (0.2 per cent), and Newborn Bloodspot Screening *coverage* (0.2 per cent) and *avoidable repeat rate* (0.8 per cent).

We have seen challenges in our Bowel Screening programme with regards to *waiting times for colonoscopy*, with a 38 per cent reduction in performance from last year. Low medical staffing levels in certain health board areas continue to be a significant issue for the service, with concerted efforts being made to look at training additional medical staff and mentorship. The introduction of the new FIT test (Faecal Immunochemical Testing) in early 2019 will offer a more sensitive test that is more acceptable to participants and has the potential to reduce burden of bowel cancer in the population.

Challenges remain for Breast Test Wales: *assessment invitations given within three weeks of screen*, where performance has declined by over four per cent from last year and remains below national standards. Medical staffing shortages continue to have an impact on the service, especially in the West Wales region, with clinics being managed dynamically to ensure that we provide the best service that we can.

Our focus over the next year will be to build on the improvements that have been seen whilst supporting areas where challenges remain in order to improve outcomes for our service users. Performance for our Diabetic Eye Screening Wales programme will also be reported in 2018/19, following its transfer to us from Cardiff and Vale University Health Board.

More detailed information on each programme's performance can be found at: www.screeningforlife.wales.nhs.uk

Complaints

Public Health Wales is committed to listening carefully and responding appropriately to the experience of service users, complaints, incidents and claims. This ensures that lessons are learned and the quality of service provided are improved. The Putting Things Right Guidance and Operational Policies and Procedures sets out the arrangements by which Public Health Wales will manage and respond to concerns (complaints, claims and incidents).

The Policies and Procedure ensure we comply with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, and provide redress when appropriate.

Concerns provide valuable feedback which Public Health Wales is keen to learn from and they are seen as a positive agent for change. The Executive Team and Quality Safety and Improvement Committee review the quarterly Putting Things Right report. The purpose of this report is to identify issues and triangulate themes to support learning across the organisation.

The Service User Experience and Learning Panel is the forum for ensuring that lessons are shared and scrutinised on an organisation-wide basis. Lessons learnt are therefore collated on a quarterly basis and presented to the Panel. This allows for discussion and scrutiny of actions to determine if they are appropriate, along with the wider sharing of lessons learned.

During 2017/18 Public Health Wales received 52 complaints, of which 87 per cent were acknowledged within two working days and 73 per cent were responded to within the 30 day target timescales. The number of complaints saw a small increase from the 43 complaints received last year. In addition, two Serious Incidents were reported to the Welsh Government. Due to complexity of the investigations, including extensive review and quality assurance of our databases, and the need to refer to archived records, none of the Serious Incidents were completed within the target timescales. Although target timescales were not achieved, the work has been undertaken very promptly with Welsh Government fully aware of the circumstances surrounding each investigation and have been kept fully informed.

Information on the types of complaints received and how we have responded is detailed in our Putting Things Right Annual Report: www.publichealthwales.org/our-performance

Staff and resources

Our rolling sickness absence rate has increased over the last year, and currently stands at 3.90 per cent which is above the national target of 3.25 per cent. Our People and Organisational Development team are prioritising work in this area to look at the current picture of sickness absence across the organisation. This work will form the basis of continued activity to manage sickness absence rates.

During 2017/18, we refined our approach to managing key people performance data across our organisation, which is now reported as part of our monthly integrated performance report. This includes performance indicators on sickness, statutory and mandatory training, turnover and appraisals.

This is also supplemented by more detailed information such as long-term vacancies, gender diversity and staff turnover/ attrition during the year. We will continue to develop our reporting of people data which will be captured in our 2018/19 Annual Report.

The percentage of our medical staff undertaking revalidation appraisal within the last 15 months remained at 100 per cent for the third consecutive year.

Further information on our staff and resources can be found in the staff and remuneration section of the report on page 118.

Quality and Impact

During 2017/18, we have undergone a process to develop quality and impact indicators, covering the five domains set out in our Quality and Impact Framework. The indicators have been developed in partnership with our teams and will help us to monitor the quality and impact of the work that we do. The indicators will be reviewed annually, as they are important building blocks for the organisation in changing the culture and increasing the focus on quality and impact.

Managing our risk

Managing risk is fundamental to running a successful and high performing organisation. It should be at the heart of decision-making processes and resource allocation at both an operational and strategic level. It should seek to identify opportunities to innovate and invest, alongside the need to mitigate risks.

We have continued to develop and strengthen our risk management arrangements this year at both a strategic and operational level. During 2018/19 we will publish our first Annual Statement of Risk Appetite. Further development will be undertaken to embed risk management at all levels of the organisation, which will include the training of all risk owners.

This will enable the organisation to measure key strategic risk performance, establish its risk profile and instigate thematic analysis through the use of the Board Assurance Framework, Corporate Risk Register and local risk registers.

Developing our performance management arrangements

Our new Strategy will involve significant change to the way we work, what we do and how we allocate resources. Year one of our Strategic Plan is therefore a transition year to ensure change is managed and the nature of transition is carefully planned and understood.

To support the delivery of our new long term priorities, we will further develop and strengthen our performance management framework in 2018/19. This will involve developing more relevant and robust performance, quality, outcome and impact indicators from across our organisation, to enable us to better describe how we are meeting our new purpose of *Working to achieve a healthier future for Wales*.

This also reflects our commitment towards an integrated approach to performance reporting across the full breadth of the organisation, utilising technological advances, our increased focus on demonstrating the value and impact of our work, and our pledge to embedding the Wellbeing for Future Generations Act in everything that we do.



HOW WE
DELIVERED
OUR WELLBEING
OBJECTIVES

How we delivered our wellbeing objectives

Purpose

This report provides an end of year update on our response to the Well-being of Future Generations (Wales) Act 2015 and progress against our well-being objectives.

Background

The Well-being of Future Generations Act came into effect on 1 April 2016.

Key milestones for the Act are summarised in Annex 1. We set our first well-being objectives in March 2017 by taking a Well-being of Future Generations 'lens' to the organisation's Integrated Medium Term Plan, reflecting our position at a point in time i.e. in the final year of a three strategic plan (Figure 1).

Figure 1: Our organisational well-being objectives, March 2017 - March 2018

- 1

Build capacity and support system change, to protect and improve health and reduce inequalities
- 2

Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment
- 3

Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life
- 4

Minimise public health risks from current and emerging diseases, environmental hazards and emergencies
- 5

Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage
- 6

Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales
- 7

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



Our well-being objectives were updated in March 2018 as part of a substantial process to develop our new Long Term Strategy from 2018–2030. In developing our Strategy we recognised that our well-being objectives must drive everything we do and therefore are now fully aligned with our organisational long term strategic priorities. Furthermore, the entire process of developing our new Strategy and well-being objectives was underpinned by the Well-being of Future Generations Five Ways of Working. Further information on the development of our Long Term Strategy and our new Well-being Statement can be found on page 40.

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

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

- Provide an overview of how the 44 public bodies are responding to the Act
- Identify and disseminate emerging practice to help public bodies learn and improve; and
- Help inform the focus of future audit work under the Act

The overall conclusion of the Auditor General is that “Public bodies describe the Well-being of Future Generations (Wales) Act 2015 in positive terms and see it as an opportunity to change culture and improve how they work.”

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

The role of our Health and Sustainability Hub

The Health and Sustainability Hub in the Policy, Research and International Development Directorate was created to support the organisation to meet its duties in the early years of the Act, and to maximise opportunities afforded by the Act.

The decision to establish the Hub has been commended by Andrew Goodall, Chief Executive Officer of the NHS in Wales, and Future Generations Commissioner Sophie Howe, as demonstrating leadership in supporting the implementation of the Act for both our organisation and the wider NHS and public service.

Supporting an organisational response

Our Hub led the development of our well-being statement and objectives in March 2017, and more recently has developed a new well-being statement, following the update of organisational well-being objectives in March 2018.

We have undertaken considerable staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act. Over 120 ‘engagements’ have taken place in 2017/18 across all directorates and with corporate leads for support functions. The Hub has also delivered several lunchtime talks with Cynnal Cymru/ Sustain Wales, Size of Wales and the BBC.

Our Hub has also supported the development of our approach to environmental sustainability, and has delivered a workshop for corporate leads on the subject with *Cynnal Cymru*. In October 2017, we became the first public sector organisation in Wales to achieve recognition in *Cynnal Cymru*’s ‘carbon literacy’ training.

Enabling a collaborative approach

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

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

Our Hub is also collaborating with the Office of Future Generations Commissioner and Betsi Cadwaladr Health Board on a ‘Live Lab’ programme of work. This aims to explore and explain the practical implications of the Act and support innovation, transformation, and organisational cultural change. This work has been highlighted at a recent Wales Audit Office national learning event as one of the ways we are leading and supporting system change.

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

³ Available at: www.sahealth.sa.gov.au/wps/wcm/connect/4760078042fd0137a2cff68cd21c605e/17061.3+HiAP+Who+Case+Study+Book-ONLINE.PDF?MOD=AJPERES&CACHEID=ROOTWORKSPACE-4760078042fd0137a2cff68cd21c605e-lyyto6K
⁴ Available at: www.euro.who.int/en/publications/abstracts/sustainable-development-in-wales-and-other-regions-in-europe-achieving-health-and-equity-for-present-and-future-generations-2017

How has the Act made a difference?

The Well-being of Future Generations Act, and in particular the long-term way of working, is one of the drivers for us in developing a long-term organisational strategy to 2030.

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

Measuring our progress to date: Mapping against actions within our Integrated Medium Term Plan

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

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

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

Performance against each of the well-being objectives at the end of 2017/18 is summarised in Figure 2. The charts highlight the status (see key) of completion of the contributing Operational Plan actions to each well-being objective, by percentage.

Where actions that contribute to well-being objectives are were not completed within the target timescales (red) or responsibility now sits with an external agency (blue), exception reports have been provided by relevant directorates and were included in our Integrated Performance Report that was discussed at our formal Board meeting on 31 May 2018. These actions have formed an important part in the development of our new Strategic Plan and will be included in our annual operational plan for 2018/19.

For further information on the main causes of actions not being completed within the anticipated timescales, please see the update against our operational plan 2017/18 in the Performance Analysis report on page 42.

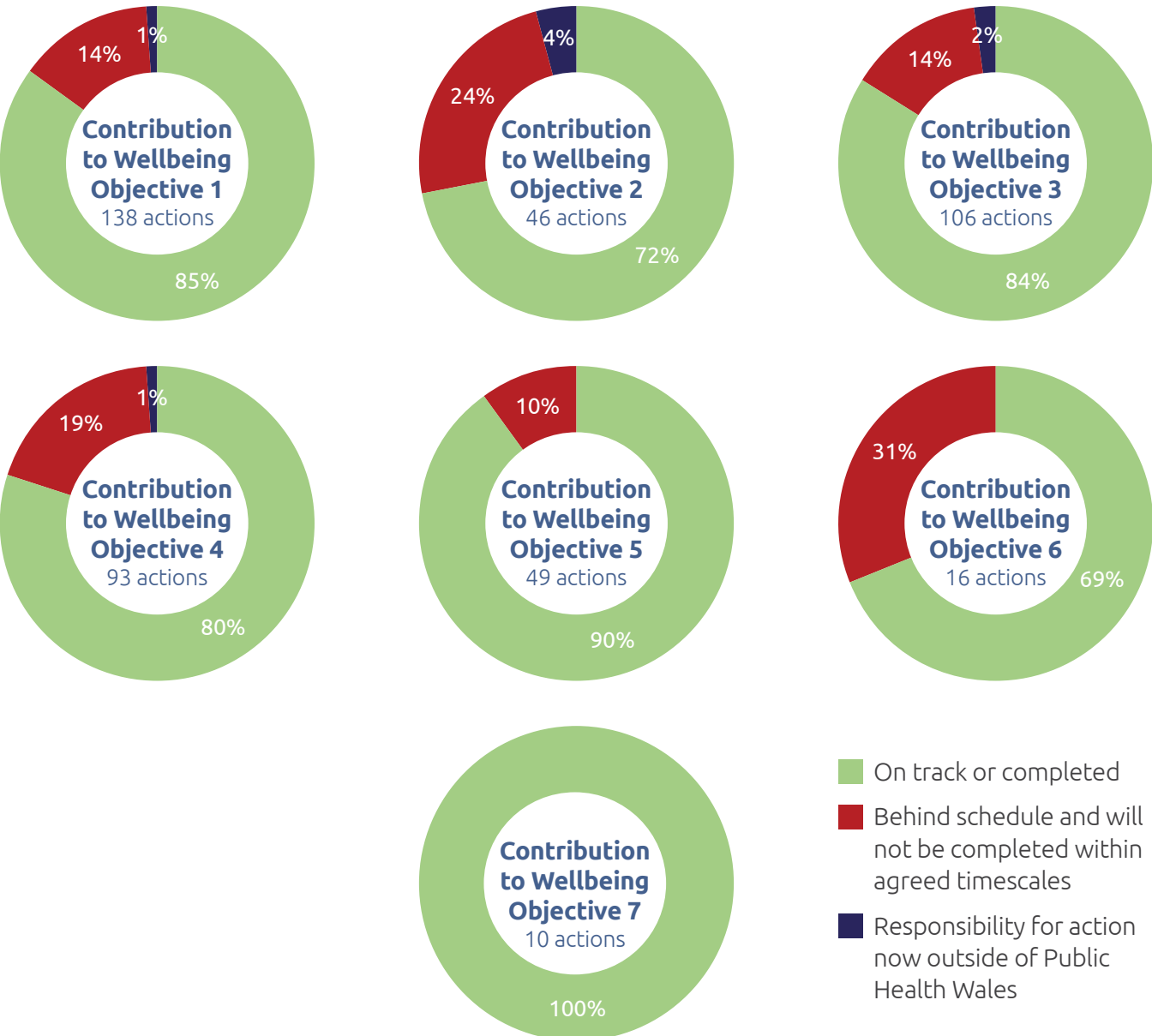
Case Studies

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

- Our organisational approach to environmental sustainability
- Supporting our teams to ‘baseline’ their responses to the Well-being of Future Generations Act

Further details are provided in Annex 2.

Figure 2: Performance against our well-being objectives



2018/19 – Sustainable Development: everybody’s business

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

Be the Change campaign

Following the example of the United Nations, our Health and Sustainability Hub is developing ‘bite size’ practical guides for our staff as part of an overall campaign to ‘Be the Change’. The guides will offer ‘top tips’ to challenge staff to reduce negative impacts and maximise positive impacts across the well-being goals, and will be tailored to the work of the organisation and its services.

Sustainable Improvement for Teams (SIFT) Tool

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

Sustainability Showcase events

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

Environmental sustainability

Our organisational approach to environmental sustainability includes calculating the organisation’s carbon footprint. The Hub is working with staff in Health and Well-being to organise two further ‘marketplace’ events, building on the positive ‘pilots’ in Swansea and Cardiff in March 2018 (see case study in Annex 2).

Supporting ‘long-term thinking’

In July 2017, the Future Generations Commissioner published a report⁵ on the learning from the local well-being assessments of each PSB. A key recommendation was the need “to build capacity, expertise and confidence to understand forecasting, future trends and the needs of future generations, including considering scenarios and trends which are less certain”. To support this response, work will be undertaken to identify successful approaches (including international examples) to long term thinking that can be adapted to the Welsh context, and to establish a peer learning and support group, providing opportunities to build skills and expertise in Wales to undertake foresight work.

Sustainable Environments

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

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

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

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

Key dates	
1 April 2016	Well-being of Future Generations Act comes into effect and PSBs set up
Summer 2016	Health and Sustainability Hub set up
Autumn 2016	Future Trends report published by Welsh Government
March 2017	Public Health Wales publishes its first Well-being Objectives PSBs publish Well-being Assessments
March 2018	Public Health Wales updates its Well-being Objectives
May 2018	Wales Audit Office publishes <i>Reflecting on Year One: How have public bodies responded to the Well-being of Future Generations (Wales) Act 2015?</i>
May 2018	Future Generations Commissioner publishes <i>Well-being in Wales: The journey so far</i>
May 2018	PSBs publish Well-being Plans
May 2018	Wales Audit Office National Learning Event

Health and Sustainability Hub key actions	
To date	Leading the development of Public Health Wales’ revised Well-being Statement Ongoing staff and stakeholder engagement and collaboration activities Supporting an organisational approach to environmental sustainability Setting up a PSB Support Network for local Public Health leads Collaborative working with the Office of the Future Generations Commissioner
Underway	New publications to raise awareness of the Act and Public Health Wales’ response Developing a framework to support the embedding of sustainable development for teams (SIFT Tool) <i>Be the Change</i> movement/campaign to engage staff New resources on topics such as Air Quality Sustainability Roadshows with Public Health Network Cymru

Annex 2: Case Studies report

Our organisational approach to environmental sustainability

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

Our decarbonisation approach has five working groups:

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

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

- Long term**
We are developing our approach alongside the development of the organisation’s long term strategy.
- Prevention**
We recognise that improving our environmental sustainability will contribute to addressing key public health issues including air pollution, obesity and climate change. Our actions are demonstrating leadership and modelling behaviour change, as we aim to move towards the Act’s vision for a low carbon society.
- Integration**
We developed our approach with a working group of colleagues from across the organisation and its locations. The five working groups again have cross-organisation representatives. Our environmental sustainability approach will contribute to several of our well-being objectives, including ‘Influencing the wider determinants of health’, and ‘Promoting healthy behaviours’.

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

Building on *Our Space* and the acclaim which it has received, we are also working with the Welsh Government, WCVA and Wales Co-operative Centre to explore further the opportunities for the public sector to create inspiring workplaces using remanufactured office furniture.
- Involvement**
We have used our intranet and staff Facebook group, alongside our Health and Sustainability Hub, to engage colleagues in supporting this work. We also conducted a ‘staff commute survey’ to calculate our combined annual commute and target a reduction in the following years. We are pleased to have piloted three ‘sustainability marketplaces’ to enthuse our staff about environmental sustainability, by providing a range of stalls, on topics including recycling, travelling, healthier eating and well-being, and bike checks.



A selection of stalls from our 'sustainability marketplace'



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

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

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

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

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

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



OUR SUSTAINABILITY REPORT

Introduction

Our annual Sustainability Report provides a summary of the organisation’s performance for the period 2017/18, including information on our key achievements and work to support the implementation of the Well-being of Future Generations (Wales) Act 2015. This reflects our ongoing commitment to embedding sustainable development and delivering real performance improvements within this area.

Policy Context

Public Health Wales has produced this report for 2017/18 to conform with the public sector requirements set out in the Government Financial Reporting Manual (FReM).

This requires that entities falling within the scope of reporting under the Greening Government commitments shall produce a sustainability report in accordance with HM Treasury issued Sustainability Reporting in the Public Sector guidance.

Background and Profile

During 2017/18 we had an annual budget of £129m, and employed on average 1,656 people, equating to 1,468 whole time equivalents (excluding agency staff and staff on inward secondment). We exist to protect, improve health and well-being and reduce health inequalities for people in Wales.

We work locally, nationally and internationally, with our partners and communities, in the following areas:

- **Health Improvement** - providing information, advice and taking action, across sectors, to promote health, prevent disease and reduce health inequalities
- **Health Intelligence** - providing public health data, analysis, evidence finding and knowledge management
- **Health Protection** - providing information and advice and taking action to protect people from infectious diseases and environmental hazards
- **Microbiology** - providing a network of microbiology services which support diagnosis and management of infectious diseases
- **Screening Services** - providing screening programmes which assist the early detection, prevention and treatment of disease
- **NHS Quality Improvement and Patient Safety** - providing the NHS with information, advice and support to improve patient outcomes
- **Primary, Community and Integrated Care** - strengthening public health impact through policy, commissioning, planning and service delivery
- **Policy, Research and International Development** - influencing policy, supporting research and contributing to international health development
- **Safeguarding** - providing expertise and advice to help protect children and vulnerable adults

These premises are used to support the Trust as:

- 19 screening centres**
- 8 laboratories**
- 20 offices**
- 1 records storage facility**
- 2 garages**

The current portfolio consists of properties that are owned (1), leased (19) or provided by/shared with other NHS organisations (30). This creates a challenge in relation to the accurate reporting and availability of sustainability data. As a consequence of the current structure, financial and non-financial information is only available across 25 premises.

During 2017/18, significant work has been undertaken to improve our recording and data collection. The Our Space programme (aiming to provide a modern, collaborative workspace for our staff) involved consolidation of our current estate premises and has contributed to improving the accuracy of the data we can report.

The Environmental Management Governance structure currently consists of:

- The Deputy Chief Executive/Director of Operations and Finance who is the lead for all environmental management matters within Public Health Wales. Updates and issues are provided to the Board and Executive Team
- The Head of Estates and Health and Safety provides updates to the Operations and Finance Directorate through a monthly report. The Directorate meeting is chaired by the Deputy Chief Executive/Director of Operations and Finance
- The Estates Compliance Officer provides regular updates to the Head of Estates and Health and Safety on environmental management and sustainability and manages these areas on a day-to-day basis
- Energy, waste and water performance data is collated by the Estates Compliance Officer and reported through the Facilities Management System

The Public Health Wales estate is located across Wales and currently comprises of 50 properties:

- 21 properties** located in South East Wales
- 17 premises** located in Mid & West Wales
- 12 premises** located in North Wales



Summary of Performance

Our Space Programme

In November 2017, phase two of the *Our Space* programme was completed. This involved around 90 staff moving from Swansea and Carmarthen and relocating to Matrix House, Swansea, and approximately 15 staff based in Pontypool relocating on the Mamhilad Park Estate.

The move to Matrix House followed the same principles that were adopted for our move to Number 2 Capital Quarter, with sustainability embedded into the specification. *Rype Office* was procured to provide the same level of recycling, re-use and re-manufacture of furniture for our occupation in the building, as well as *Greenstream* providing a mix of new and re-used carpet tiles for the office floor area. *Hewlett Packard*, who were the previous occupier in Matrix House also generously donated all their furniture when they vacated the premise. These furniture items were then cleaned, remanufactured and recycled onsite to ensure that it met the needs of our staff and reduced our carbon footprint. A climate control system has also been installed and LED lighting throughout, which provides improved energy performance in comparison to the premises vacated.

In November 2017, the Health Protection, Safeguarding and Smoking Cessation teams, previously based in Mamhilad House, moved to the adjacent building, Caerleon House. This ensured that the staff based in this location had the best and most sustainable facilities for their needs.

As part of this move, furniture was re-purposed by the *Ministry of Furniture*, formerly *Remploy*, which is managed by and employs differently abled people from the local area of Swansea, offering customers the opportunity to make a real impact on their corporate social responsibility, environmental and circular economy agendas.

Along with *Orangebox*, the companies supplied 17 re-manufactured task chairs made from recycled components.

Unused re-usable surplus furniture from the moves was offered and taken by a number of charities, schools and churches to further enhance our contribution to circular economy and ensure that the organisation's carbon footprint from the project was as low as possible.

The success of the *Our Space* programme has been recognised both nationally and internationally.

This includes:

- Award winners in 'Leadership' and 'Procurement', and highly commended in the categories 'Reuse' and 'Carbon' in the UK NHS Sustainability Awards. This has been created to celebrate healthcare efficiency and sustainable development in the NHS
- Value Award in the Construction Excellence Wales Awards, which was awarded in recognition for the recycling and manufacturing work undertaken in Number 2 Capital Quarter.
- Green Apple Award for International Environmental Best Practice 2017, competing against over 500 nominations from around the world. The Green Apple Awards were established in 1994 as an international, independent, non-political, non-profit environment group dedicated to recognising, rewarding and promoting environmental best practice around the world. As a result of this award, we have been put forward as the UK nomination for the World Green Award 2018, and have had 100 trees planted in the name of Public Health Wales as part of the UN's Billion Tree initiative.

- International Procura+ Award for Tender Procedure of the Year in Estonia. This award was presented by the International Council for Local Environmental Initiatives (ICLEI), the leading global network for over 1,500 cities, towns and regions committed to building a sustainable future. Whilst there, the team also delivered a presentation on the work the team has done at the EU Congress on Mainstreaming the Circular Economy
- *Cynnal Cymru Sustain Wales* Award Ceremony and HSJ 2017 Award Ceremony in November 2017, winning the Sustainable Innovation in Public Service Award and a finalist in the Improving Environmental and Social Sustainability respectively.

Learning from the *Our Space* programme continues to be shared both nationally and internationally and Public Health Wales recognises the exceptional work undertaken by the *Our Space* team and are extremely proud of the excellent work they have done to date.

Well-being of Future Generations (Wales) Act

For 2017/18 Public Health Wales has produced a standalone report as part of the Performance Report to present our response to the to the Well-being of Future Generations (Wales) Act and progress against our Well-being Objectives which were set in 2016/17 and revised in March 2018 along with the new Public Health Wales Well-being Statement. Please refer to the *Well-being of Future Generations (Wales) Act 2015 – Well-being Statement and Annual Reporting* section of the Performance Report.

Increased use of technology

Public Health Wales has made further investment in video conferencing (Surface Hubs) facilities by investing in the latest technology to advance the way we make connections across the organisation and with our stakeholders. Surface Hubs have been installed across 13 sites with the aim to save time, drive down travel costs and can make a significant contribution to our organisation's goals for financial balance and sustainability.

The Surface Hub is a powerful team collaboration technology which will help us to be more effective and inclusive in our work and communication with others.

The phone system installed at Matrix House has significant voice conferencing capacity designed to overcome existing bottlenecks encountered with voice conferences, which is in line with the system installed at Number 2 Capital Quarter during 2016/17.

Public Health Wales has over 680 staff that have been issued VPN tokens, which enables remote access for staff providing that there is an internet/Wi-Fi link. This is a high proportion of its staff base compared to other NHS organisations. In the 2017/18 financial year, 113 tokens were issued to new staff in the organisation, as well as another 157 replacement tokens. This provides staff with greater flexibility to work from alternative locations and supports reduction in our carbon footprint.

Internal Audit

Internal Audit undertook a review of the Sustainability Report in May 2017 based on the report produced for 2016/17. The objective of the audit was to evaluate and determine the adequacy of management arrangements for the production of the Sustainability Report for 2016/17 within the Annual Report, in order to provide reasonable assurance to the Trust Audit Committee that risks material to the achievement of system objectives are managed appropriately.

Substantial assurance was given as to the effectiveness of the system of internal control in place to manage the risk associated with the production of the Sustainability Report. Table 1 below details the recommended actions arising from the review and the progress to date.

Table 1: Recommended Actions

Action	Progress
Management should continue to develop its sustainability action plan to capture newly identified monitoring and reporting requirements as appropriate.	Estates Strategy is currently being developed to align with our new Long Term Strategy of which sustainability will be a key element. Monitoring of current systems will continue along with the development of new innovative systems to further enhance the data captured.
Management will ensure that the sustainability strategy is approved and distributed as soon as practicable.	Public Health Wales approved and published its <i>Approach to Environmental Sustainability</i> document in August 2017.

Performance

Greenhouse Gas Emissions

Table 2 below details the Trust’s performance for emissions, energy usage and financial indicators for energy and business travel for 2017/18.

This year we have seen a reported increase in Total Gross Emissions in comparison to 2016/17, which is reflected in a significant increase in reported Scope 1 emissions. The organisation has greatly improved its ability to report these emissions, and we are now able to include our fuel oil purchases for our fleet of mobile *Breast Test Wales* vehicles, refrigerant usage through our air conditioning units, and emissions from our fleet of *Abdominal Aortic Aneurysm* and *Diabetic Eye Screening* vehicles.

We have also seen a slight increase in our reported Scope 2 and 3 emissions in comparison to 2016/17. This is a result of an increase in the amount of Scope 3 emissions being reported, despite clear reductions of Scope 2 emissions and our previously reported Scope 3 carbon emissions, which are discussed below. In comparison to the data collected in 2016/17, Public Health Wales is also reporting on Well-to-Tank Fuel Emissions, Well-to-Tank UK Electricity, Well-to-Tank Passenger Vehicle and Business Travel Land and Well-to-Tank Delivery vehicles and Freight.

Table 2: Greenhouse Gas Emissions

		2014-15	2015-16	2016-17	2017-18
Non-Financial Indicators (1,000 tCO2e)	Total Gross Emissions*	0.396	1.371	1.307	2.424
	Gross Emissions Scope 1 (direct)	Information not available for 2014-15	0.224	0.184	1.218
	Gross Emissions Scope 2 & 3 (Indirect)		1.149	1.123	1.206
Related Energy Consumption (KWh)	Electricity: Non-renewable	968,353	1,107,061	1,239,031	1,426,314
	Electricity: Renewable	No schemes in place	No information available at present	No information available at present	No information available at present
	Gas	704,317	1,218,114	997,706	711,235
	LPG	No LPG used			
	Other	No other forms used			
Financial Indicators (£)	Expenditure on Energy	209,851	209,634	215,229	234,767
	Expenditure on official business travel	681,475	670,982	627,549	554,525

* Gross emissions have been calculated using the guidance on measuring and reporting on GHG emissions and the UK Government GHG Conversion Factors for Company Reporting.

Direct Comparison results

In order to get a true reflection of our performance we have undertaken a direct comparison of the data collected in 2016/17 in Table 3.

As can be seen in the above table, when we directly compare our emissions to 2016/17, we have reduced our emissions across Scope 1, 2 and 3 by 17.14 per cent. Scope 1 emissions, specifically gas usage at our buildings, has decreased by 28.65 per cent. This was achieved through the work of the *Our Space* programme, where a number of historic buildings that were high gas consumers have been vacated for newer, more environmentally friendly buildings. This is also reflected in our Scope 2 emissions for electricity, although not to the same scale. We have also seen a significant reduction in the emissions from our waste disposal. This has come from improved data collection for our waste services and improvements in the conversion factors for reporting emissions on waste. This resulted in an overall reduction in Scope 2 and 3 emissions of 15.24 per cent. This will be highlighted further later on in the report.

Overall, we have achieved the three per cent year on year reduction target for greenhouse gas emissions, set out in Welsh Government’s Climate Change Strategy with a 17.14 per cent reduction in reported emissions in comparison to the information reported in 2016/17. This coupled with the five per cent reduction in greenhouse gas emissions we saw in 2016/17 shows that we are on target to achieving the 40 per cent reduction target in overall emissions by 2020, as set out in the Welsh Government Climate Change Strategy.

We also recognise that we still have significantly more work to do and improvements to be made, and we can further improve our data collection of Scope 3 emissions for future reporting, as well as ensuring sustainability is embedded into the culture of the organisation to help further reduce our emissions.

Table 3: Scope Factors

Scope Factors	Total Emissions 2016/17 (tCO ₂ e)	Total Emissions 2017/18 (tCO ₂ e)
Scope 1- Fuels*	183.6	131
Scope 2 - UK electricity	510.5	501.4
Scope 3 - Managed Asset Vehicles	471.9	351.7
Scope 3 - T & D	46.2	46.9
Scope 3 - Water Supply	1.3	1.3
Scope 3 - Water Treatment	2.7	2.6
Scope 3 Waste Disposal	90.5	48.5

Scope Factors	Total Emissions 2016/17 (tCO ₂ e)	Total Emissions 2017/18 (tCO ₂ e)
Scope 1	183.6	131
Scope 2 & 3	1123.2	952
Total combined	1,307	1,083

* For the direct like for like comparison, only gas is considered within Scope 1.

Electricity and Gas Consumption

We have seen a slight increase in electricity consumption (15.12 per cent) across the estate. However, we have again seen a significant drop in our consumption of gas (28 per cent). This has resulted in a total decrease in our carbon emissions of 60 tCO₂e across both electricity and gas consumption.

This is a result of consolidation of our estate through the *Our Space* programme during 2017/18. The sale of the Temple of Peace and Health to Cardiff University resulted in the removal of a large gas consumer from our estate. Our move to Matrix House has also now enabled us to provide data of our energy consumption, in comparison to our vacated premises, Oldway House and St David’s Park, which no data was available for.

We have seen a slight increase in the total expenditure (nine per cent) on electricity and gas, which as previously stated, is a result of improving our data collection for our estate and a reflection of the current market price for both gas and electricity. We shall continue to explore various options to reduce energy consumption and expenditure through the Public Health Wales Estates Strategy.

We are aware that the estate is still extremely varied in terms of age, location and type of construction. These are all factors that will impact upon sustainability and energy efficiency performance. The work being undertaken by the organisation through the *Our Space* programme has looked to improve the condition of the office estate, which has led to more sustainable working environments, lower energy consumption and more accurate data provision. Moving forward the principles of the *Our Space* programme will be embedded within our Estates Strategy.

Estimates of usage for periods of February and March 2018 have been made for some of the gas and electricity data, due to us not having received final invoices for that period. However, this has greatly improved on previous years as a consequence of better engagement with our utilities suppliers to understand our requirements for reporting.

Business Travel

For the fourth consecutive year we have seen a reduction in expenditure on business travel and in comparison to 2016/17 there has been a 12 per cent reduction. A significant contributing factor is the increased usage of video conferencing facilities, which we believe is through the introduction of the Surface Hubs across 13 locations in Wales.

As reported last year, not all claims for mileage will have been received for March 2018, due to the timing of our reporting, which may result in a slightly higher expenditure than being reported.

Going forward, Public Health Wales will continue to engage with staff to reduce business mileage, including exploring the introduction of electric vehicles to its screening fleet.

Actions to improve data collection for 2018/19

- Further engagement with landlords as to the possibility of providing equivalent consumption and energy costs or sub metering put in Public Health Wales areas to provide accurate data
- Further consolidation and reviews of energy providers to allow consistent provision of data whilst ensuring value for money
- Engagement with energy suppliers to improve data collection and introduce smart metering where available
- Maximising the use of the Public Health Wales estate portfolio through the Estates Strategy.
- Exploring options such as separate or sub metering new leases signed by the organisation where premises may be shared

Waste Management

The following table outlines our waste management performance for 2017/18:

Table 4: Waste

		2014-15	2015-16	2016-17	2017-18
Non-Financial Indicators (tonnes)	Total Waste	4.64	652.05	538.55	585.79
	Landfill		642.58	445.15	457.54
	Re-used/Recycled		9.47	92.46	120.25
	Composted	Data unavailable	0	0.13	4.16
	Incinerated with energy recovery		Data unavailable	0.81	3.83
	Incinerated without energy recovery			0	0
Financial Indicators (£)	Total Disposal Cost	12,429	35,078	46,342	48,907
	Landfill		13,994	18,395	20,890
	Re-used/Recycled		11,649	19,034	17,632
	Composted	Data unavailable	0	0	259
	Incinerated with energy recovery			8,913	10,125
	Incinerated without energy recovery		9,435	0	0

Public Health Wales recognises its responsibilities with regards to effective waste management and has made significant improvements in its data collection. This is reflected in the performance figures for 2017/18. Data is now available for more premises, and measures have been taken to improve reporting of financial and non-financial data for landfill, recycling, food and hazardous waste streams, which has contributed to an increase of 47 tonnes of waste (8.77 per cent) in comparison to 2016/17.

Despite landfill waste being reported increasing by 12 tonnes (2.78 per cent), this is a result of better reporting, with this now being available at 11 sites across our estate. We expect landfill waste being reported to drastically reduce in the next financial year, as during 2017/18 there were over 140 tonnes of office waste that went to landfill from vacating Oldway House and the Temple of Peace and Health.

The organisation continues to actively encourage its staff to reduce paper usage, and for paper wastage, ensuring as much as possible is sent for recycling whilst ensuring full compliance with applicable legislation and its duty of care. During 2017/18 we have seen an increase of 28 tonnes (30 per cent) of material being sent for recycling. Further to the moves from Oldway House, Mamhilad House, and the Temple of Peace and Health, staff were encouraged to scan and dispose of their old paper files, which will account for the increase in recycled material.

Public Health Wales have also introduced SafeQ software to our photocopiers in Number 2 Capital Quarter and Matrix House, which enables us to monitor staff usage. Usage reports for staff members are then sent to all directorates within those premises to enable staff to be educated on ways to reduce paper usage. As a result of this we expect to see significant reductions in our paper usage in 2018/19.

Compost from food waste is also now being reported for the NHS Collaborative’s occupation of River House, which has contributed to an increase of over four tonnes (3,100 per cent) of reported waste. Public Health Wales fully expects this to increase in further years, due to sites introducing food waste measures at their premises. Number 2 Capital Quarter has now introduced food waste bins on all four floors, and we will be reporting on this in 2018/19.

Improvements have also been made on our reporting of incinerated waste. We are now reporting on the weight of incinerated waste at nine premises in comparison to 2016/17, when information was only available for two premises. This includes improved clinical waste and sanitary waste reporting. This has resulted in an increase of reported waste of three tonnes (372 per cent). This figure is expected to remain consistently around this level due to the services required that produce clinical waste.

We recognise that even though £2.5k more has been spent on total waste in comparison to 2016/17, it is a result of the organisation having spent over £5k on waste removal through vacating premises. We feel that there is potential for further savings to be made through reusable/ recyclable waste and hope to reflect these saving during 2018/19.

Actions to improve data collection for 2018/19

- Further engagement with confidential, recycling and landfill waste providers to provide more accurate waste weight information

Use of Resources

The following table outlines the organisation’s finite resource performance for 2017/18:

Table 5: Finite Resource Consumption

			2014-15	2015-16	2016-17	2017-18
Non-Financial Indicators (000m3)	Water Consumption (Office Estate)	Supplied	3.599	2.111	2.052	1.675
	Water Consumption (Non-Office Estate)	Supplied	collected as part of Office Estate Data	2.281	1.791	2.207
	Water Consumption (Total Estate)	Supplied	3.599	4.392	3.843	3.882
Financial Indicators (£)	Water Supply Costs (Office Estate)		12,726	8,526	7,453	6,079
	Water Supply Costs (Non Office Estate)			6,804	5,699	7,247
Total Water Supply Costs				15,330	13,152	13,326

We are reporting a one per cent increase in our overall water consumption compared to 2016/17. This is due to better reporting functions, allowing us to report on more sites and provide more accurate data. We understand that with a growing workforce it will invariably lead to an increase in the volume of water consumed. Water safety compliance also has an effect on usage, as regular flushing regimes across the estate are required for low usage outlets. We also saw an increase in water charges of £174 during 2018/19, which is a reflection of current market prices.

We are aware that the age and condition of the majority of our estate does not make for efficient use of our water supplies, and will actively seek to improve and further reduce our estate through the Estates Strategy, as well as working with staff to identify ways to save on water usage. We will also look to undertake a review of our water meters to ensure we are getting value for money.

Actions to improve data collection for 2018/19

- Engage with landlords as to the possibility of providing estimated water usage based on area of occupation

Data Collection Limitations

Public Health Wales faces a number of challenges obtaining accurate data, all of which are highlighted below:

- A number of different energy and water providers are used. Although this can make good business sense, it does result in difficulties in obtaining and collating sustainability data
- Sustainability data can only be provided where there is accurate and robust metering for the utilities being supplied
- Metering provided by the utility companies can be located within areas not accessible to members of Public Health Wales staff or through the interrogation of the premises’ Building Engineering Management System (BEMS)
- Where Public Health Wales are hosted within shared buildings, there are no meters (sub-metering) in locations where Public Health Wales staff reside, which means accurate data is unavailable. Some landlords have been unable to provide equivalent consumption and utilities costs to date. Public Health Wales is charged for its gas, electricity, water and waste usage though a service charge, which is not broken down by service, and therefore cannot be recorded
- Public Health Wales often occupies very small areas of shared premises where consumption is low and installation of additional metering (sub-metering) is not always viable
- Some fourth quarter data had to be estimated due to invoices not being available
- Where data has been provided for waste to landfill and re-use/recycling, the tonnage has been estimated based on containers/bins/sacks being 100 per cent full when emptied as there are no measures in place to accurately record weight of waste
- Where data for waste to landfill and re-use/recycling has been provided in litres the Environmental Agency Waste Weight Conversion Factor has been used to convert to tonnage.

EMS implementation achievement

In line with Well-being of the Future Generations Act (Wales) 2015 and building on the improvements achieved to date, we are currently developing our Estates Strategy. The strategy will help us to plan and implement an accredited environmental management framework, specifically BS EN ISO 14001:2015, which is an internationally recognised standard.

In the coming years we will commence assessments against the criteria within to provide a measurement of where the organisation is and identify improvement opportunities before commencing accreditation of the ISO 14001:2015 pathway.

Other Sustainability Initiatives

Public Health Wales achieved its Bronze level of the Corporate Health Standard in 2017. The Corporate Health Standard is the quality mark for workplace health promotion in Wales and can be used as a tool to support the development of policies that promote the health and wellbeing of staff. Work is already underway to achieve the Silver level, with an assessment due in July 2018. Public Health Wales are confident in achieving this, and looking forward, we have already undertaken a large amount of the sustainability objectives that are required for the Gold level.

We also recognise the importance procurement will play in delivering the organisations sustainable development commitments, which has been reflected in the *Our Space* programme. We will continue to engage with procurement to ensure it plays a major role in shaping our sustainable future.

In addition to continued communications and engagement work across the organisation the Health and Sustainability Hub plans to further raise awareness and understanding of the Act and ongoing collaborative working. Examples of further work to embed sustainable development in 2018-19 are explained in more depth in the *Well-being of Future Generations (Wales) Act 2015 – Well-being Statement and Annual Reporting* section of the Performance Report.

We also intend to improve our effectiveness even further in the following areas during 2017/18:

- Continue to share and promote sustainable development principles and encourage sub-contractors to promote sustainable development issues
- Ensure our business practices produce the minimum of packaging waste and encourages re-use, repair, recycling, for example when producing promotional materials
- Minimise the environmental impact by utilising e-mail, e-tendering, video conferencing and the use of energy efficient measures wherever practicable
- Regularly review our objectives, targets and training to reflect changes in sustainability thinking
- Ensure that data collection methods are comprehensive in order to record accurate total waste arising figures for each waste stream
- Use resources more efficiently, and reverse upward trends in waste arising in line with the waste hierarchy of elimination, substitution, minimisation, re-use, recovery with disposal as a last resort
- Improve, re-use and recycling schemes and increase the amount of waste recovered
- Undertake further engagement with staff to embed a culture around sustainability throughout the organisation
- Research and seek to implement further methods into reducing our utilities usage, waste output and overall emissions



OUR ACCOUNTABILITY REPORT

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Corporate Governance Report

Directors’ Report

In accordance with the Financial Reporting Manual (FReM), the Directors’ Report must include the following, unless disclosed elsewhere in the Annual Report and Accounts in which case a cross-reference is provided:

Requirement	Cross-Reference
1. The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Annex 1 in the Corporate Governance Report.
2. The composition of the management board (including advisory and non-executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Annex 1 in the Corporate Governance Report.
3. The names of the directors forming an audit committee or committees.	See Annex 1 in the Corporate Governance Report.
4. Details of company directorships and other significant interests held by members of the management board which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the Register of Interests 2017/18.
5. Information on personal data related incidents where these have been formally reported to the information commissioner’s office. Reporting of personal data related incidents including “serious untoward incidents” involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See Page 106.
6. Information on environmental, social and community issues.	See the Annual Sustainability Report 2017/18.
7. As a public sector information holder, Public Health Wales can confirm that the organisation has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year.

The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm they have complied with the above requirements in preparing the accounts. The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlinEd in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Chair
30 May 2018

Chief Executive
30 May 2018

Director of Finance
30 May 2018

Scope of Responsibility

Public Health Wales exists to protect and improve health and well-being and to reduce health inequalities for people in Wales.

We have a clear purpose and strategic priorities from which our new long-term strategy has been developed. Our vision for 2017/18 was *"To achieve a healthier, happier and fairer Wales"*. As part of the development of the organisation's new long-term strategy, and associated first three year strategic plan (Integrated Medium Term Plan) (see page 34), the vision has been revised and is now: *"Working to achieve a healthier future for Wales"*.

The Board is accountable for setting the strategic direction, ensuring that effective governance and risk management arrangements are in place and holding the Executives to account in the effective delivery of the strategic plan for the organisation. As Chief Executive of Public Health Wales, I have responsibility for maintaining appropriate

governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's purpose and strategic priorities, whilst safeguarding the public funds and the organisation's assets. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

As Chief Executive and Accountable Officer, I have personal overall responsibility for the management and staffing of the organisation. I am required to assure myself, and therefore the Board, that the organisation's executive management arrangements are fit for purpose and enable effective leadership. The following statement demonstrates the mechanisms and methods used to enable me to gain that assurance.

Governance Framework

We have continued to maintain and develop a system of governance and assurance.

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board.

In particular, the Board has responsibility for setting the strategic direction, governance framework, organisational culture and development, developing strong relationships with key stakeholders and partners, and the successful delivery of Public Health Wales' aims and objectives. In addition, Executive Directors have board-level responsibility for effectively discharging our functions.

The Board is supported by the Board Secretary and Head of Corporate Governance, who acts as an advisor on corporate governance within Public Health Wales.

The organisational committee structure was revised in 2016/17. This review was necessary to ensure that appropriate operating and assurance arrangements were in place to reflect the organisational structure. Since its introduction in 2016, the development and introduction of an integrated Risk Management Framework and Board Assurance Framework (BAF) also brings advantages

for the Board and its committees, including the management and oversight of strategic risks. The revised committee structure strengthened the alignment of the respective scrutiny responsibilities and duties of each committee to the strategic priorities, objectives and corporate risk function. As the Board has agreed a new Integrated Medium Term Plan in March 2018 it has taken the opportunity to the revisit the committee structure. This review will continue into 2018/19.

We have adopted the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business.¹ They are designed to translate the statutory requirements set out in the *Public Health Wales NHS Trust (Membership and Procedures) Regulations 2009* (as amended) into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved for the Board, a scheme of delegations to officers and others, and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the organisation. These documents, together with the range of corporate policies set by the Board, contribute to the Governance Framework.

¹ Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 6.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

Improvements to the Governance Framework

During the year, work has been ongoing to further strengthen the governance framework for the organisation and test its robustness. This included the following main areas:

Review of the Standing Orders and Scheme of Delegation

The Standing Orders were subject to an annual review by the Board. The amendments, which were approved by the Board at its meeting on 25 January 2018, were mainly administrative. The Public Health Wales Standing Orders will be fully reviewed when the new Model Standing Orders are issued.²

In parallel, with a review of the Standing Orders, the Reservation of Powers and Scheme of Delegation was fully reviewed during 2017/18. A cross-directorate working group undertook the work to ensure that the document accurately reflected governance requirements and provided a detailed framework for delegated organisational decision-making. The format for the Scheme of Delegation was also revised to improve accessibility from a user perspective and the delegation provisions within it outlined in more detail. The Board also approved the revised Scheme at its meeting on 25 January 2018.

Ongoing review of the Scheme of Delegation was delegated to the Audit and Corporate Governance Committee and the Executive Team as appropriate. This flexibility is important to ensure that the Scheme of Delegation remains current and responsive to changes within the operating environment. The Audit and Corporate Governance Committee will review the full Scheme of Delegation on an annual basis.

The Standing Orders including the Terms of Reference and Scheme of Delegation will be reviewed again when the review of the Committee arrangements is complete.

Figure 1 details the relationship between the Board and its committees, together with the Executive Team.

Furthermore, during the year a number of products have been developed to further strengthen the corporate infrastructure, while providing a stronger focus on quality (see page 99), risk management (see page 97) and governance (see page 85).

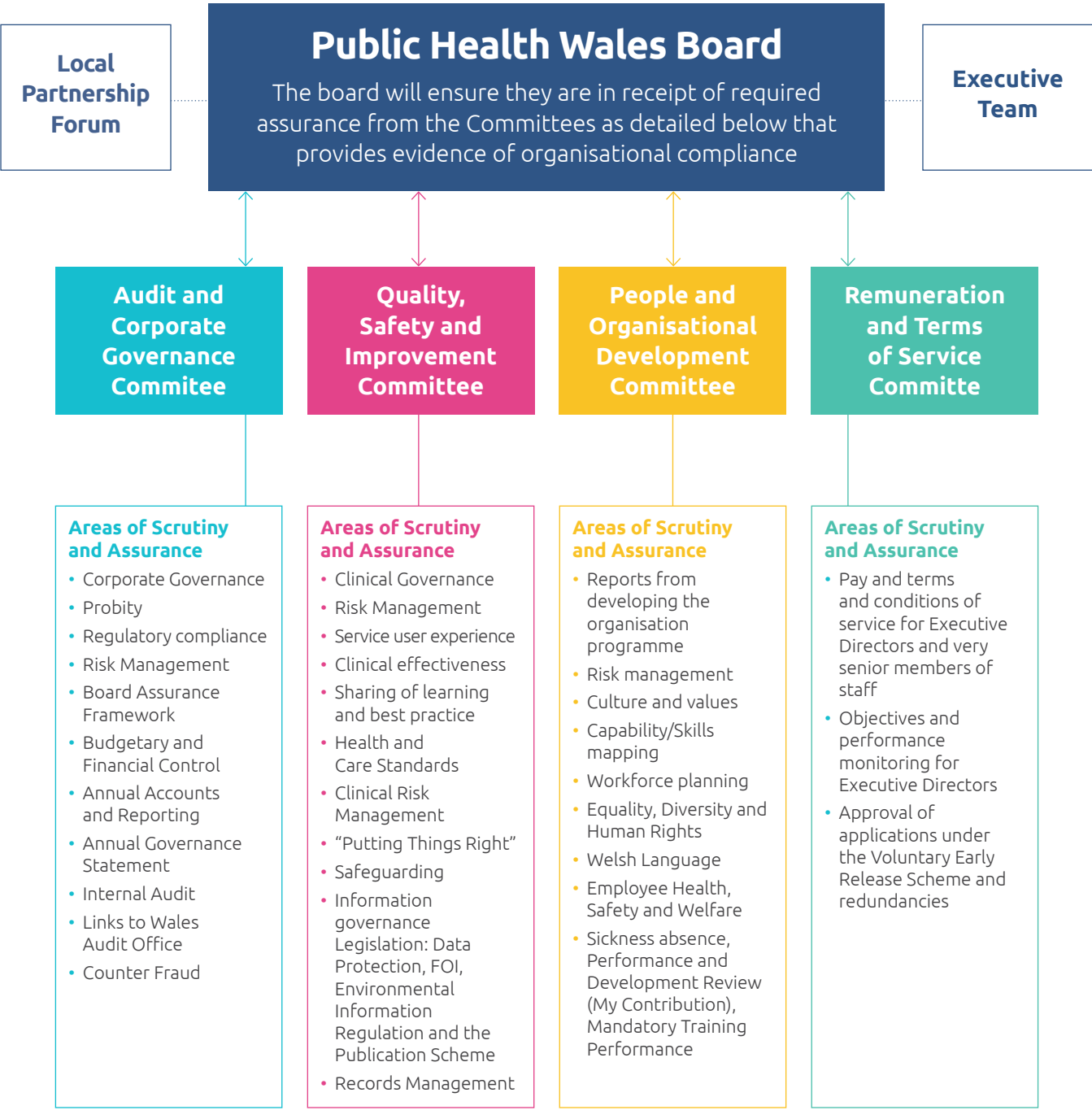
The Executive Team, which is made up of executive directors and other leadership and directors, is responsible for the operational management of the organisation. Figure 2 shows the Executive Team and Directorate Structure.

Financial performance, quality and risk management, workforce information and delivery against the organisation’s strategic and operational plans are scrutinised at meetings of the Board, Board Committees, the Executive Team and at various operational team meetings across the organisation. During the year, the Board has concluded that while the information they received was acceptable there is the potential for some improvement. This will be taken into account when considering potential improvements early in the new financial year.

The Board has considered its effectiveness and ongoing development throughout 2017/18. During the year, the Board undertook a number of development sessions which covered topics such as risk management and appetite, collaborative governance and the development of a decision-making framework. The Board was also involved in the development of the new long-term strategy and the organisation’s strategic risks during the year (see pages 97 - 99).

The Board has also sought to increase its visibility during the year, with the public meeting being streamed via social media in March 2018.

Figure 1: Overview of Governance Framework

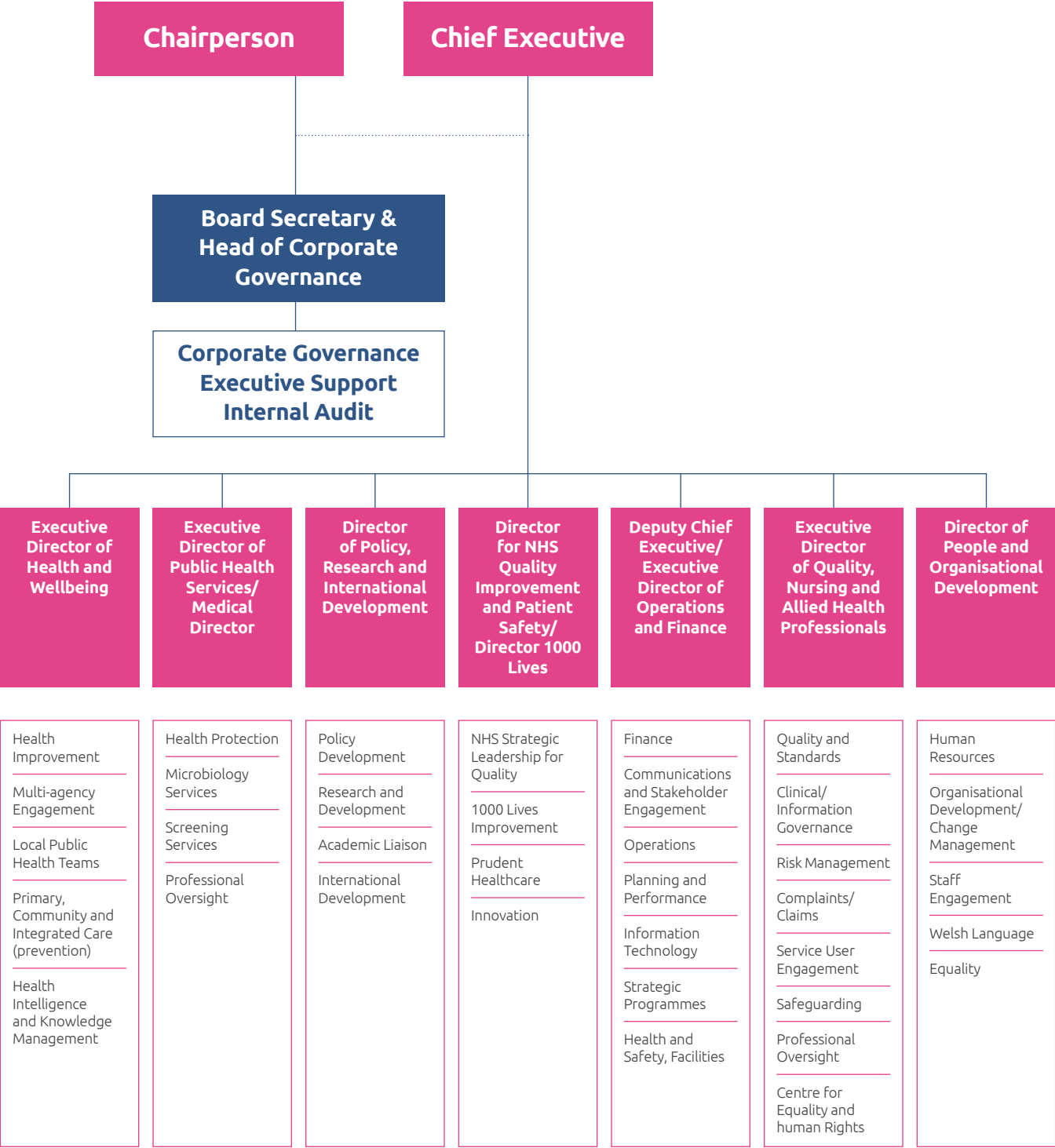


Some themes will run throughout all Committees, for example:

- Performance Management
- Well-being of Future Generations (Wales) Act 2015
- Health and Care Standards (with Quality, Safety and Improvement Committee considering the annual report)

² In 2017-18, the All Wales Board Secretaries Group reviewed the NHS Wales Model Standing Orders and made recommendations to Welsh Government advising of potential amendments. Welsh Government is expected to issue a revised Model Standing Orders for the NHS in Wales within the near future.

Figure 2: Executive Team and Directorate Structure



Key issues considered by the Board

During the year, the Board has considered a number of key issues and taken action where appropriate. These are elaborated on below.

Risk Management

The Board has received regular updates on, and participated in, the ongoing development and strengthening of risk management arrangements across the organisation.

The Board has continued to have oversight of risk management through the Board Assurance Framework (BAF). A new Risk Management Policy, which describes the way Public Health Wales categorises risk and the risk architecture of the organisation, was approved by the Board in May 2017. The Board has also reviewed the strategic risk descriptors and considered its risk appetite.

For further details see page 97.

Public Health Wales received a positive Wales Audit Office Structured Assessment Report for 2017 with regard to the ongoing improvements in risk management across the organisation. Further details of the assessment findings are provided on pages 113 - 114.

Strategic Planning

The Board has played an active role in developing Public Health Wales’ Long Term Strategy, and had responsibility for setting the strategic direction. Detailed Board discussions to support development have taken place as part of our strategic ‘look back and forward’ process, which we undertake annually. This examined the strategic and operational factors that may impact upon our priorities, along with reviewing progress and performance. See page 102 for further details.

Our strategic plan (Integrated Medium Term Plan) (IMTP) details the action we will take over the first three years of our Long-Term Strategy. This was approved by the Board in March 2018. See page 102 for further details. Alongside the Board-approved IMTP the organisation has also reviewed and refreshed its Well-being Statement and Well-being Objectives as required by the Well-being of Future Generations (Wales) Act 2015 to ensure alignment with our new long-term strategic priorities. The Board agreed that our new priorities would be our Well-being objectives.

Collaborative Governance

The Board approved the Public Health Wales Joint Working Framework in January 2018. The Framework provides guidance with regard to the establishment of joint working opportunities on local, national and international levels. The Framework sets out the governance and accountability arrangements for the development, approval and monitoring of formal joint working arrangements.

The Board remitted oversight of current governance arrangements for joint working agreements to the Audit and Corporate Governance Committee.

The Board also received regular progress updates from the Chief Executive with regard to the Cymru Well Wales Partnership. Cymru Well Wales is a membership forum with all members being equal. The Adverse Childhood Experience Support Hub was established by Cymru Well Wales during 2017 and was formally launched in January 2018.

The Board approved the Public Health, Policing and Criminal Justice Partnership Agreement, between Public Health Wales and South Wales Police and the Welsh Police Forces and Crime Commissioners. The agreement is funded by a grant from the Police Transformation Fund.

The Board also approved the revised terms of reference for the NHS Wales Collaborative Leadership Forum in April 2017. These were updated in March 2018 to include special health authorities as organisations represented on the Forum. This amendments has been required in response to the establishment of Health Education and Inspectorate Wales. The NHS Wales Collaborative Leadership Forum approved the terms of reference at the meeting held on 21 February 2018.

Declarations of Interests, Gifts, Hospitality and Sponsorship

The Board approved the revised Declarations of Interests, Gifts, Hospitality and Sponsorship Policy and Procedure in November 2017. The policy and its associated documents strengthened the governance arrangements in this area.

The Board remitted oversight of declarations of interests, gifts, hospitality and sponsorship to the Audit and Corporate Governance Committee.

Public Health Wales Approach to Engagement

The Board supported the organisation’s overarching approach to engagement at its meeting on 30 November 2017. It noted the need for an implementation plan, clear links to the development of the long-term strategy, and the need for capacity and capability to be built into workforce and organisational development strategies, to enable effective engagement work.

The Board remitted the assurance and oversight of the implementation plan to the Quality, Safety and Improvement Committee, and charged the People and Organisational Development Committee with the action to build capacity and capability.

Public Health Wales Stocktake

Since Public Health Wales was established as an NHS Trust in 2009, a number of services and programmes have transferred to the organisation and Public Health Wales currently has a wide range of responsibilities. In light of these changes, it was decided that a stocktake of Public Health Wales and its relationship with Welsh Government would be undertaken focusing on three core areas: governance and leadership; relationships and communication; and functions and future priorities.

The stocktake work took place, by Welsh Government, over a four-month period from May to September 2017 and focused on the arrangements and processes in place between Public Health Wales and Welsh Government. There had been comprehensive and considerable engagement while information for the stocktake had been gathered.

The Board received the Public Health Wales Stocktake Report at its meeting on 27 March 2018. Overall, the stocktake found that the governance and accountability arrangements generally worked well and had improved over time, and that the relationship between Public Health Wales and Welsh Government, was, in general, positive and had developed. Further clarity around system leadership and key priorities was required from Welsh Government and there was agreement that there needs to be work undertaken in relation to existing performance measures and to ensure they reflect the range of functions and services undertaken by the organisation. A number of suggested actions were made and discussed by the Board.

The Board remitted oversight of the implementation of the action plan to the Audit and Corporate Governance Committee.

Parliamentary Review of Health and Social Care in Wales

In 2017, an expert panel was set up to undertake a parliamentary review of health and social care in Wales. This is in line with a commitment given by the First Minister of Wales. The final review report was published on 16 January 2018. The Board formally received the report at its meeting on 25 January 2018.

Public Health Wales is in the process of developing an organisational response to the Parliamentary Review, whilst awaiting the Welsh Government response.

White Paper – “Services for the Future”

The Board received and approved the Public Health Wales response to the Welsh Government White Paper. The White Paper sought to comment regarding the strengthening of governance within health bodies in Wales, together with views regarding the arrangements for regulatory bodies.

Public Health (Wales) Act 2017

The Public Health (Wales) Act 2017 became law on 3 July 2017.

The Board considered Public Health Wales’ response to the Act in July 2017. Discussions and work with Welsh Government in support of the Act have included the:

- role of Public Health Wales (and more specifically the Wales Health Impact Assessment Support Unit (WHIASU)) in supporting the development of the statutory Health Impact Assessment (HIA) regulations.
- specialist public health support required for an Obesity Prevention and Reduction Strategy.
- structure of the licensing model for Practitioners, including how to define, evidence and assess competency to undertake special procedures; training requirements for Practitioners and Local Authority staff; and policy evaluation. Support has been provided in the development of secondary legislation to support this part of the Act.
- publication of a Pharmaceutical Needs Assessment (PNA) to determine control of entry based on that assessment.
- facilitation and specialist advice provision in support of the development of Pharmaceutical Needs Assessments (PNA) alongside preparation for changes to the Pharmaceutical Services Control of Entry Regulations (Wales).

Board and Executive Team Membership

The Board has been constituted to comply with the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009 (as amended)*. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors (see Annex 1). As previously indicated the Board is made up of Non-Executive and Executive Directors.

Annex 1 outlines the membership of the Board for 2017/18 and also highlights the membership of the Committees and areas of responsibility that are championed by the members of the Board. In addition to board and committee membership, non-executive directors also participate in, and support, organisational groups and change programmes where appropriate. These include, for example, Welsh language, and modernisation programmes.

In addition to the executive directors appointed in accordance with the Regulations, individuals have also been appointed to other director positions. They, together, with executive directors, are members of the Executive Team. They have a standing invitation to Board meetings where they can contribute to discussions but do not have voting rights.

The current Executive Team and organisational structure has been in place since 1 April 2015. There has been stability within the team during 2017/18 with only one change in post-holders.

Public Health Wales Chair

Professor Sir Mansel Aylward CB completed his final term of office as Chair of Public Health Wales on 31 July 2017. Welsh Government appointed Jan Williams OBE as his successor, who took up the position on 5 September 2017, for a four-year term of office.

In the interim period, arrangements were made for Professor Simon Smail CBE, Vice-Chair of Public Health Wales, to undertake the role in an acting capacity from 1 August 2017 to 4 September 2017.

Public Health Wales Vice-Chair

The appointment of a vice-chair is an internal process that is separate from the appointment of a new Non-Executive Director.

Professor Simon Smail CBE, Vice-Chair of Public Health Wales, reached the end of his final term of office on 30 September 2017, as a Non-Executive Director.

The Board ratified a Chair’s Action to appoint Kate Eden as the new Vice-Chair of the Public Health Wales Board on 31 October 2017.

The organisation continues to work closely with Welsh Government to support the recruitment to the Non-Executive Director post left vacant by Professor Smail.



Departure and appointment of Non-Executive Directors

In addition to the departure of professor Smail, it is also necessary to report the following with regard to the Non-Executive Directors:

Local Authority Member

Jack Straw, Non-Executive Director (Local Authority), resigned his position from 31 August 2017. The recruitment of his successor began in October 2017. Following an open recruitment process, the Cabinet Secretary for Health and Social Services appointed Alison Ward CBE and Dyfed Edwards to the post on a job share basis from 1 April 2018.

Third Sector Member – re-appointment

Judi Rhys was appointed to the Public Health Wales Board from 1 April 2017 – 31 March 2018. The Cabinet Secretary for Health and Social Services re-appointed Ms Rhys for a further period of office from 1 April 2018 – 31 March 2020.

Succession Planning for 2018-19

Terence Rose CBE, Non-Executive Director will complete his final term of office on 31 October 2018. The Welsh Government will commence the recruitment process for his successor in April 2018, in addition to the post left vacant by the departure of Professor Smail.

Senior Staff Appointments and Departures

Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals, was appointed to Powys Teaching Health Board as Interim Nurse Director for a twelve-month secondment, and departed from Public Health Wales on 2 February 2018.

For the duration of this secondment, Siân Bolton has been appointed Acting Director of Quality, Nursing and Allied Health Professionals, and commenced in post from 5 February 2018.

Staff Representation at Board and Committee Meetings

Stephanie Wilkins, lead UNITE Representative and Secretary of Public Health Wales Staffside; Claire Lewis, Steward, Royal College of Nursing; and Roger Richards have attended and contributed to Board and committee meetings as a non-voting member throughout 2017/18. This has been in their capacity as representatives from the Local Partnership Forum.

We have continued to engage with Unions and representatives on the Staff Partnership Forum to encourage greater staff representation on board and committee meetings.

Board Diversity

Appointments made in 2016/17 and 2017/18 have had a positive impact on the Board’s diversity. At March 2018, four of the five non-executive directors are female (with two vacancies) as are three of the five executive directors.

There remains a geographical imbalance among the Board members, with limited representation from rural communities in Wales. The Board did not have a fluent Welsh-speaking member during 2017/18, although one member is an advanced learner. The outcome of the non-executive director recruitment for the local authority post has resulted in the appointment of one fluent Welsh-speaking member, Dyfed Edwards.

Board Committees

The Board has established four standing Board Committees, chaired by non-executive directors, that have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, an assessment of current risks and performance monitoring. With the exception of the Remuneration and Terms of Service Committee, papers and minutes for each meeting were published on the Public Health Wales website. Private sessions of committees are held as required to receive and discuss sensitive or protected information.

Chairs of the committees provide reports to the Board meeting following each committee meeting. Minutes of committee meetings are also presented once approved by the relevant committee. Each committee also produces an annual report, which provides a summary of business undertaken during the year. The committee annual reports provide the Board with assurance that they are working effectively and contribute to the overall assessment of board effectiveness.

There is common membership between the committees to ensure integration with each other in relevant areas. As previously noted, the review and subsequent revision of the committee structure in 2016/17 resulted in the introduction of new terms of reference.

Public Health Wales has not established a Charitable Funds Committee as it does not have its own charity. It does have access to a fund administered by Velindre NHS Trust and the Executive Director of Finance has delegated authority to manage this fund.

The following paragraphs provide highlights of reports received by committees throughout the year. These highlights provide evidence of the governance framework working in practice.

Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee met six times during 2017/18 and was quorate on all six occasions. The Committee provides advice and assurance to the Board on the systems of internal control, governance and efficient and effective use of resources by overseeing and monitoring a programme of internal and external audit.

During the year, the Committee received and discussed a number of reports produced by Internal Audit. These are listed in Figure 3 below, together with the assurance rating provided:

Figure 3: Internal Audit Reports Assurance ratings 2017/18

Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Environmental Sustainability Report 2016/17				✓
Annual Quality Statement				✓
Procurement			✓	
Diabetic Eye Screening Wales			✓	
Raising Concerns (Whistleblowing)		✓		
Welsh Risk Pool Reimbursement				✓
Clinical Networks Governance		✓		
Cyber Security		✓		
Training and Staff Development			✓	
Establishment Control				✓
Health and Care Standards				✓
Core Financial Systems			✓ (draft)	
Regulatory Compliance - Welsh Language (Follow-up)			✓	

Internal Audit also undertook an advisory review on the process within Public Health Wales for overseeing the arrangements in place with its partner organisations as part of the Annual Audit Plan 2017/18. As this was an advisory review, an assurance rating was not provided.

During 2016/17 a limited assurance report was received for Regulatory Compliance – Welsh Language. A follow up review took place during the year which provided a reasonable level of assurance. Significant progress has been made to ensure a consistent approach to the Welsh Language across the organisation, in addition to the strengthening of governance arrangements. A review of current processes within directorates in order to identify key issues, challenges and gaps in compliance.

In 2017/18 three limited assurance reports were received for Raising Concerns (Whistleblowing), Cyber Security and Clinical Networks Governance. Action plans have been put into place to address the report recommendations. The Committee will continue to monitor these action plans in 2018/19.

The review of raising concerns identified that although Public Health Wales had adopted the all-Wales procedure for NHS Staff to raise concerns, there was a lack of staff awareness of the arrangements in place. The review also found that employees and line managers (tasked with dealing with concerns) had not received any training or guidance. Weaknesses in how concerns were recorded were also identified. In the management response, the organisation has committed to proactively communicate the revised procedure (issued in January 2018) to all staff, and provide appropriate guidance, training and information resources online. The organisation has established a central register of concerns raised, maintained by the Board Secretary and Head of Corporate Governance.

The review of Cyber Security identified a number of issues classified as weaknesses in system control and design. The review found that although a well-defined Information Management and Technology and Information Governance structure was in place, there were weaknesses in the implementation of firewall, intrusion detection and network segregation technologies, guidance provided to staff and the organisational approach to security checks and vulnerability assessments.

Weaknesses were also identified in how information security responsibilities were documented and assigned to staff. In the management response, the organisation committed to the appropriate assignation of responsibilities, the update of key documentation, the introduction of new processes and robust approaches to vulnerability assessments and checks. A robust Information Governance Framework is in place (see page 100), and an Information Security Policy was approved by the Quality, Safety and Improvement Committee in November 2017.

A limited assurance report of the Clinical Networks, managed by the NHS Wales Health Collaborative (“the Collaborative”), was also received. The review identified that risk management arrangements were not documented or embedded, and needed to be aligned with Public Health Wales’ corporate policy. Also, there was no identified process in place for the commissioning of clinical sessions; and that documentation surrounding tenure arrangements for clinicians that undertake assignments on a sessional basis for the clinical networks is not robust and additional controls were required. In the management response, the Collaborative committed to the development of documented processes to address the weaknesses identified, including the commissioning of clinical sessions and tenure arrangements for clinicians. Risk Management arrangements have been developed in full compliance with the Public Health Wales Risk Management Policy and Procedure, along with a specific risk architecture that recognises the nature of the Collaborative as a hosted body (see page 110).

Wales Audit Office (WAO) provided the Committee with regular progress reports on external audits and monitored progress against recommendations.

The Committee received an external (WAO) review of Collaborative Arrangements for Managing Local Public Health Resources, at an additional meeting held on 19 October 2017. The audit provided a high-level view of how Public Health Wales’ current collaborative arrangements with Local Public Health Teams and Directors of Public Health worked in practice, the effectiveness of the collaborative working and the adequacy of the governance arrangements. A comprehensive management response was developed with partners to ensure a system-wide response, which was approved by the Committee.

A staged programme plan and governance structure was established to take the response forward. The Committee closely monitored progress against agreed milestones through the receipt of regular progress updates at each of its subsequent meetings.

The governance arrangements for the monitoring of internal and external audit review actions were also strengthened in 2017/18. Improvements were made to the management and presentation of the internal and external audit action logs. These changes included the submission of focused reports with each log which enabled the Committee to make decisions more effectively.

The Committee has monitored its effectiveness throughout the year and monitored the Action Plan developed in response to the outcome of the 2016/17 self-assessment exercise, which was undertaken by the Committee to assess its performance and 'effectiveness'. Improvements included the holding of committee-specific development sessions.

In March 2018, the Committee undertook the self-assessment for 2017/18. An online questionnaire, based on guidance in the NHS Wales Audit Committee Handbook, was developed and circulated to committee members and attendees. Respondents included representative responses from Wales Audit Office and NHS (Internal) Audit and Assurance Services. The Committee will consider the results and report at an informal workshop in Quarter 1, 2018/19. If required, an action plan will be developed.

NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Audit and Corporate Governance Committee receives reports from the internal audit function which provide it with assurance that these functions are efficient and cost effective. Public Health Wales also has representation on the NHS Wales Shared Services Partnership Committee where any issues, which have been identified, are shared and fed back to the Committee.

The Audit and Corporate Governance Committee discussed the risk management and assurance arrangements in place for the organisation. It also received the relevant extract of the Corporate Risk Register.

The Committee received the Board Assurance Framework (BAF) at each meeting and has oversight of those elements of the BAF which apply to its particular risks. It also receives the BAF in its entirety in order to seek assurances that the risks are being effectively managed and that the controls which are in place are adequate and fit for purpose. The Committee's role is to challenge the executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

The Committee approved the Risk Management Procedure in June 2017, which underpinned the Risk Management Policy approved by the Board on 25 May 2017.

Quality, Safety and Improvement Committee

The Quality, Safety and Improvement Committee met four times during 2017/18 and was quorate on all four occasions.

The Quality, Safety and Improvement Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety. The Committee is responsible for seeking assurances on all aspects of quality of services and clinical care, governance systems including risk for clinical, corporate and regulatory standards for quality and safety.

At the beginning of each meeting the Committee received a story from the perspective of service users or a member of staff. The stories included lessons learnt and action taken in response to the key messages from the story. This ensured the Committee brings scrutiny and emphasis on placing service users at the centre of improving, developing and planning services.

Some of the key items received by the Committee in 2017/18 included:

- The Screening for the Future Review (see page 104). The Committee received the review report in May 2017 and received an update on the project's progress in maintaining and improving quality at its meeting in March 2018
- An implementation plan to address the impact of NHS Wales medical and Dental Agency and Locum Deployment in Wales. This plan had been developed in response to a Welsh Health Circular (issued in October 2017) to reduce medical and dental agency and locum deployment in Public Health Wales. The

Committee has received regular update reports, in addition to a wider report with regard to the impact on the Microbiology Service as a whole, and will continue to monitor the situation in 2018/19. Due to the confidential nature of some of the information relating to this issue, subsequent reports were received and considered in private session of the Committee

- A report which provided an overview of the 1000 Lives Improvement Programmes. This included details of the lifecycle of the programmes, how quality and impact were being reported and measured
- A report which provided an overview of a UK-wide Patient Notification Exercise (PNE) for which Public Health Wales was the lead on behalf of NHS Wales. This was in response to a 2015 report from Switzerland that had identified that Heater-Cooler Units in cardio-pulmonary bypass machines were a potential source of non-tuberculous mycobacterial infections in cardiac surgery patients. The Committee noted that a number of key lessons had been learned which would be fed into the business continuity and emergency preparedness processes
- A review of newborn bloodspot screening transcription errors. The Committee noted that the Health Board had introduced an automated bar code system to address the errors. Newborn Bloodspot Screening Wales were working with health boards to introduce similar systems across Wales. The Chief Risk Officer would continue to monitor the risk and report any developing trends back to the Committee
- A progress update against the Quality and Impact Framework Implementation Plan. The Committee agreed that a 'deep dive' on the implementation of the Framework would be considered by the Committee in July 2018

The Committee also received the following items on a quarterly basis:

- Putting Things Right Report - an analysis of incidents, complaints, claims and compliments to identify trends, themes and lessons learnt. An update on claims was received in private sessions of the Committee due to the sensitivity of the information

- Information Governance Consolidated Performance Report – a consolidated view of the performance of the Information Governance (IG) Management System. The report also summarises the organisation wide high and extreme Information Governance risks. This report enabled the Committee to strengthen its scrutiny of information governance issues
- General Data Protection Regulations Action Plan – progress against actions undertaken to prepare the organisation for the General Data Protection Regulations (GDPR), which come into force on 25 May 2018

The Committee also approved the Quality and Clinical Audit Plan 2017/18. Individual audits would be subject to 'deep dives' as required. This plan was also received by the Audit and Corporate Governance Committee for information.

The Committee received a number of 2016/17 annual reports: Research and Development, NHS Centre for Equality and Human Rights, national Safeguarding Team, Putting Things Right and Claims, Corporate Safeguarding, Infection, Prevention and Control and Information Governance. It also received the 2016/17 summary of staff and service-user experiences and the organisational Health and Care Standards self-assessment.

The Committee reviewed all serious incidents reported within Public Health Wales, two of which were reported to the Welsh Government. For each serious incident the Committee queried what lessons had been learnt and reviewed the action plan which detailed the improvements made as a consequence. Details of serious incidents are provided on page 106.

The Committee also reviewed statutory training compliance of areas relating to Quality and Safety.

The Committee received the relevant extract of the Policy and Control Document register on a bi-annual basis, and requested that all organisational policies for which the review had passed, would be subject to individual risk assessments. Broadly, the assessments indicated that in the majority of cases the risk to the organisation was low. Those documents which had a medium or high risk were prioritised for review. The Committee approved the following policies: Draft Consent to Examination, Screening or Intervention (May 2017); Information Governance Policy (August 2017); and the Information Security Policy (November 2017).

The Committee received the relevant extract of Board Assurance Framework (BAF) at each meeting in addition to the relevant extract of the Corporate Risk Register, which included Information Governance risks.

People and Organisational Development Committee

The People and Organisational Development Committee met three times during 2017/18 and was quorate on all three occasions.

At the beginning of each meeting the Committee received a story from the perspective of a member of staff. The stories included lessons learnt and action taken in response to the key messages from the story. This ensured the Committee is engaged fully with staff and brings scrutiny and emphasis on placing staff at the centre of improving, developing and planning the workforce.

Some of the key items received by the Committee in 2017/18 included:

- The performance dashboard. In 2016/17, the Committee resolved to receive a central mechanism to manage all key people metrics across the organisation, informed by available data, best practice and peer consultation. The Committee were involved in developing the people indicators and initially received a 'People Performance Dashboard' which provided assurance on the developments and progress made with People Data. Following further discussions with regard to the quality of the data received for monitoring and assurance, it was resolved that this would be included in the integrated performance report received by Board, and that the Committee would undertake in-depth reviews as advised by the Board. In January 2018, the Committee undertook such a review of two issues: long-term (aged) vacancies and gender diversity. The Committee agreed to consider long-term vacancies in more detail at a future meeting
- A performance report on the Disciplinary Policy and Procedure. This report was supplemented by an analysis of lessons learnt in employee relations activity. The Committee agreed to receive a report on an annual basis providing the data on grievance, disciplinary cases and referrals to professional bodies

- Progress updates on the Public Health Wales Values and Behaviours. The Committee received assurance that awareness of the values and behaviours was being raised, included in performance management processes, and that associated toolkits had been developed
- Progress updates on staff engagement - including the Staff Survey/Medical Engagement Scale, the organisational Values and staff induction. Oversight for the organisational staff survey plan is maintained at board-level, with responsibility for refining and delivering the plan delegated to the Executive Team. Responsibility for providing assurance to the Board that the plan is being delivered is delegated to the Committee
- Updates on the award of the bronze Corporate Health Standard, and progress against the actions developed to achieve the Silver Corporate Health Standard
- An update on the Time to Change Wales national campaign, which aims to address the stigma and discrimination faced by some people who suffer from mental ill health. Public Health Wales has agreed to participate in the initiative and signed the pledge in December 2017
- An update on the organisational implementation of the Electronic Staff Record (ESR) system. The Committee noted the key milestones and benefits involved in the project
- An update on Occupational Health provision in Public Health Wales. The Committee noted that Service Level Agreements had been signed with each of the Health Boards with regard to the occupational health provision for the Microbiology Teams

During 2017/18, it was determined that the Committee would receive broad People and Organisational Development updates from each directorate. The Finance and Operations directorate provided the first of these updates at the Committee's meeting in January 2018, which focussed on the directorate engagement initiatives and the action plan developed in response to the Staff Survey.



The Committee also received the following items on a quarterly basis:

- Health and Safety Update Report – the Committee received an update from the Health and Safety Group at every meeting and received assurance on progress against the Health and Safety Strategy Review Action Plan. This report is supplemented by the Health and Safety Risk Register
- Welsh Language Update Report – this update focused on progress against the Welsh Language Action Plan, developed in response to a Statutory Investigation and a limited assurance audit internal review. The Committee also received an update on the progress of the Welsh Language Standards (see page 106)

The Committee has also discharged its responsibilities with regard to equality, diversity and inclusion. The Committee reviewed progress against the Implementation Plan for the Public Health Wales Strategic Equality Plan (approved by Committee, July 2017) and approved the Annual Equality Report 2016/17. Further information on equality is provided on page 105.

The Committee received the relevant extract of the Policy and Control Document register on a bi-annual basis. The Committee approved the following policies during 2017/18: Statutory

and Mandatory Training Policy; Prevention of Stress and Management of Wellbeing Policy; Fire Safety Policy; Waste Management Policy; Water Management Policy. The Committee also adopted the following All-Wales policies: Disciplinary Policy and Procedure; Employment Break Policy; Pay Progression Policy; Recruitment and Retention Payment Protocol.

The Committee received the relevant extract of Board Assurance Framework (BAF) at each meeting in addition to the Corporate Risk Register.

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met five times during 2017/18 and was quorate on each occasion.

The Committee considered and approved the 12-month secondment of the Executive Director of Quality, Nursing and Allied Health Professionals to Powys Teaching Health Board (see page 17). It also approved the appointment of the interim Executive Director during this period. Applications in respect of the Voluntary Early Release Scheme (VERS) and any special severance payments were also considered. The matters approved by the Committee were ratified by the full Board. The Remuneration Report provides further information regarding these matters.

Board and Committee meetings held during 2017/18

Figure 4 outlines the dates of Board and Committee meetings held during 2017/18.

Escalation arrangements are in place to ensure that, in the event of a committee not being quorate, any matters of significant concern would be brought to the attention of the Chair of the Board.

All of the Public Health Wales Board and Committee meetings were quorate during this period.

Figure 4: Board and Committee Meetings 2017/18

Board/Committee	2017/2018						
Board	25 May	1 June*	27 July	28 Sept	30 Nov	25 Jan	27 Mar
Audit and Corporate Governance	4 May	1 June	12 Sept	19 Oct**	12 Dec	13 Mar	
Quality, Safety and Improvement	16 May	29 Aug	23 Nov	27 Feb			
People and Organisational Development ***	20 July	19 Oct	18 Jan				
Remuneration and Terms of Service	27 April	28 Sept	14 Dec	25 Jan	13 Mar		

* Extra-ordinary meeting held to approve the Annual Report and Accounts.

** Additional meeting held to consider the Wales Audit Office Review of Collaborative Arrangements for Managing Local Public Health Resources and approve the management response.

*** The People and Organisational Development Committee was introduced as a result of the committee structure review in 2016-17. It met twice during 2016-17 in October 2017 and February 2017. These meetings identified a need to develop and strengthen arrangements for reporting to this Committee. As a result it was agreed with the Committee Chair that a meeting scheduled for April 2017, would not be held to allow the required time for this. As a consequence, the Committee only met three times during 2017-18.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ending 31 March 2018 and up to the date of approval of the annual report and accounts.

We use a Board Assurance Framework (BAF) system and process to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the Board and its committees.

This is illustrated in Figure 5.

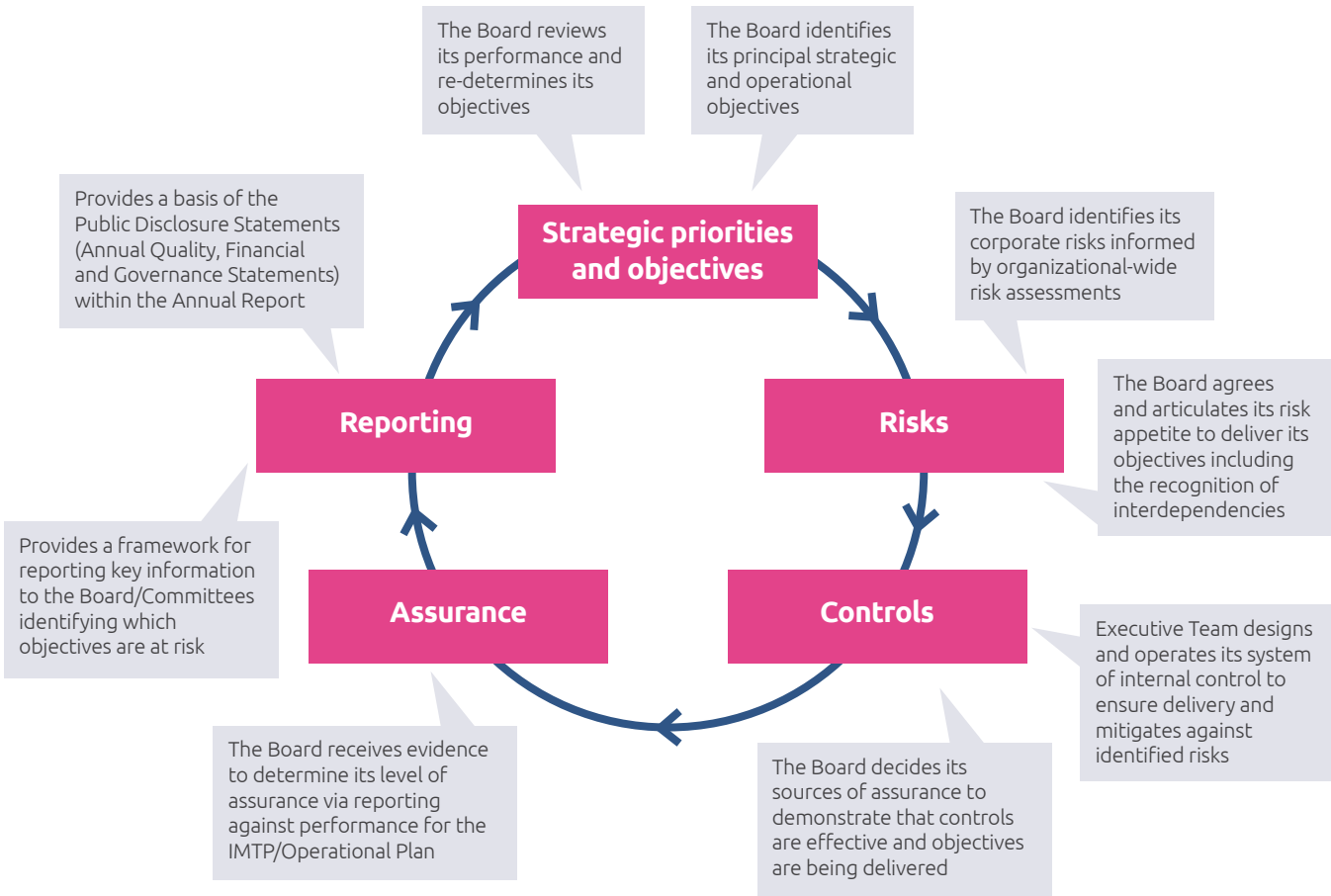
Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board’s strategic objectives.

Examples of key controls include:

- Schemes of delegation
- Policies and procedures
- Performance data
- Financial management information
- Quality and Safety processes

The effectiveness of the system of internal control is assessed by our internal and external auditors.

Figure 5: Board Assurance Framework System



Capacity to handle risk

In March 2017, the Board approved the strategic risks that faced the organisation for 2017/18.

Figure 6 outlines the key strategic risks together with the assessed risk scores (once existing risk control measures have been taken into account.)

The Board received updates on each risk and the respective actions at Board meetings throughout the year in the form of the Board Assurance Framework (BAF). It approved any amendments to the BAF, including the extension of individual action due dates.

There has again been much emphasis on training during the year, and in October 2017 the Executive Team received Risk Owner training which was delivered by the Chief Risk Officer. There are now in excess of 100 Risk Handlers trained across the organisation whose role is to support directors and other Risk Owners, and training is now offered to all senior managers who are expected to take on the responsibilities of risk owners.

Figure 6: Public Health Wales Key Strategic Risks 2017/18

Strategic Risk	Risk Score*
There is a risk that Public Health Wales will find itself without the workforce it requires to deliver on its strategic priorities.	8
There is a risk that Public Health Wales will fail to effectively respond to new and emerging Government priorities brought about by a dynamic and evolving political agenda	8
There is a risk that Public Health Wales will fail to achieve population health gains through ineffective organisational and system leadership (including poor alignment with the Well-being of Future Generations (Wales) Act 2015)	12
There is a risk that Public Health Wales will fail to fulfil its statutory functions as laid down in the Public Health Wales NHS Trust (Establishment) Order 2009, to the required quality, performance and compliance standards.	10
There is a risk that Public Health Wales will not comply with its statutory and regulatory obligations to such a degree that it fails to achieve its strategic priorities	16
There is a risk that Public Health Wales will fail to influence key partners to the depth required to enable it to provide the required leadership to progress essential cross sector work	8
There is a risk that Public Health Wales will find itself without the financial resources required to deliver on its strategic priorities	5

* Public Health Wales utilises a 5 x 5 matrix to calculate the risk score. This method is widely used within the NHS. Likelihood and Impact of the risk occurring are assessed on a scale of 1 to 5, and then the two scores are multiplied to arrive at the final risk score (between 1 and 25 with 1 being the lowest). Further information can be found in the Public Health Wales Risk Management Procedure.

Guidance documents, nominated Risk Handlers, and a submission form available on the web-based incident reporting and risk management software, Datix, all provide staff with support for reporting risks across the organisation. This makes the identification, reporting and management of risks more streamlined and effective.

The Board has engaged on several risk management development events this year, which have covered areas such as risk ownership, risk appetite and reviewing strategic risks. The Board has approved a revised Risk Management Procedure which includes the requirement for an Annual Statement of Risk Appetite. The first iteration of this document will be completed and approved early in 2018/19.

At an operational level, Executive/Divisional directors are responsible for regularly reviewing their Directorate/Divisional Risk Registers, and for ensuring that effective controls and action plans are in place and monitoring progress. Directorate Risk Registers now receive scrutiny at the Senior Leadership Team meetings every month.

The Executive Team review the Corporate Risk Register at their monthly business meeting, and the Board Assurance Framework is reviewed bi-monthly in readiness for consideration at formal Board meetings.

The BAF is published on the Public Health Wales website with the Board papers for board meetings. The BAF has been presented at all formal board meetings since its adoption in June 2016.

Quality governance arrangements

The following arrangements are in place for assessing the quality of Public Health Wales’ work.

Quality, Nursing and Allied Health Professionals Directorate

The Quality, Nursing and Allied Health Professionals (AHP) Directorate, is responsible for the following functions:

- Quality and Standards
- Risk Management and Information Governance
- Putting Things Right (complaints and claims)
- Service User Engagement
- Infection, Prevention and Control (internal-facing)
- Safeguarding (internal facing)
- National Safeguarding Team (external-facing)
- NHS Wales Centre for Equality and Human Rights
- Professional Oversight for Nursing and Allied Health Professionals (including Biomedical Scientists).

The Executive Director for Quality, Nursing and Allied Health Professionals (AHP) has overall accountability for quality across the organisation and is professionally accountable for nurses and midwives in addition to Allied Health Professionals which includes biomedical scientists.

The Executive Director is a member of the Executive Team which is collectively accountable for the operational management of the organisation and the delivery of the corporate objectives.

The Executive Director for Quality, Nursing and Allied Health Professionals has shared responsibility with the Executive Director of Public Health Services/Medical Director for clinical governance across the organisation.

The organisation continues to embed quality improvement approaches in addition to other methods, to support the realisation of our strategic aims and optimise the quality of our services and programme delivery.

In November 2016 the Board approved the Quality and Impact Framework. The Framework sets out the vision to be a quality and impact focused organisation, including the various components that we will use to demonstrate and measure against. During 2017/18 all Directorates have been working on developing specific quality and impact indicators against each of the five domains (pillars) of the framework. Key indicators will be monitored by the Board Committees as part of the performance management framework.

There are a number of existing corporate groups that support the work of the Quality, Safety and Improvement Committee which assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety (see page 92).

These include:

- Quality Management Group
- Service User Experience and Learning Panel
- Safeguarding Group
- Information Governance Working Group
- Infection, Prevention and Control Group

The Quality Management Group, which is chaired by the Executive Director for Quality, Nursing and Allied Health Professionals, provides a pan-organisational focus on quality and quality improvement. The remit of the group is not limited to quality in the context of clinical quality, but to a broader remit which considers how Public Health Wales demonstrate and evidence that there is a quality and quality improvement approach in all that it does.

The Annual Quality Statement (AQS) is produced for the public and provides information about the work, function and progress of Public Health Wales. It is developed with involvement from service users and existing third sector networks that represent the public. The 2017/18 AQS will be published on the Public Health Wales website no later than 31 July 2018.

For the first time last year the organisation also published a children and young person’s AQS which led to the organisation holding a Youth Summit in November 2017, which was attended by over 70 young people. This will be repeated for 2017/18.

It is also acknowledged that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements.

Information Governance

Public Health Wales has well established arrangements for information governance to ensure that information is managed in line with relevant information governance law, regulations and Information Commissioner’s Office guidance.

The Quality, Safety and Improvement Committee (see pages 92 - 94) provides oversight, advice and assurance to the Board with regard to information governance issues.

The Caldicott Guardian is the responsible person for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. The Executive Director of Public Services/Medical Director performs this role.

The Senior Information Risk Office (SIRO) is the Executive Director for Quality, Nursing and Allied Health Professional. The role of the SIRO is that of the advocate for information risk on the Board. The SIRO is responsible for setting up an accountability framework within the organisations to achieve a consistent and comprehensive approach to information risk assessment.

The Chief Risk Officer is also the Head of Information Governance and is responsible for implementing the management system which delivers our Information Governance requirements, and for ensuring the Public Health Wales remains compliant with all relevant legislation and regulation.

Due to the all-Wales remit of Public Health Wales, along with the diverse services it provides, it is acknowledged that the Caldicott Guardian requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Caldicott delegates have been identified and are required, along with the Caldicott Guardian and SIRO, to undertake the agreed Caldicott Guardian/SIRO training on an annual basis, as a requirement of the role.

Public Health Wales has made great strides towards compliance with the requirements of the General Data Protection Regulations (GDPR) which will come into effect in the UK in May 2018. An Information Asset Register has been developed and approved and is now being used to drive forward the compliance work required, such as confirming legal bases for processing, developing new privacy notices and ensuring that contracts with data processes meet the new requirements. The organisation has also confirmed the designation of the Head of Information Governance as the organisation’s Data Protection Officer, a new requirement under the GDPR.

Health and Care Standards for health services in Wales

The Health and Care Standards set out the requirements for the delivery of health care in Wales at every level and in every setting.

The onus is on Public Health Wales to demonstrate that the standards are being used and are met on a continuous basis. To achieve this directorates and divisions undertaken a self-assessment against each of the standards to determine what areas are doing well and identify areas where improvements may be required. The peer review process enables scrutiny of divisional/directorate self-assessments. Representatives of Internal Audit attended this event to observe the process being followed as part of their audit of the arrangements for Healthcare Standards.

Self-assessment reports from each directorate were presented to the Executive Team so that a collective organisational assessment, based on the returns of the seven directorates, could be agreed. Overall the position for 2017/18 has improved from the previous year. Internal audit determined the adequacy of the systems and controls in place for the completion of the self-assessments and substantial assurance was obtained.

The improvement actions identified by directorates as part of the self -assessment process are incorporated within the performance monitoring framework which is completed quarterly, and monitored by the Executive Team.

Health and safety

A Health and Safety Framework has been established and has moved on since the Capita review in February 2016.

The Health and Safety group have moved to exception reporting, this highlights the issues/ challenges that each directorate has and enables the Group to concentrate on key issues. These also enable the Group to identify any organisational risk that required to be entered on the corporate health and safety risk register.

To strengthen the governance of health and safety issues, the following actions were taken:

- The responsibility for oversight of health and safety is undertaken by the People and Organisational Development Committee.
- The Health and Safety Group was restructured with new Terms of Reference developed to address the new governance arrangements and are reviewed annually.
- A single Health and Safety Action Plan is in place and is regularly reviewed by the Health and Safety group and shared with the People and Organisational Development Committee, the Plan had clear links to Health and Care Standards, appropriate prioritisation, timescales and accountabilities, and formal reporting mechanisms between the directorate and the group. Progress on the plan is reviewed on a quarterly basis.
- All Board and Executive Team members together with some members of the Senior Leadership Team completed the IOSH Safety for **Executives and Directors Training** Course. The course is approved and validated by IOSH (the Institute of Occupational Safety and Health).
- The Health and Safety Risk Register was developed in consultation with the Chief Risk Officer. Work is continuous to ensure all risks on the register are reviewed and updated.

The Action Plan also contains actions to enhance senior leadership of the organisation’s health and safety. Executive and Non-Executive Directors completed accredited Directing Safely training in Quarter 3, 2017/18. Executive Directors also undertook a number of “walkabouts” during 2017/18.

Executive management is the responsibility of the Deputy Chief Executive/Executive Director of Finance and Operations. At an operational level, the Head of Estates (Facilities) and Health and Safety continues to build a positive health and safety framework and culture.

The Board approved the revised Health and Safety Policy in March 2018. Sub-policies and a suite of detailed procedures and control documents support the policy. Further procedures are under development.

Long Term Strategy

During 2017-18, significant work has been undertaken across the organisation to develop our new Long Term Strategy from 2018-2030.

This will enable us to focus on how we can best work with our partners to have maximum impact in improving health and well-being and reducing health inequalities in Wales.

For public health to work effectively we need to adopt a long term approach which looks further than three years.

This will help us:

- Deliver the most we can for the people of Wales
- Meet and exceed the requirements of Well-being of Future Generations (Wales) Act
- Collaborate with our partners in the areas of most need (topic areas)
- Understand the challenges facing us as we advance towards an ageing population with greater and more complex health challenges

To deliver real improvements in the public’s health, we need to move away from short-term thinking and have a longer term strategic approach to how we will tackle the issues effectively.

As part of this process to develop a Long Term Strategy for Public Health Wales, we have drawn upon various sources of information including over 1000 hours of staff and stakeholder feedback and commissioned a public survey ‘Stay Well in Wales’ which has informed and produced compelling intelligence. Key legislation, research and reports to influence our approach informed our thinking. Further work will continue to refine our Long Term Strategy, which will be published in the summer of 2018. The Strategy will also be developed through the five ways of working embedded in the Well-being of Future Generations (Wales) Act 2015.

In considering the information we have collected, seven priorities emerged. They provide the long-term context and rationale for our Strategic Plan. Further work is underway to develop detailed delivery planning and also the re-design of our performance management arrangements. To deliver our Long Term Strategy we will need to change how we will deliver our services, therefore, year one of our Strategic Plan will be a ‘transition year’ to enable us to align ourselves to this new direction of travel for the new aspects of our work.

Integrated Medium Term Plan

Public Health Wales refreshed its three year strategic plan (also known as our Integrated Medium Term Plan), which was formally approved by our Board in March 2017.

The plan was subsequently approved by the Cabinet Secretary Health and Social Services in June 2017, therefore satisfying the statutory duty for Public Health Wales to have an approved plan in place. Our Strategic Plan guides the action we undertake, and the resources we allocate, to deliver our seven strategic priorities. It articulates what we will achieve through the delivery of our priorities to have the maximum impact on health and wellbeing in Wales. Financial performance was in line with the approved IMTP and Public Health Wales NHS Trust has met its statutory financial duty to break-even over the three years 2015-16 to 2017-18.

The Public Health Wales Strategic Plan 2018-21 has been formally approved by our Board in March 2018 and has been submitted to Welsh Government for approval by the Cabinet Secretary for Health and Social Services. Public Health Wales is currently awaiting the outcome of this decision.

Our Strategic Plan (Integrated Medium Term Plan) (IMTP) is the first three-year plan to deliver our new Long Term Strategy, which spans from 2018 to 2030. It details the actions we will take over the next three years to work towards delivery of our new Long Term Strategy and how we intend to achieve our purpose of ‘Working to achieve a healthier future for Wales.’ It demonstrates how we will focus our efforts, through the delivery of our new, seven strategic priorities, on making the maximum difference to the health and well-being of our present and future generations.

Our Strategic Plan refreshed on an annual basis in keeping with our business and strategic planning processes. These arrangements are underpinned by internal planning guidance and principles, which outline the approach and process by which Public Health Wales develop and refresh its Strategic Plan and develop an Operational Plan and balanced budget. These documents also detail the governance arrangements for the development of the plan, including the role of the Board, Executive Team and directorates.

Draft versions of the three year Strategic Plan were discussed with the Board as part of the development process. This included considering the formal feedback from Welsh Government, which resulted in the plans being amended. Draft versions of the Strategic Plan were formally approved by the Board in January and March 2018 respectively.

The Board has played an active role in developing Public Health Wales’ Long Term Strategy, and had responsibility for setting the strategic direction. Detailed board discussions to support development have taken place as part of our strategic ‘look back and forward’ process, which we undertake annually. This examined the strategic and operational factors that may impact upon our priorities, along with reviewing progress and performance.

The Board actively managed our progress in delivering our plans as part of our performance management arrangements. During 2017/18, we have developed an integrated performance report which provides key information on our operational, people, quality and financial performance.

Our integrated performance report is scrutinised by our Executive Team on a monthly basis and by Board on a bi-monthly basis at each formal Board meeting. The information included in these reports enable our Board to receive assurance that progress was being made against actions included in the Integrated Medium Term Plan. Further assurance has been gained through the Joint Executive Team meeting between Public Health Wales and Welsh Government and quarterly Quality and Delivery meetings, which have provided positive feedback on our final end of year position for 2017/18. During 2017/18, we continued the development and implementation of performance management and reporting arrangements to monitor our progress against our plan and key performance indicators.

The aims and purpose of our performance arrangements is to ensure that:

- Clear lines of accountability are in place as part of our governance and assurance framework
- Information is provided that promotes and informs action to address areas of underperformance
- Relevant information on our key services and functions is provided to support decision making
- Information is provided as part of an integrated approach to provide a comprehensive overview of the organisation’s performance
- Significant risks to delivery of agreed targets are identified and managed proactively and effectively
- Resources are allocated effectively in line with our strategy and priorities.

Our new Strategy will involve significant change to the way we work, what we do and how we allocate resources. Year one of our Strategic Plan is therefore a transition year to ensure change is managed and the nature of transition is carefully planned and understood. As part of this process further development and strengthening of the arrangements detailed above as well as in areas such as organisational development, colleague development and evaluation will be undertaken.

Progress against the actions set out in previous years is a key driver in the development and refreshing of our plans. This information plays a key role in discussions undertaken as part of the 'look back' process and is used by the board to guide and shape the strategic direction set out in our plans.

Continuous improvement and strategic reviews

The organisation is constantly striving to improve the services that it provides. During the year the following reviews were undertaken:

International Association of National Public Health Institutes (IANPHI) Peer Review

The site visit for the peer-to-peer review of Public Health Wales undertaken by peers from the International Association of National Public Health Institutes (IANPHI) took place in October 2017. Reviewers met with teams from across the organisation and a wide range of partners from different sectors in Wales. This included the former Minister for Social Services and Public Health, Welsh Government officials and Directors of Public Health. The report of the review is expected in the first half of 2018.

Screening for the Future

An external review of the Screening Division was commissioned by the Executive Team in 2016. The reviewer was tasked with reviewing the structure and organisation of the Division, with particular emphasis on:

- consideration of how the Division can grow efficiently as additional programmes are added to the portfolio; and
- Potential for the development of common core business processes between programmes

The review report and its recommendations were incorporated into a single programme of work to enable the Screening Division to design, manage and implement successful service development develop the Division - 'Screening for the Future'.

There is a particular emphasis on making the division sustainable for the future in order to be more resilient and adaptable to taking on additional screening programmes or managing changes in scope of existing ones.

A series of staff engagement exercises were carried out across Wales with staff across all the screening programmes to ensure that project development was shaped by staff views. Themes were identified through the engagement exercises, many of which aligned with the recommendations of the external review, and have supported the development of the programme workstreams and plans.

A programme board and a project plan have been established, and a Programme Manager appointed. The Screening Division Senior Management Team will act as the Programme Team in the first instance to support shaping the workstreams. Progress has been documented and monitored by the Programme Team, with update reports being provided to the Quality, Safety and Improvement Committee on a regular basis.

Strategic Review of Health Intelligence

The Strategic Review of Health Intelligence (completed on a peer review basis by Public Health England in September 2017) looked at health intelligence functions across Public Health Wales, including all surveillance activities. The review identified a number of exciting future directions based on a clearer service and product offer for users, modern data analysis processes and a more efficient use of resources. The Public Health Wales Executive Team endorsed the review.

The Transforming Health Intelligence Project has been established to design and implement a new operating model for health intelligence for the next 10 years that realises the ambition of the review, and which seeks to draw on leading health intelligence practice. This model will encapsulate the future health intelligence products and services, and the supporting processes, technology and organisational structures needed to deliver them.

A Project Board has now been established to oversee the project and the Project Director appointed. The project is currently in a baselining phase and internal and external users are being consulted as part of this process.

Review of Dental Public Health

Public Health Wales undertook a review of the dental public health functions and resource in 2016. This was necessary to ensure dental public health functions were prioritised and aligned to maximise the impact of dental public health team in Wales. The review report made a series of recommendations including three key areas for the team to provide national leadership and deliver on namely: Oral Health Improvement, Dental Services Innovation and Quality and Oral Health Intelligence.

A project board was established to monitor and advise on implementation of the review recommendations. The dental public health team lead has worked with both internal and external stakeholders to implement the recommendations. Actions will be reviewed before the project is closed.

Mandatory disclosures

Equality, Diversity and Human Rights

Public Health Wales is fully committed to meeting the general and specific duties set out in the Public Sector Equality Duties (2011). Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Work is underway to fulfil the equality objectives set out in our revised Strategic Equality Plan 2016 - 2020 which was published in March 2016. As an organisation we are also particularly keen to promote equality through positive action ensuring that what we do as part of our everyday business is fair, fully accessible and inclusive to all populations and individuals, including those who are protected from discrimination under the Equality Act 2010.

Supporting the revised Strategic Equality Plan, an implementation plan has been developed to progress the equality work stream. While corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee, further work is required to ensure that governance arrangements to measure progress against the equality action plan are in place. Progress against the actions in the Strategic Equality Plan are reported to the People and Organisational Development Committee on a quarterly basis. In delivering against this plan a firm

commitment has been made by all parts and levels of the organisation to consider equality as part of the work they are doing. In line with the public sector reporting duties, the organisation published its Annual Equality Report 2016/17 highlighting its progress so far. This also included information on our Gender Pay Gap, which has also been reported on the Government portal. We have also reported on our employment, training and equality data.

Further work to implement the organisation's firm commitment to undertaking Equality Health Impact Assessments (EHIA) has been undertaken. All new and revised policies and strategies are subject to an Equality Health Impact Assessment as are other aspects of the work being undertaken by the organisation. Training plans and supporting resources are being finalised so staff involved in undertaking EHIA understand how to undertake high quality impact assessments. Governance and scrutiny arrangements for EHIAs are being determined and will be place shortly.

Public Health Wales recognises that more needs to be done to ensure that the services we deliver are inclusive and that the workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality. They are starting to engage more with people from protected communities to inform their work. In adopting this practice Public Health Wales will develop strong partnerships with people from protected communities and learn from them and with them. Work is also underway to review recruitment processes to ensure that a diverse pool of individuals are attracted to the workforce. The organisation is committed to a number of workforce related initiatives for example Disability Confident, Time for Change and the Working Forwards pledge to support pregnant employees and new parents in the workplace. The organisation has also become a member of the Stonewall Diversity Champion Scheme, and was placed 338th out of 434 organisations taking part in the Workplace Equality Index. This has provided a clear baseline and mandate for improvement, and an action plan has been developed to take this work forward. Supporting such initiatives will move us forward as an organisation in terms of workforce diversity.

However, by implementing our actions in line with the Strategic Equality Plan, this work will make a significant contribution to Public Health Wales in delivering its vision for Wales.

Welsh language

Public Health Wales acknowledges that care provision and language go hand in hand. The quality of care provision, patient safety, dignity and respect can be compromised by the failure to communicate with patients and service users in their first language. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. We are committed to meeting the Welsh language needs and preferences of our service users.

Since 2010, Public Health Wales has been implementing its statutory Welsh Language Scheme and, more recently, the Welsh Government’s strategic framework for Welsh language services in health, social services and social care: ‘More Than Just Words’. Work has been done to improve the availability, accessibility, quality and equality of our Welsh medium services. However, monitoring activities have led to the conclusion that there is still much to do to ensure that service users can access a full range of Welsh medium services without delay wherever they live in Wales.

In September 2015 Stop Smoking Wales became the subject of a statutory investigation under section 17 of the Welsh Language Act 1993. This was as a direct result of a complaint made to the Welsh Language Commissioner by a service user. In its investigation report, the Commissioner upheld the complaint and make recommendations to address the issues raised in the report. Public Health Wales has been working to address these issues and has submitted regular progress reports to the Commissioner, with the latest submitted in April 2018.

In accordance with the Public Health Wales 2016/17 Internal Audit Plan, a ‘Review of Regulatory Compliance – Welsh Language’ was undertaken by the NHS Wales Shared Services Partnership Audit and Assurance Service. The overall objective of the review was to assess the adequacy of arrangements for regulatory compliance with regard to the Welsh language, in order to provide assurance to the Trust’s Audit and Corporate Governance Committee that risks material to the achievement of the system’s objectives are managed appropriately. The report confirmed that the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with regulatory compliance – Welsh Language was ‘Limited Assurance’. An initial action plan has been implemented to address the issues raised in the

report and to implement its recommendations. The Internal Audit follow-up provided a revised ‘Reasonable Assurance’ rating in October 2017.

The Board’s People and Organisational Development Committee receives regular reports on Welsh language matters. The Board receives an annual report on the implementation of the Welsh Language Scheme.

The Public Health Wales Welsh Language Group (formerly Welsh Language Committee) was reinstated in 2017. Representatives from all directorates attend quarterly meetings which have, primarily, a strategic and focus. Additionally, directorates have nominated ‘Welsh Language Champions’ to coordinate and progress Welsh language matters in their areas.

It is anticipated that Public Health Wales will be subject to Welsh Language Standards (No. 7) Regulations from September 2018. The standards will replace the Welsh Language Scheme. Over the next two years there will be sustained focus and momentum with regard to achieving our Welsh language obligations and the Welsh Language Group, Executive Team and People and Organisational Development Committee will receive regular progress reports. Annual monitoring reports will continue to be presented to the Board, the Welsh Language Commissioner, and the Welsh Government.

Handling complaints and concerns

Public Health Wales has arrangements in place to enable it to manage and respond to complaints and concerns in order to meet the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the All Wales Policy Guidance for Putting Things Right. The Quality, Safety and improvement Committee has oversight of complaints and concerns (see pages 92 - 94).

In 2017/18 a total of two Serious Incidents were reported to the Welsh Government, both relating to the Screening Division. In addition, 53 formal complaints were received for the period.

A review of the claims reimbursement process within Public Health Wales was also undertaken by Internal Audit in line with the 2017-18 Internal Audit Plan, for which a substantial assurance rating was provided. See pages 90 - 92 for further details.

Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2017/18, Public Health Wales received 83 requests for information by the end of March 2018.

82 of these were answered within the 20-day target, with only 1 being responded to outside of the deadline. This was due to a complex query and the deadline was extended with the agreement of the requestor.

Sustainability and Carbon Reduction Delivery Plan

Public Health Wales fully supports proposals detailed in various Welsh Government consultation documents to embed sustainable development as the central organising principle of public sector bodies in Wales by ensuring a clear focus on outcomes and that strategic decisions are informed by consideration of the wider determinants of health and wellbeing. Public Health Wales recognises that sustainable development and public health are intrinsically linked and that complementary and coordinated actions are necessary to address the key challenges facing Wales in relation to both.

The organisation has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation’s obligation under the Climate Change Act 2008 and the Adaptation Reporting requirements are complied with.

We monitor the organisation’s carbon footprint using 2015/16 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do. To improve this we have specified environmental and social sustainability criteria in our investments in large estates projects. For example, our new premises at 2 Capital Quarter, Cardiff, has an ‘excellent’ BREEAM rating and has received a number of best practice awards during 2017/18 including the Value Award, Procuar + Award (for tender and procurement), Green Apple International Award, the NHS Sustainability Award and the Constructing Excellence in Wales Sustainability Award.

The annual internal audit review of the Environmental Sustainability Report for 2016/17 was undertaken in line with the 2017-18 Internal Audit Plan, for which a substantial assurance rating was provided. See page 90 - 92 for further details.

Emergency Planning/ Civil Contingencies

Public Health Wales is responsible for providing public health emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales.

The *Civil Contingencies Act (2004)* places a number of civil protection duties on Public Health Wales in respect of:

- Risk assessment
- Emergency plans
- Warning and Informing
- Sharing of information
- Cooperation with local responders

To effectively deliver the duties (that need to be developed in a multi-agency environment), Public Health Wales has representation on all four Local Resilience Forums in Wales. This allows the establishment and maintenance of effective multi-agency arrangements to respond to a major emergency.

The organisation regularly collaborates with partner agencies to develop flexible plans to enable a joint effective response to an incident, in order to establish resilience in the face of a broad range of disruptive challenges. During 2017/2018 Public Health Wales has engaged with partners in the planning for mass casualty incidents and the UEFA Champions League Final (2017) as well as a multitude of activities on the Local Resilience Forum’s work plans.

As a Category 1 responder Public Health Wales is required under the Civil Contingencies Act (2004) to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it. The Emergency Response Plan provides a framework to establish, create and improve resilience.

The Public Health Wales Emergency Response Plan details the organisation’s response arrangements to any emergency, incident or outbreak that impacts on or requires the mobilisation of public health resources and capabilities beyond the norm.

In 2017 the organisation validated the emergency plan as part of its exercising programme. Exercise AKVO tested the organisation’s ability to respond to a deliberate chemical incident. This table top exercise sought to provide assurance that the organisations arrangements are fit for purpose as well as help identify planning weaknesses, gaps in resources and clarity relating to roles and responsibilities.

Public Health Wales continues to engage in training and exercises both internally and externally. The organisation continues to conduct a live exercise every three years, a table-top exercise and physical setting-up of the control centre annually and a test of communications cascades every six months as required by the *NHS Wales Emergency Planning Public Core Guidance*.

Public Health Wales has an Emergency Planning Assurance Group to co-ordinate emergency planning activity within the organisation. As part of a strengthening of the governance of emergency planning, these arrangements were reviewed and a revised terms of reference developed in 2018.

As part of the ongoing strengthening of resilience across the organisation an Emergency Planning and Business Continuity Manager was recruited into a new role in January 2018. Proposals for strengthening the organisations Emergency Planning function are to be outlined in the Emergency Planning 2018/2019 work plan. This aims to drive further improvements for planning focused on risk assessment and lessons identified, embedding the concepts of Integrated Emergency Management within the organisation. Consideration is also currently being given to the merging of Emergency Planning and Business Continuity arrangements to provide greater resilience and capacity to respond within the organisation.

A copy of the Public Health Wales Emergency Plan as well as additional information on Emergency Planning, Resilience and Response can be found www.publichealthwales.org/emergency-preparedness

Business continuity

The NHS needs to be able to plan and respond to a wide range of incidents and emergencies. Public Health Wales therefore need to ensure key services are maintained when faced with disruption. The organisation continues to embed the Plan, Do, Check, Act model identified as best practice to establish, implement, monitor, review, maintain and continually improve the organisation’s Business Continuity Management Framework.

The Public Health Wales Business Continuity Framework provides the principles, approach and assumptions that drive the development, implementation and ongoing maintenance of business continuity arrangements within the organisation. This framework sets the business continuity objectives of the organisation and is a formal commitment to deliver the business continuity management programme and continual improvement.

The Business Continuity Framework sits alongside a Business Continuity Incident Management Process and is underpinned by individual business continuity Directorate/Divisional plans. These outline the specific actions and processes for invoking plans, roles and responsibilities and how the impact of the risks will be managed. This is to ensure that critical activities can be recovered in appropriate time scales. The plans take direction from risk assessment to identify hazards and threats in which the organisation needs to plan, within the context of critical activities.

There are many risks that can threaten the normal operation of Public Health Wales’ critical functions. However, the impacts from all risks can be categorised into one of three different generic impacts including: denial of access, interruption to key service(s) and unavailability of personnel. The business continuity planning process is structured to reflect these generic impacts and action is taken to mitigate these impacts accordingly.

Throughout 2017, a number of table top exercises were undertaken to test divisional business continuity plans and identify areas for further development and strengthening. Following the series of exercises, plans were revised to ensure they were fit for purpose. Internal audit also reviewed our business continuity arrangements and provided ‘reasonable assurance.’

The Incident Management Plan outlines and clearly defines a documented plan of action for use at the time of an incident. Throughout 2017/2018 the plan was activated a number of times, notably in response to a number of power outages impacting on a number of services, as well as the NHS WannaCry ransomware attack.

To further develop and strengthen our business continuity arrangements, a work programme continues to be implemented and developed that describes the actions that will be undertaken over the next three years. The work programme includes actions identified during the development of the Business Continuity Framework and Process as well as lessons identified through the testing and learning from incidents. The implementation of the work programme is overseen by the Business Continuity Group, which includes representation from all services in Public Health Wales.

Business Continuity arrangements will be further developed and reflected in the work plan for the function in 2018/2019 following consultation with stakeholders. This aims to build organisational resilience with the capability for an effective response to safeguard the organisations staff, stakeholder, reputation and activities.

A copy of the organisations Business Continuity Framework and Incident Management Process can be found www.publichealthwales.org/emergency-preparedness

Data security

Information governance incidents and ‘near misses’ are reported through the organisation’s incident management system. Any serious incidents are reported fully to the Quality, Safety and Improvement Committee (formerly to the Information Governance Committee) and Welsh Government and full Root Cause Analysis investigations are undertaken.

Public Health Wales did not report any data security lapses to the Information Commissioners Office (ICO) during 2017/18.

UK Corporate Governance Code

We are required to comply with the *UK Corporate Governance Code: corporate governance in central government departments: code of good practice 2011*. The information provided in this governance statement provides an assessment of how we comply with the main principles of the Code as they relate to an NHS public sector organisation

in Wales. This assessment has been informed by the organisation’s self-assessment against the Governance, Leadership and Accountability Standard (as part of the Health and Care Standards), and supported by evidence from internal and external audits. Public Health Wales is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation’s wider Annual Report. There have been no reported departures from the Corporate Governance Code.

NHS Pensions Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 11 to the accounts provides details of the scheme, how it operates and the entitlement of employees.

Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to Public Health Wales. Ministerial Directions issued throughout the year are listed on the Welsh Government website.

During 2017/18 seven Ministerial Directions (Non-Statutory Instruments) were issued by the Welsh Government but were aimed specifically at services delivered by Local Health Boards (LHBs), so no action was required by Public Health Wales. One Ministerial Direction (2017 No. 17) regarding the introduction of new medicines was aimed at both LHBs and Trusts, but it was determined that no action was required.

Public Health Wales has acted upon, and responded to all Welsh Health Circulars (WHCs) issued during 2017/18 which were applicable to Public Health Wales. Of the 48 issued, 29 of these were applicable to Public Health Wales. 15 required action.

Hosted bodies

Public Health Wales has hosted one body during 2017/18:

NHS Wales Health Collaborative

The NHS Wales Health Collaborative was established in 2015 at the request of NHS Wales Chief Executives to improve the level of joint working between NHS Wales bodies, NHS Wales and its stakeholders. The Collaborative’s work supports improving the quality of care for patients and, ultimately, improving NHS services Wales-wide.

The Collaborative’s core functions are:

- Planning of services across organisational boundaries to support strategic goals
- Management of clinical networks, strategic programmes and projects across organisational boundaries
- Co-ordination of activities and teams across NHS Wales with a view to simplifying existing processes

The Collaborative is hosted by Public Health Wales, on behalf of NHS Wales, under a formal hosting agreement which is signed by all ten NHS Wales Chief Executives and the Director of the Collaborative. As of April 2017, the Collaborative has a clear reporting line upwards to the Collaborative Executive Group (Chief Executives meeting monthly) and, ultimately, to the new Collaborative Leadership Forum (Chairs and Chief Executives meeting approximately quarterly). The Collaborative Executive Group and Collaborative Leadership Forum sign off the Collaborative’s work plan.

The initial one-year hosting agreement ceased on 31 March 2016. A revised hosting agreement for 2016-19 was approved by the Public Health Wales Board in April 2016. It provides details of the responsibilities of the Public Health Wales Board and the hosted body. The Board receives assurance on compliance with the terms of the agreement through the production of an Annual Compliance Statement and Report from the collaborative. The Report for 2017/18 will be received by the Audit and Corporate Governance Committee and Board in May 2018.

The Collaborative has its own risk management process and risks from their Corporate Risk Register would be escalated to this Board as appropriate. As noted on page 90, an internal audit review of clinical networks, managed by the Collaborative, resulted in a limited assurance rating. An action plan is in place and the Audit and Corporate Governance Committee will monitor progress in 2018/19.

In May 2017 the Board agreed to host the Finance Delivery Unit. A hosting agreement has been developed which is currently subject to agreement. The governance arrangements are based on the existing arrangements with the Collaborative.

A review of the governance arrangements in place for the clinical networks, which form part of the Collaborative, was undertaken as part of the 2017-18 Internal Audit Plan, for which a limited assurance rating was provided. See pages 90 - 92 for further details.

Staff and staff engagement

We engage with our staff in a number of ways which are part of the checks and balances we undertake to enable good governance.

In support of the Board and Executive we have one formal advisory group - the Local Partnership Forum, formally the Joint Negotiating Committee (JNC). The terms of reference for the Local Partnership Forum are under review and will be presented to the Board for approval in 2018/19. The JNC met three times during 2017/18 until it was re-constituted as the Local Partnership Forum from January 2018.

We also have a well-established Joint Medical and Dental Negotiating Group. The organisation’s Nursing Senedd advises and provides updates on professional issues relating to Nursing and Midwifery professionals. These fora provide mechanisms which allow for feedback to senior management on organisational performance or any other issues that staff wish to raise, which aids transparency. In addition to these formal mechanisms, we have a consultation process open to all staff for all new and revised organisational policies, a staff conference, staff engagement events, all of which are fully exploited and used to engage in conversations with staff at individual and group levels. These mechanisms are used in parallel with an open blog, a web forum and other virtual ways for staff to share their work and opinions. During the year, we have run engagement events with staff to share the IMTP and to generate discussion about the values and what they mean to all staff across the organisation.

Review of effectiveness

As Chief Executive and Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

The review of the system of internal control is informed by the work of the internal auditors, the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board and Committees have reviewed the effectiveness of the system of internal control in respect of the assurances received. The Board Assurance Framework is the mechanism for close monitoring of strategic risks and is scrutinised at each Board and Committee meeting. On reviewing the system of internal control, I can confirm that it is effective in providing the necessary assurance to the Board and Committees.

Each Committee undertook a self-assessment during 2017/18. The Quality Safety and Improvement Committee considered the outcomes of its self-assessment at a workshop held in November 2017, after which an action plan was developed and approved by the Committee in February 2018. The outcomes of the assessments for the Audit and Corporate Governance and People and Organisational Development Committees will be considered at workshops held in Quarter 1, 2018-19.

From November 2017, post-meeting surveys were introduced to enable the Board and Committees to continuously self-assess effectiveness. The outcomes of each survey were considered by the Public Health Wales Chair and Chief Executive (or appropriate Committee Chair) and were used to inform improvements to meeting administration, agenda planning and meeting conduct. The Board will continue to consider how it assesses its effectiveness in 2018/19.

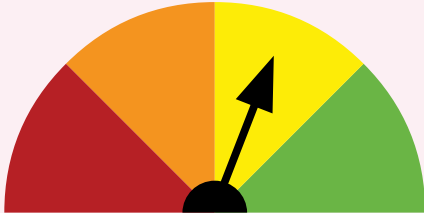
Internal Audit

Internal audit provides the Accountable Officer, and the Board through the Audit and Corporate Governance Committee with a flow of assurance on the system of internal control. As Chief Executive, I have commissioned a programme of audit work which has been delivered in accordance with the Public Sector Internal Audit Standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Corporate Governance Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit has concluded:

Assurance Rating



Yellow

"In my opinion the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved."

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit and Corporate Governance Committee throughout the year. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health and Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Trust.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Where changes are made to the audit plan then the reasons are presented to the Audit and Corporate Governance Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit considers the impact of changes made to the plan when forming their overall opinion.

In reaching this opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas. However, audit reports with a conclusion of limited assurance were issued for raising concerns, cyber security and Clinical Networks governance. It was found that improvements in governance, risk management and control impacts for these areas was required.

Action Plans have been put in place in response to the report recommendations for all reports. The Audit and Corporate Governance Committee tracks all recommendations made by the Head of Internal Audit and ensures that they are addressed within the organisation.

For further details of the reports received see pages 90 - 92.

Counter Fraud

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales. Their work plan for 2017/18 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit and Corporate Governance Committee. The Audit and Corporate Governance Committee received the Counter Fraud and Corruption Annual Report for 2017/18. A Self Risk Assessment was undertaken against the NHS Protect Standards for Providers – Fraud, Bribery and Corruption/NHS Standard Contract. Public Health Wales achieved a ‘green’ rating for each of the standards, which means there are no areas identified for improvement.

External Audit – Wales Audit Office (WAO)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The WAO undertakes the external auditor role for Public Health Wales on behalf of the Auditor General. The WAO completed their Structured Assessment for 2017 and overall they concluded that the organisation was further improving aspects of its governance and planning arrangements but was not yet reporting effectively on its performance or implementing some key arrangements. It was noted that the organisation had been proactive in assessing wider organisational effectiveness and was working to improve and embed arrangements for good governance and engaging stakeholders and the public to inform longer-term plans. Financial reporting has improved but the full breadth of the organisation’s business is not captured in performance reports while reporting on progress against the annual operational plan is infrequent and some key arrangements for informatics developments have yet to be implemented.

Specifically, the report concluded that:

- Financial planning and budgetary management continued to work well, however, whilst detail in board finance reports had improved, information on savings identified for re-investment was limited.
- The Board was working effectively and was building upon work to improve governance arrangements, but there is more to do to extend scrutiny of performance in key areas.
- Ongoing improvements to risk management arrangements are taking effect.
- Performance reporting is improving but not all parts of the organisation’s business is subject to Board scrutiny and reporting against the operational plan is infrequent.
- The organisation has an active programme of engagement to inform its long-term strategy, has been improving workforce planning and has an ambitious informatics programme to support the delivery of its integrated medium-term plan but some key arrangements have yet to be agreed and implemented.

The report made a number of recommendations for the following areas:

Financial Reporting

The organisation should include information on the performance of re-investment plans funded through efficiency savings within its finance reports to Board.

Internal Controls

With regard to the organisation’s participation in the National Fraud Initiative (NFI), it should introduce an action plan to ensure that the data matches it receives from that exercise are reviewed and where necessary investigated in a timely manner.

Information governance

The EU General Data Protection Regulations (GDPR), mandate the role of Data Protection Officer. The organisation should clearly set out the role’s responsibilities and lines of accountability. For further information on the GDPR see page 100.

Information security

The Internal Audit Service completed a review of the organisation’s cyber security arrangements at the same time the organisation was developing the new Information Security Policy and supporting procedures. The organisation should compare the Internal Auditors’ findings with the new policy and supporting procedures to ensure there are no gaps.

Performance reporting

The organisation should agree realistic measures for those parts of the business not currently covered by the Delivery Framework, such as NHS Quality Improvement/1000 Lives, Health Intelligence and national health improvement programmes like the ‘First 1000 Days’, to enable Board scrutiny, and to report on them accordingly.

The frequency of reporting against the Delivery Framework in accordance with NHS Planning Guidance for 2017-2020 also needs to be clarified. This should include a report for the Board setting out the overall progress against the integrated medium-term plan milestones and the impact.

Informatics

The organisation has yet to finalise its Digital Strategy for taking forward proposals set out in the integrated medium-term plan and the Strategic Outline Programme, including putting in place the necessary governance arrangements for oversight and scrutiny. The Digital Strategy should be finalised; a clinical lead for informatics developments identified; effective IT training services developed; and the proposed Digital Transformation Board established.

Approaches to the organisation’s financial and performance reporting will be adjusted to address the issues identified in the report. An action plan has been put in place to ensure that use of the National Fraud Initiative (NFI) data matching exercise is more effective. The organisation has been preparing for the EU General Data Protection Regulations (see page 100), which has included the review of Information Governance Policy and the role of the Data Protection Officer. A review of the Information Security Policy has not identified any gaps as a consequence of the internal audit.

Quality of Data

The Board felt that the information it and its key committees had received during 2017/18 generally supported scrutiny and assurance, although there were gaps in some areas.

Conclusion

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control.

My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

This Annual Governance Statement confirms that Public Health Wales has continued to mature as an organisation and no significant internal control or governance issues have been identified. The organisation will continue to address key risks and embed good governance and appropriate controls throughout the organisation.

I can confirm that the Board and the Executive Team has had in place a sound and effective system of internal control which provides regular assurance aligned to the organisation’s strategic objectives and strategic risks.

Dr Tracey Cooper
Chief Executive and Accountable Officer
Public Health Wales
30 May 2018

Annex 1: Board and Committee Membership/Attendance 2017/18

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	Champion Roles +
Professor Sir Mansel Aylward CB	Chair (Final term of office ended 31 July 2018)	<ul style="list-style-type: none">• (Chair) Board• (Chair) Remuneration and Terms of Service Committee	3/3 1/1	Veterans (until term of office end)
Jan Williams OBE	Chair (Term of Office commenced 5 September 2018)	<ul style="list-style-type: none">• (Chair) Board• (Chair) Remuneration and Terms of Service Committee	4/4 4/4	Veterans
Professor Simon Smail CBE	Vice Chair and Non-Executive Director (Acting Chair: 1 August 2017 – 4 September 2017)	<ul style="list-style-type: none">• (Vice Chair/Acting Chair) Board• (Vice Chair/Acting Chair) Remuneration and Terms of Service Committee• (Chair) Quality, Safety and Improvement Committee	4/4 2/2 2/2	Putting things right (until term of office end) Safeguarding (until term of office end)
Kate Eden	Vice Chair and Non-Executive Director (Vice Chair from 31 October 2017)	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service Committee• (Chair) Audit and Corporate Governance Committee• Quality, Safety and Improvement Committee (Acting Chair from 5 September 2017)	7/7 3/5 5/6 4/4	Mental Health
Judi Rhys	Non-Executive Director	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service Committee• Audit and Corporate Governance Committee• People and Organisational Committee	7/7 5/5 5/6 3/3	Equality Older persons
Professor Shantini Paranjothy	Non-Executive Director	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service• Quality, Safety and Improvement Committee• People and Organisational Development Committee	6/7 4/5 3/4 3/3	Service user experience
Terence Rose CBE	Non-Executive Director	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service• Quality, Safety and Improvement Committee• (Chair) People and Organisational Development Committee	6/7 5/5 4/4 3/3	Raising concerns (staff)

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	Champion Roles +
Jack Straw OBE	Non-Executive Director (resigned – effective from 31 August 2017)	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service Committee• Audit and Corporate Governance Committee• People and Organisational Development Committee	<div>1/3</div> <div>1/1</div> <div>2/2</div> <div>1/1</div>	
Dr Tracey Cooper	Chief Executive	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service Committee**• Audit and Corporate Governance Committee** <p><i>Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee. The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</i></p>	<div>7/7</div> <div>5/5</div> <div>3/6</div>	
Huw George	Executive Director of Operations and Finance/ Deputy Chief Executive	<ul style="list-style-type: none">• Board• Remuneration and Terms of Service Committee**• Audit and Corporate Governance Committee**• People and Organisational Development Committee**	<div>7/7</div> <div>5/5</div> <div>6/6</div> <div>3/3</div>	Fire Safety
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director	<ul style="list-style-type: none">• Board• Quality, Safety and Improvement Committee**• People and Organisational Development Committee**	<div>6/7</div> <div>4/4</div> <div>0/3</div>	Caldicott guardian Emergency planning
Dr Chrissie Pickin	Executive Director of Health and Wellbeing	<ul style="list-style-type: none">• Board• Quality, Safety and Improvement Committee**	<div>6/7</div> <div>3/4</div>	
Rhiannon Beaumont-Wood*	Executive Director of Quality, Nursing and Allied Health Professionals (on secondment from 2 February 2018)	<ul style="list-style-type: none">• Board• Quality, Safety and Improvement Committee**• Audit and Corporate Governance Committee**• People and Organisational Development Committee**	<div>5/6</div> <div>3/3</div> <div>2/5</div> <div>1/3</div>	
Sian Bolton	Acting Executive Director of Quality, Nursing and Allied Health Professionals (from 5 February 2018)	<ul style="list-style-type: none">• Board• Quality, Safety and Improvement Committee**• Audit and Corporate Governance Committee**	<div>1/1</div> <div>1/1 (also attended in previous role)</div> <div>1/1</div>	

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	Champion Roles +
Professor Mark Bellis OBE	Director of Policy, Research and International Development	• Board*	5/7	
		• Quality, Safety and Improvement Committee**	1/4	
Phil Bushby	Director of People and Organisational Development	• Board*	7/7	Welsh Language
		• Remuneration and Terms of Service Committee**	5/5	
		• People and Organisational Development Committee**	3/3	
Dr Aidan Fowler	Director of NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service	• Board*	4/7	
		• Quality, Safety and Improvement Committee**	1/4	
Melanie Westlake	Board Secretary and Head of Corporate Governance	• Board**	7/7	
		• Remuneration and Terms of Service Committee**	5/5	
		• Audit and Corporate Governance Committee**	5/6	
		• Quality, Safety and Improvement Committee**	3/4	
		• People and Organisational Development Committee**	2/3	

* Attend Board meetings, but are not members of the Board and therefore do not have voting rights.

** Attend Committee meetings, but are not members of the Committee and therefore do not have voting rights.

*** The actual number of meetings attended/the number of meetings which it was possible to attend. This varies from individual to individual as some joined the Committee partway through the year.

+ The allocation of champion roles will be reviewed in 2018/19.

Note: In addition to Board and Committee membership, Non-Executive Directors also participate in, and support, organisational groups and change programmes where appropriate. These include, for example, research and development, Welsh language, and modernisation programmes.

Remuneration and Staff Report

The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales.

The Pay Policy Statement (Annex 3) relates to Public Health Wales’ strategic stance on senior manager remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The definition of “Senior Manager” is:
‘those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.’

For Public Health Wales, the senior managers are considered to be the regular attendees of the Trust Board meetings, i.e. the executive directors, the non-executive directors and the remaining board-level directors. Collectively the executive and board-level directors are known as the Executive Team.

Remuneration and Terms of Service Committee

The Public Health Wales Remuneration and Terms of Service Committee considers and approves salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff.

The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme, redundancy payments and early retirements.

All Executive Directors’ pay and terms and conditions have been, and will be, determined by the Remuneration and Terms of Service Committee within the Framework set by the Welsh Government.

All and any pay-awards are subject to performance. All payments are against the pay envelope in the annual letter from the Chief Executive of NHS Wales on this matter. The senior managers to receive pay-awards have been those remunerated on medical and dental or Agenda for Change pay scales and those in Executive and Senior Posts.

During 2017/18 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Professor Sir Mansel Aylward CB (Chair) – until 31 July 2017
- Jan Williams (Chair) – from 5 September 2017
- Professor Simon Smail (Non-Executive Director and Vice Chair) – until 30 September 2017 (Note: Acting Chair of the Trust from 1 August 2017 to 4 September 2017 inclusive)
- Judi Rhys (Non-Executive Director) – (from 1 April 2017)
- Professor Shantini Paranjothy (Non-Executive Director) – (from 1 April 2017)
- Kate Eden (Non-Executive Director)
- Terence Rose (Non-Executive Director)
- Jack Straw (Non-Executive Director (until 31 August 2017)

Performance of Executive Directors is assessed against individual objectives and the overall performance of Public Health Wales. Public Health Wales does not make bonus payments of any kind.

During 2017/18, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):

- 14 December 2017 – noted and supported the secondment of the Director of Nursing, Quality and Allied Health Professionals to Powys Teaching Health Board, approved the arrangements for seeking an interim appointment and agreed to appoint the successful candidate on the previously agreed salary for the post.
- 25 January 2018 – agreed to the appointment of Sian Bolton as the Interim Executive Director of Quality, Nursing and Allied Health Professionals for a 12-month period commencing on Monday 5 February 2018 at

Voluntary Early Release and Settlement agreements:

- Approval of two applications, totalling £154,800 under the Voluntary Early Release Scheme.
- Approval of two settlement agreements totalling £33,572.

Salary and Pension Disclosures

Details of salaries and pension benefits for senior managers captured within this report given in Annexes 1 and 2.

The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by senior managers in the period being reported on, including fixed and variable elements as well as pension provision.

The single figure includes the following:

- Salary and fees both pensionable and non pensionable elements.
- benefits in kind (taxable, total to the nearest £100)
- pension related benefits - those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.

There are no annual or long-term performance related bonuses.

Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

The value of pension related benefits accrued during the year is calculated as the real increase in pension multiplied by 20 less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Where staff have joined the organisation or the Board during the period prior-year comparative information is not available. This can result in the calculated increase in the benefit figure being artificially high. Where this is the case this figure is not reported in Annex 1a (Single Figure of Remuneration) nor Annex 2 (Pension Benefits) from 2017/18. Where these figures were reported in previous years this can result in a negative value in 2017/18.

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2016/17 figure is 1% as set out by the 2017/18 Greenbury guidance.

Remuneration Relationship

NHS Bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce. This information is provided in note 10.6 to the Financial Statements.

2017/18 Staff Report

Number of senior staff

As of 31 March 2018 there were nine senior staff that made up the Executive Team; they were also Board members or regular attendees. Their pay bands are broken down as follows:

Consultant (Medical and Dental):	1
Executive and Senior Posts Pay scale:	6
Agenda for Change Wales Band 9:	1
Agenda for Change Wales Band 8D:	1

Staff Numbers

The following table shows the average number of staff employed by Public Health Wales NHS Trust, by group as defined in the annual accounts.

	Permanently Employed (inc Fixed Term) WTE	Agency Staff WTE	Staff on inward secondment WTE	2017/18 Total WTE	2016/17 Total WTE
Administrative, clerical and board members	838	23	39	900	847
Medical and dental	67	3	30	100	102
Nursing, midwifery registered	57	0	0	57	57
Professional, scientific and technical staff	506	9	0	515	496
Allied Health Professionals	0	0	1	1	0
Total	1,468	35	70	1,573	1,502

Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2017 was as follows:

	Male	Female
Senior Staff (Exec Team)	5	4
Other employees	404 (23%)	1367 (77%)



Gender Pay Gap reporting became a legal requirement on the 6 April 2017. In line with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, published on 26th March 2018, both on the Gender Pay Gap portal and our Annual Equality Report.

- mean gender pay gap in hourly pay;
- median gender pay gap in hourly pay;
- proportion of males and females in each pay quartile.

In Public Health Wales, the mean and median hourly rate by Gender as of 31 March 2017 is as follows:

Gender	Mean. Hourly Rate	Median Hourly Rate
Male	22.30	18.01
Female	17.27	14.56
Difference	5.03	3.46
Pay Gap	22.6%	19.2%

The figures highlight a gap between the pay for men and women in the organisation. This is attributable to the high proportion of women in some of the lower grades, as well as a high proportion of men in certain senior grades, where staff numbers are not so large. We will review the gender profile of our workforce across service areas, identifying whether there are any barriers to recruitment and progression and taking necessary steps to address this, with targeted interventions to support women balancing domestic commitments and a career.

Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2016/17 and 2017/18:

	2017-2018 Number	2016-2017 Number
Days lost (long term)	15,039.98	12,942.47
Days lost (short term)	7,055.57	6,473.39
Total days lost	22,095.55	19,415.86
Total staff years	1,518.51	1,464.32
Average working days lost	909.72	825.36
Total staff employed in period (headcount)	1,712	1,661
Total staff employed in period with no absence (headcount)	765	674
Percentage staff with no sick leave	44.68%	40.58%

Sickness rates began to increase in the winter months. This was expected due to seasonal changes, and was in line with previous year trends in Public Health Wales and was consistent with national trends across the NHS for the same period.

Sickness audits were carried out through September to December and the results compiled. An action plan was being developed to address the issues from the audit, with Human Resources representatives working with managers on bespoke interventions.

Work was also done to develop an All Wales Audit tool, which has the minimum standards for sickness absence embedded in it and will incorporate a wider role for Occupational Health. Alongside the audits, which are addressing local issues, there is an overarching Sickness Action Plan, developed in partnership with the Local Partnership Forum. The Action plan looks at interventions and developments at a higher level, including the wider wellbeing agenda and organisational training.

Staff policies applied during the financial year

The Trust’s workforce policies cover all aspects of employment, from recruitment and selection, training and development to terms and conditions of service and termination of employment. They also set out the guiding principles that influence the way that Public Health Wales carries out its employment based activities and the expectations of all staff. Some of these policies were developed with other NHS organisations on an “all Wales” basis and their adoption was mandatory. Public Health Wales also has a range of policies which enable people with a protected characteristic (including disability) to gain employment with the Trust, and remain in employment where appropriate, should they become covered by a protected characteristic during their employment. We have flexible working arrangements for staff to enable them to accommodate their domestic situations and personal requirements, as well as Occupational Health who can advise on reasonable adjustments for those who require them. Our Recruitment Policy and candidate information has been updated to ensure language used is inclusive and welcoming, and to advise candidates that we will make reasonable adjustments to the process as required. We also have guidance for staff who are Transitioning in the workplace, to help individuals and managers through the process.

Public Health Wales’ Recruitment Policy makes reference to eliminating all forms of discrimination in accordance with the Equality Act 2010. Public Health Wales operates the “Two Ticks” standard for recruitment whereby disabled applicants are guaranteed an interview if they meet the essential requirements of the person specification for the post they are applying for. When invited to interview, all applicants are asked if any special adjustments are required to enable them to attend.

Where a disabled candidate is appointed, Public Health Wales is responsible for carrying out any reasonable adaptations to the workplace or supplying additional equipment to assist the new employee in their role. This usually follows assessment, advice and support from the Trust’s Occupational Health Service.

The All Wales Sickness Absence Policy provides guidance on the support available and provided to employees if they become disabled during their employment. The policy is designed to support employees during periods of illness which could lead to a disability. It offers employees the option of a phased return/period of rehabilitation with no loss in pay; and includes the duty to make reasonable adjustments that will enable a disabled employee to remain in work (the cornerstone of the Equality Act 2010). Occupational Health advice is sought as appropriate, through all stages of the sickness absence process. Where an employee can no longer sustain their role due to ill health capability, Public Health Wales seeks to redeploy them into a role which is considered to be suitable; this may include a period of re-training.

There are also a number of policies, procedures and guidelines that support staff health and well-being such as the Flexible Working Policy and Toolkit, Career Break Scheme, Annual Leave Purchase Scheme, Prevention of Stress and Management of Mental Health and Well-Being Policy.

Public Health Wales is committed to providing a working environment free from harassment and bullying and ensuring all staff are treated, and treat others, with dignity and respect. Our Dignity at Work Process promotes dignity and respect at work and supports and helps employees who may be experiencing bullying, harassment and/or victimisation.

All staff have equal access to appraisal, via Public Health Wales’ ‘My Contribution’ process, training opportunities and career development. They are expected to undertake statutory and mandatory training applicable to their post.

In relation to staff organisational change and restructuring of services Public Health Wales’ strategic stance has adopted the All Wales Organisational Change Policy and has in place a Redundancy Policy and Voluntary Early Release Scheme.

All workforce policies are reviewed and developed jointly with the recognised trade unions, in accordance with an agreed review and development schedule.

Policies are published on the Public Health Wales website at www.publichealthwales.org/policies

Other Employee Matters

We have appointed departmental Equality Champions, who are responsible for reporting on activity relating to Equality, Diversity and Inclusion in their areas. The information provided was fed into the Annual Equality Report, Stonewall Workplace Equality Report and Accessibility Standards. The Equality Champions also disseminate messages and promote the Diversity and Inclusion agenda on a local level within their departments.

We have also set up staff Diversity Networks for Lesbian, Gay, Bisexual and Transgender, Black, Asian and Minority Ethnic and Disabled staff and will soon be setting up a network for single parents, at the request of a member of staff who has identified a need for this. The networks offer support to members and provide input into organisational policies and changes.

Expenditure on Consultancy

For the purposes of the statutory accounts Consultancy is defined as time limited/ad-hoc assignments that are not considered to be related to the day-to-day activities of the Trust.

This can include expenditure on services such as:

- General Management Consultancy
- Legal
- Human Resources
- Financial
- IT Consultancy
- Property Services/Estates
- Marketing and Communication
- Programme and Project Management

During 2017/18, Public Health Wales’ expenditure on consultancy was £322k compared to £418k in 2016/17.

Tax Assurance for Off-Payroll Engagements

The Trust is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, the Trust has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website at www.wales.nhs.uk/sitesplus/888/page/44934

Exit Packages

The figures disclosed in this note relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

Table 1	2017-18	2017-18	2017-18	2017-18	2016-17
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
less than £10,000	0	1	1	0	2
£10,000 to £25,000	0	0	0	0	7
£25,000 to £50,000	0	1	1	0	0
£50,000 to £100,000	0	2	2	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	4	4	0	10

	2017-18	2017-18	2017-18	2017-18	2016-17
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £s	Cost of other departures £s	Total cost of exit packages £s	Cost of special element included in exit packages £s	Total cost of exit packages £s
less than £10,000	0	8,500	8,500	0	15,811
£10,000 to £25,000	0	0	0	0	134,466
£25,000 to £50,000	0	25,072	25,072	0	0
£50,000 to £100,000	0	154,800	154,800	0	76,700
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	188,372	188,372	0	226,977

Statement of Assurance

I confirm that there is no relevant audit information in the Annual Report of which the Wales Audit Office is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Wales Audit Office is aware of that information.

Dr Tracey Cooper
Chief Executive and Accountable Officer, Public Health Wales
30 May 2018

Annex 1a: Single Figure of Remuneration (2017/18)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150 - 155	-	33	180 - 185
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	125 - 130	-	30	150 - 155
Dr Quentin Sandifer, Executive Director of Public Health Services	155 - 160	-	22	180 - 185
Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality ¹	85 - 90	-	21	105 - 110
Dr Christine Pickin, Executive Director of Health and Wellbeing	130 - 135	-	31	160 - 165
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality	140 - 145	-	(80)	60 - 65
Prof. Mark Bellis, Director of Policy Research and International Development	120 - 125	-	24	140 - 145
Melanie Westlake, Board Secretary	75 - 80	-	(250)	(170) - (175)
Phil Bushby, Director of People and Organisational Development	95 - 100	-	24	120 - 125
Sian Bolton, Acting Executive Director of Nursing and Quality ²	15 - 20	-	***8	15 - 20
Non Executive Directors:				
Professor Sir Mansel Aylward ³	10 - 15	-	0	10 - 15
Janice Williams ⁴	20 - 25	-	0	20 - 25
Professor Simon Smail ⁵	10 - 15	-	0	10 - 15
Terence Rose	5 - 10	-	0	5 - 10
Kate Eden ⁶	10 - 15	-	0	10 - 15
Jack Straw ⁷	0 - 5	-	0	0 - 5
Judith Rhys	5 - 10	-	0	5 - 10
Professor Shantini Paranjothy	5 - 10	-	0	5 - 10

1. Rhiannon Beaumont-Wood left Public Health Wales on 02 February 2018 on a 12 month secondment to Powys Teaching Health Board
2. Sian Bolton was appointed on 05 February 2018 as acting Executive Director of Nursing for 12 months
3. Professor Sir Mansel Aylward left the Board on 31 July 2017
4. Janice Williams joined the organisation as Chair on 05 September 2017
5. Professor Simon Smail left the organisation on 30 September 2017 and was also interim Chair from 01 August 2017 to 04 September 2017
6. Kate Eden, time increased to allow for the provision of additional support due to the vacancies amongst the Non-Executive Directors.
7. Jack Straw left the Board on 31 August 2017
8. Information not available
Please refer to point 3.6 for clarification of the value of pensions. Estimates are prepared using information provided by the NHS Business Services Authority.

Annex 1b:
Single Figure of Remuneration (2016/17)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150 - 155	-	35	180 - 185
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	120 - 125	-	9	130 - 135
Dr Quentin Sandifer, Executive Director of Public Health Services	155 - 160	-	27	180 - 185
Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality	100 - 105	-	25	125 - 130
Dr Christine Pickin, Executive Director of Health and Wellbeing	125 - 130	-	30	155 - 160
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality	175 - 180	-	134	310 - 315
Prof. Mark Bellis, Director of Policy Research and International Development	120 - 125	-	28	145 - 150
Melanie Westlake, Board Secretary ¹	35 - 40	-	460	495 - 500
Phil Bushby, Director of People and Organisational Development ²	75 - 80	-	18	90 - 95
Hywel Daniel, Interim Director of People and Organisational Development ³	20 - 25	-	14	30 - 35
Non Executive Directors:		-		
Professor Sir Mansel Aylward	40 - 45	-	0	40 - 45
Dr Carl Clowes	5 - 10	-	0	5 - 10
Professor Simon Smail ⁴	20 - 25	-	0	20 - 25
Terence Rose	5 - 10	-	0	5 - 10
Professor Gareth Williams ⁵	0	-	0	0
Kate Eden ⁶	5 - 10	-	0	5 - 10
Jack Straw ⁷	0 - 5	-	0	0 - 5

1. Melanie Westlake was Interim Board Secretary on secondment from Cardiff & Vale from 1 April 2016 and was appointed into the post from 1 October 2016. The figures in the table above relate to the period 1 October 2016 to 31 March 2017.

2. Philip Bushby joined the organisation on 27 June 2016.

3. Hywel Daniel was Interim Director from 01 April 2016 to 24 June 2016.

4. Professor Smail was Acting Chair from 7 December to 30 April 2017

5. Although Professor Williams received no direct remuneration for his duties, Cardiff University was paid £10k per annum by the Trust due to his relationship with them as a former employee and emeritus professor.

6. Kate Eden joined the Board on 01 April 2016

7. Jack Straw joined the Board on 01 November 2016

Annex 2: Pension Benefits

Name and Title	Real increase in pension at pension age, (bands of £2,500)	Real increase in pension lump sum at pension age, (bands of £2,500)	Total accrued pension at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr Tracey Cooper, Chief Executive	2.5 - 5	0 – (2.5)	20 - 25	40 - 45	469	425	44	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	0 - 2.5	0 - 2.5	35 - 40	100 - 105	731	666	65	0
Dr Quentin Sandifer, Executive Director of Public Health Services	0 - 2.5	5 – 7.5	50 - 55	160 - 165	1,190	1,119	71	0
Rhiannon Beaumont-Wood, Executive Director of Nursing	0 - 2.5	2.5 - 5	20 - 25	65 - 70	472	417	55	0
Dr Christine Pickin, Executive Director of Health and Wellbeing	0 - 2.5	0	5 - 10	0	83	46	36	0
Dr Aidan Fowler, Director of NHS Quality Improvement and Patient Safety	0 - (2.5)	(12.5) – (15)	45 - 50	120 - 125	857	870	(13)	0
Prof Mark Bellis, Director of Policy Research and International Development	0 – 2.5	0	10 - 15	0	128	98	30	0
Melanie Westlake, Board Secretary	(10) – (12.5)	(35) – (37.5)	30 - 35	80 - 85	537	690	(154)	0
Phil Bushby, Director of People and Organisational Development	0 - 2.5	0 - 5	0 - 5	0	34	14	20	0
Sian Bolton, Acting Executive Director of Nursing	***1	***1	30 - 35	95 - 100	601	***1	***1	0

1. Information not available - See footnote 2 in Annex 1a.

Annex 3: Pay Policy Statement 2017/18

Introduction and Purpose

The purpose of this policy statement is to clarify Public Health Wales’ strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The annual Pay Policy Statement (the “statement”) is produced for each financial year, in accordance with the Welsh Government’s principles and minimum standards as set out in the document “Transparency of Senior Remuneration in the Devolved Welsh Public Sector” which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement

The purpose of the statement is to provide transparency with regard to Public Health Wales’ approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:

- a) the definition of “senior posts” adopted by Public Health Wales’ for the purposes of the pay policy statement,
- b) the definition of “lowest-paid employees” adopted by Public Health Wales’ for the purposes of the pay policy statement,
- c) Public Health Wales’ reasons for adopting those definitions, and
- d) the relationship between the remuneration of senior posts and that of the lowest-paid employees.

Legislative Framework

In determining the pay and remuneration of all of its employees, Public Health Wales will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Employment) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the NHS Trust ensures there is no pay discrimination within its pay structures for employees covered by the NHS National Terms and Conditions (Agenda for Change), the Medical and Dental Staff (Wales) Handbook and the Executive and Senior Posts cohort and that all pay differentials can be objectively justified through the use of equality proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

Pay Structure

Senior posts are defined by Public Health Wales’ as all staff who are not covered by Agenda for Change or Medical and Dental contracts (with the exception of our Executive Director of Public Health Services who also holds the position of Medical Director and is covered by a Medical and Dental Contract and the Director of Policy Research and International Development who is paid on Agenda for Change payscale).

This cohort of staff are referred to as “Executive and Senior Posts (ESPs)”

a) In relation to this statement the ESP posts within the NHS Trust are:

- Chief Executive
- Deputy Chief Executive / Executive Director of Operations and Finance
- Executive Director of Health and Wellbeing
- Executive Director of Public Health Services
- Executive Director of Quality, Nursing and Allied Health Professionals
- Director for NHS Quality Improvement and Patient Safety

- Director of People and Organisational Development
- Director of Policy, Research and International Development

b) The “lowest-paid employees” within Public Health Wales’ are paid £16,523 per annum (£8.45 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.

c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.

d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP)) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for the all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1st January 2015, the lowest spine points were adjusted to incorporate the Living Wage.

e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors’ and Dentists’ Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:

- the need to recruit, retain and motivate suitably able and qualified staff;
- regional/local variations in labour markets and their effects on the recruitment and retention of staff;
- the funds available to the Health Departments, as set out in the Government’s Departmental Expenditure Limits;
- the Government’s inflation target;
- the principle of equal pay for work of equal value in the NHS;
- the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.

f) Salary information relating to senior posts is provided in Annex 1a to the Remuneration and Staff report.

g) Public Health Wales’ approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees. In addition through our workforce planning process we undertake learning needs analysis and Succession Planning processes to identify developmental needs of all staff. Succession Planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.

h) Public Health Wales does not use any system of performance related pay for senior posts.

i) Public Health Wales has a comprehensive approach to performance, development and review and the policies / processes to support this are:

- Strategic Workforce Planning Toolkit
- My Contribution Policy (Performance Appraisal)
- Core Skills and Training Framework
- Learning and Development Programme
- Management and Leadership Development Programme
- Induction Policy and Process

j) The highest and lowest agenda for change pay points set by Public Health Wales are:

Highest point - £101,436

Lowest point - £16,523

k) The severance policies which are operated by Public Health Wales are:

- set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions
- the Voluntary Early Release scheme which requires Welsh Government authorisation for any payment to be made

- the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay
- the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

Wider Reward and Recognition Package

l) Additional Benefits offered by Public Health Wales’ are:

Annual leave

Staff receive an annual leave allowance of 27 days a year plus bank holidays, rising to 29 days after five years and 33 days after ten years.

Flexible working

The Trust offers a flexible working policy to help you balance your home and working life, including: working from home, part-time hours and job sharing options.

Pension

We are signed up to the NHS pension scheme. If staff join the NHS pension scheme the Trust will contribute 14.3% towards their pension.

Childcare Vouchers

We offer membership to the childcare vouchers scheme to all employees who have children.

Cycle to work scheme

The Trust participates in a cycle to work scheme, which offers savings of up to 42% off the cost of a new bike.

Travel loans

Interest free season ticket loans are available to staff (on an annual basis).

Health and well-being

Health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.

Occupational Health

All employees have access to our occupational health services. The service can support staff with stress management, confidential counselling and seasonal vaccinations.

Approach to Providing Support to Lower Paid Staff

Public Health Wales, in keeping with the wider NHS, ensures that all of its employees are paid the living wage of £16,523 per annum.

National Assembly for Wales
Accountability and Audit Report

Long Term Expenditure Trends

The following table illustrates the Trust expenditure from 2013/14 to 2017/18. The expenditure figure is taken from the Statement of Comprehensive Income and notes 3 (Revenue from Patient Care Activities), 4 (Other Operating revenue) and 5 (Operating Expenses) within the financial statements.

Table 1: Long Term Expenditure Trend by Expenditure type

	£000s	£000s	£000s	£000s	£000s	Total % Increase	12 mths % Increase
Expenditure	2013/14	2014/15	2015/16	2016/17	2017/18		
Welsh Government / LHBs / Trust / Local Authorities	19,732	18,968	18,390	20,717	23,149	17.32	11.74
Pay Expenditure	61,129	63,980	65,070	72,370	77,194	26.28	6.67
Other Non-Pay	21,374	21,947	22,036	24,641	25,064	17.26	1.72
Depreciation and Impairments	2,798	2,781	3,276	3,462	3,528	26.09	1.91
Gross Expenditure	105,033	107,676	108,772	121,190	128,935	22.75	6.39
Revenue							
Revenue from Patient Care Activities	(83,044)	(84,843)	(85,975)	(92,376)	(91,925)	10.69	(0.49)
Other Operating Revenue	(22,038)	(22,894)	(22,836)	(28,861)	(37,062)	68.17	28.42
Gross Income	(105,082)	(107,737)	(108,811)	(121,237)	(128,987)	22.75	6.39
Investment Revenue, Finance Costs and Other Gains and Losses	34	26	22	31	24		
Retained (Surplus) / Deficit	(15)	(35)	(17)	(16)	(28)		
Cumulative (Surplus) / Deficit	(15)	(50)	(67)	(83)	(111)		



As the above table illustrates, Trust expenditure has increased from £105.033m in 2013/14 to £128.935m in 2017/18: an increase of nearly 23% over 5 years, and an increase of 6% over the past 12 months.

This reflects the additional functions, programmes and services that have been transferred to the Trust; both from other NHS bodies and from Welsh Government. These include several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurism Screening and the Wrexham Microbiology Laboratory.

The Audit Certificate of the Auditor General to the National Assembly for Wales

Report on the audit of the financial statements

Opinion

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31 March 2018 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Public Health Wales NHS Trust as at 31 March 2018 and of its retained surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In addition, the Trust hosts the NHS Wales Health Collaborative and clinical networks, which transferred into Public Health Wales in 2016/17. The first full year of the income and expenditure from the networks is reflected in 2017/18.

The Trust has achieved a surplus each year for the period 2013/14 to 2017/18, with a cumulative surplus for the five years of £111k.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report has been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

Responsibilities

Responsibilities of Directors and the Chief Executive

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor’s responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor’s responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor’s report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Huw Vaughan Thomas
Auditor General for Wales
24 Cathedral Road
Cardiff
CF11 9LJ
13 June 2018

OUR
FINANCIAL
STATEMENTS



Statement of Comprehensive Income

for the year ended 31 March 2018

	2017-18 £000	2016-17 £000
Revenue from patient care activities	91,925	92,376
Other operating revenue	37,062	28,861
Operating expenses	(128,935)	(121,190)
Operating (deficit)/surplus	52	47
Investment revenue	27	16
Other gains and losses	(2)	0
Finance costs	(49)	(47)
Retained surplus	28	16
Other Comprehensive Income		
Items that will not be reclassified to net operating costs:		
Net gain/(loss) on revaluation of property, plant and equipment	102	37
Net gain/(loss) on revaluation of intangible assets	0	0
Net gain/(loss) on revaluation of financial assets	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0
Net gain/(loss) on revaluation of financial assets held for sale	0	0
Impairments and reversals	(93)	(6)
Movements in other reserves	0	0
Transfers between reserves	0	0
Net gain/loss on Other Reserve	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Sub total	9	31
Items that may be reclassified subsequently to net operating costs		
Net gain/(loss) on revaluation of financial assets held for sale	0	0
Sub total	0	0
Total other comprehensive income for the year	9	31
Total comprehensive income for the year	37	47

Statement of Financial Position

as at 31 March 2018

	31 March 2018 £000	31 March 2017 £000
Non-current assets	12,782	14,476
Property, plant and equipment	12,782	14,476
Intangible assets	0	0
Trade and other receivables	0	146
Other financial assets	0	0
Total non-current assets	12,782	14,622
Current assets	17,481	13,883
Inventories	786	158
Trade and other receivables	10,263	9,597
Other financial assets	0	0
Cash and cash equivalents	6,432	4,128
Total current assets	17,481	13,883
Total assets	30,263	28,505
Current liabilities	(10,397)	(7,937)
Trade and other payables	(10,397)	(7,937)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(3,843)	(3,224)
Total current liabilities	(14,240)	(11,161)
Net current assets/(liabilities)	3,241	2,722
Total assets less current liabilities	16,023	17,344
Non-current liabilities	(622)	(259)
Trade and other payables	(622)	(259)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(1,419)	(1,469)
Total non-current liabilities	(2,041)	(1,728)
Total assets employed	13,982	15,616
Financed by Taxpayers' equity:	13,017	14,688
Public dividend capital	13,017	14,688
Retained earnings	597	551
Revaluation reserve	368	377
Other reserves	0	0
Total taxpayers' equity	13,982	15,616

Statement of Changes in Taxpayers' Equity 2017-18

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2017	14,688	551	377	0	15,616
Changes in taxpayers' equity for 2017-18					
Retained surplus/(deficit) for the year		28			28
Net gain/(loss) on revaluation of property, plant and equipment		0	102	0	102
Net gain/(loss) on revaluation of intangible assets		0	0	0	0
Net gain/(loss) on revaluation of financial assets			0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	0
Impairments and reversals		0	(93)	0	(93)
Movements in other reserves		0	0	0	0
Transfers between reserves		18	(18)	0	0
Net gain/loss on Other Reserve (specify)		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
New Public Dividend Capital received	0				0
Public Dividend Capital repaid in year	(1,671)				(1,671)
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2018	13,017	597	368	0	13,982

Statement of Changes in Taxpayers' Equity 2016-17

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2016	13,232	535	346	0	14,113
Changes in taxpayers' equity for 2016-17					
Retained surplus/(deficit) for the year		16			16
Net gain/(loss) on revaluation of property, plant and equipment		0	37	0	37
Net gain/(loss) on revaluation of intangible assets		0	0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	0
Impairments and reversals		0	(6)	0	(6)
Movements in other reserves		0	0	0	0
Transfers between reserves		0	0	0	0
Net gain/loss on Other Reserve (specify)		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
New Public Dividend Capital received	1,456				1,456
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2017	14,688	551	377	0	15,616

Statement of Cash Flows

for the year ended 31 March 2018

Cash flows from operating activities

Operating surplus/(deficit)	52	47
Depreciation and amortisation	3,702	3,439
Impairments and reversals	(174)	23
Release of PFI deferred credits	0	0
Donated Assets received credited to revenue but non-cash	0	0
Government Granted Assets received credited to revenue but non-cash	0	0
Interest paid	(49)	(47)
(Increase)/decrease in inventories	(628)	(37)
(Increase)/decrease in trade and other receivables	(520)	(3,611)
Increase/(decrease) in trade and other payables	2,897	(1,274)
Increase/(decrease) in provisions	569	1,120

Net cash inflow (outflow) from operating activities

2017-18 £000	2016-17 £000
5,849	(340)

Cash flows from investing activities

Interest received	27	16
(Payments) for property, plant and equipment	(2,522)	(5,126)
Proceeds from disposal of property, plant and equipment	737	(6)
(Payments) for intangible assets	0	0
Proceeds from disposal of intangible assets	0	0
(Payments) for investments with Welsh Government	0	0
Proceeds from disposal of investments with Welsh Government	0	0
(Payments) for financial assets.	0	0
Proceeds from disposal of financial assets.	0	0
Rental proceeds	0	0

Net cash inflow (outflow) from investing activities

Net cash inflow (outflow) before financing

(1,758)	(5,116)
4,091	(5,456)



Cash flows from financing activities

Public Dividend Capital received

Public Dividend Capital repaid

Loans received from Welsh Government

Other loans received

Loans repaid to Welsh Government

Other loans repaid

Other capital receipts

Capital elements of finance leases and on-SOFP PFI

Cash transferred (to)/from other NHS Wales bodies

Net cash inflow (outflow) from financing activities

Net increase (decrease) in cash and cash equivalents

Cash [and] cash equivalents at the beginning of the financial year

Cash [and] cash equivalents at the end of the financial year

2017-18 £000	2016-17 £000
0	1,456
(1,671)	0
0	0
0	0
0	0
0	0
0	0
(116)	(469)
0	0
(1,787)	987
2,304	(4,469)
4,128	8,597
6,432	4,128

APPENDIX

6



Key Achievements in the last three years (2015 – 2018)

The Annual Report marks the final year of our first Strategic Plan, 2015 – 2018. As we conclude our first Strategic Plan, and before we commence our new Long Term Strategy, we felt it was important to summarise the key achievements that have taken place over the course of our last three years.

Over this time, our very talented, professional and committed people have achieved significant progress in developing what we do, how we do it and continuing to provide high quality services every day. Similar to many organisations, we still have some challenges across a number of our services.

However, the progress and development of the organisation over the last three years has built a strong platform to create a step change in our impact as we begin our new Long Term Strategy. The following provides a summary of some of the high-level achievements of the organisation over this time.

Building purposeful collaborations

We have continued to build purposeful collaborations with a range of partners across Wales in order to galvanise focused action to achieve a collective high impact in improving health and well-being in Wales. **These include:**

Establishing Cymru Well Wales

This is a movement of motivated organisations that are committed to working together today to secure better health for the people of Wales tomorrow by harnessing activity and resources to tackle the issues which contribute most towards poor health in Wales. This was established by us and the Welsh Local Government Association (WLGA) and comprises 60 members from across a wide range of sectors. It has three main priorities:

- Improving the outcomes for children in their first 1000 days through a First 1000 Days National Collaborative
- Supporting the prevention and mitigation of Adverse Childhood Experiences (ACEs) through the establishment of an all Wales ACE Support Hub
- Improving employability across the life course

Establishing a Health, Social Care and Housing Partnership with Community Housing Cymru (CHC)

This has included a Memorandum of Understanding (MoU) with CHC and the appointment of a joint Public Health and Housing post. This comprises membership from across health, housing, local government, emergency services, third sector, and the Welsh Government. A number of public health priority areas have been progressed including falls prevention, preventing homelessness, preventing and mitigating ACEs. In addition, key advice to the Welsh Government has been provided in relation to taking a health focus to investment in housing.

Establishing a MoU with South Wales Police and Crime Commissioner and South Wales Police Force and the appointment of a joint Public Health and Policing post

The focus of this partnership was on embedding and evaluating a trauma and ACE informed approach to policing to prevent the generational cycle of crime. This secured funding from the UK Police Transformation Fund. In March 2018, building on the success of this relationship, Public Health Wales and the police and criminal justice system in Wales approved a national Partnership Agreement - Working Together to Build Resilience Through a Public Health Approach to Policing and Criminal Justice in Wales.

Supporting and enabling others

A key aspect of our work is supporting and enabling others to focus on what will achieve the greatest impact to improve health and well-being. **Some of the key achievements are as follows:**

1000 Lives Improvement Service

- Establishment of OBSCymru, the Obstetric Bleeding Strategy for Wales which is an all-Wales collaborative quality improvement project to reduce harm from postpartum haemorrhage
- Launch and implementation of *Safer Pregnancy Wales* which is a yearlong campaign developed by the Wales Maternity Network
- Established the *Wales Healthcare Associated Infections Improvement Collaborative*
- Hosted and delivering *Making Choices Together* by providing shared decision making training for clinical leads and providing a national patient leadership programme
- Establishment and management of the *National Falls Prevention Task Force* across Wales – a multi-agency approach to preventing people falling in their home, in the community and in other settings
- Leading the delivery of the National Improvement Advisors training for the NHS with the Institute for Healthcare Improvement (IHI)

Establishment of the Health and Sustainability Hub

In 2016, through internal investment within the organisation, we established the *Health and Sustainability Hub* within our Policy, Research and International Development directorate. The purpose of the Hub is to support us internally to effectively embed the five ways of working and the goals within the Well-being of Future Generations Act. Externally, it also provides support for our partners in implementing the Act, and informing and supporting sustainable policy development and cross sector working.

Establishment of the Adverse Childhood Experience Support Hub

Following the our research and subsequent reports of Adverse Childhood Experiences in Wales and their impact on health and life, through *Cymru Well Wales*, the then three Cabinet Secretaries for Health and Social Services, Education and Communities and Children jointly resourced the establishment of the all Wales ACE Support Hub. This is hosted by us and provides support across all sectors to help prevent ACEs, reduce the impact of harm and inform good policy.

Establishment of the Primary and Community Care Development and Innovation Hub

When developing the strategic priorities in our last strategic plan, our NHS colleagues requested additional support in the area of primary and community care to help the development of the services and to assist in embedding more of a prevention focus in the community. As a result, we established the *Primary and Community Care Development and Innovation Hub* on behalf of the NHS. This is jointly led with health board colleagues and has implemented a jointly owned programme of work.

Preparing for and responding to key events

A number of major events have taken place in Wales over the last three years. As a Category 1 responder (as defined in the UK Civil Contingencies Act, 2004), we are required to provide high quality preparation, planning, response and management of events and incidents. Consequently, as the National Public Health Institute in Wales and in conjunction with partners, we are a key player in the effective and safe organisation and running of such events.

The two most significant events during this time were the:

- 2014 North Atlantic Treaty Organization (NATO) Summit held in Newport. This is a meeting of the heads of state and heads of government of NATO members
- 2017 Union of European Football Associations (UEFA) Champions League Finals held in Cardiff

Both of these events required significant and complex preparation, planning and management by us to ensure that public health was maintained prior to, during and following the events.

Protecting the public from threats to their health

One of our key statutory functions is preparing for, responding to and effectively managing existing and new infectious and environmental threats to health. Our health protection and microbiology teams have had an exceptionally busy three years responding to outbreaks and incidents as part of their core operational business whilst adopting new technologies to better respond to such threats. Two key activities in the last three years are the:

- Response and management of the Ebola Virus Disease outbreak. This required our teams to work closely with UK and international partners in rapidly developing guidance, preparedness training programmes across the NHS and other sectors in order to protect our public

- Adoption of new genomic technologies and the establishment of the new Pathogen Genomics Unit (PenGU) for Wales in partnership with Cardiff and Swansea Universities. PenGU supports the rapid diagnosis of pathogens to prevent the occurrence, and better manage the treatment, of certain infectious diseases in Wales

Producing high impact research and evidence

Over the last three years we have invested in the development of our Policy Research and International Development directorate. As a result, the team, in conjunction with other parts of the organisation and external partners, have undertaken pivotal research and produced transformational evidence to better understand and improve health and well-being in Wales.

Some of the key products have been:

- Undertaking research into Adverse Childhood Experiences (ACEs) in the Welsh population and the production of three associated reports. As a result, this research has:
 - Substantially influenced the thinking and priorities across different sectors
 - Led to the establishment of the all Wales ACE Support Hub
- Successfully secured £6.87m of the UK Police Transformation Fund to transform policing vulnerability in Wales to a multi-agency approach which enables early intervention and root cause prevention. This followed a collaborative bid by Public Health Wales, all four Police Forces and Police and Crime Commissioners in Wales, the National Society for the Prevention of Cruelty to Children (NSPCC) and Barnardos
- The production of the *Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales* report, 2016. This outlines ten high impact prevention interventions that have the greatest impact on health and well-being and yield the largest return on investment as a result. Following the production of this report, at the request of the World Health Organization (WHO) European Regional Office (WHO/Euro), we expanded this evidence across the WHO/Euro region and jointly produced the Health Evidence Network Synthesis Report on Investment in health and Well-being in 2017

- Undertaking a comprehensive review of *Health and its Determinants in Wales, 2017* to inform the development of the new Strategy 2030, and support Health planning across Wales
- In order to inform the development of our new Long Term Strategy, we undertook our first research with our public to ascertain their views on health and well-being. We published the first of a series of reports of this research in 2018, *Stay Well in Wales*

Working with children, young people and their families

Working with children, young people and their families and carers is pivotal to creating our healthy future generations. Over the last three years we have increasingly worked with children and young people and the following provides examples of this work:

- Delivering our *JustB* schools-based young people's smoking prevention programme
- Developing and publishing our *10 Steps to a Healthy Weight* guidance and programme for children to tackle childhood obesity
- Establishing the *First 1000 Days Collaborative* as part of *Cymru Well Wales*
- Launching the *Daily Mile* for schools
- Actively engaging with children and young people across the breadth of our functions including our first *Youth Summit* in 2017, the *Young People's Annual Quality Statement* of our work, 2017 (this won the 'Championing the Public' award in the Patient Experience Network (PEN) National Awards) and involving young people on the appointment panel for our Non-Executive Directors

Working internationally and being globally responsible

We have become increasingly globally responsible over the last few years by further developing our engagement and involvement with international partners, sharing the innovation in Wales and learning from other countries. **The key achievements are:**

- In March 2018, the World Health Organization (WHO) designated our Public Policy, Research and International Development Directorate as the first *WHO Collaborating Centre on Investment for Health and Wellbeing*. This is a significant achievement for the organisation and for Wales
- Developing our first *International Health Strategy*
- Becoming a full member of the *International Association of National Public Health Institutes* (IANPHI) and, at our request, subjecting ourselves to an international peer review by IANPHI in 2017
- Working closely with the Commonwealth Secretariat and producing an *International Health Protection Toolkit* with them that we trailed in Sierra Leone and was approved by all Commonwealth Health Ministers, and the *Preventing Violence, Promoting peace: Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence*
- Active members of, and hosting meetings for, the WHO Regions for Health Network.

Continuously improving what we do and how we do it

Significant developments have taken place over the last three years including taking on additional functions in a number of our areas, building resilience on our corporate functions and undertaking a number of strategic reviews to continually improve what we do and how we do it. **Some of the key activities include the following:**

- Transforming Health Improvement in Wales: the implementation of our review of our health improvement activities, undertaken by us
- Strategic Review of our Screening Service, undertaken by colleagues in Public Health England at our request
- Strategic Review of Health Intelligence, undertaken by colleagues in Public Health England at our request
- Strategic Review of Emergency Planning and Business Continuity, undertaken by us
- Strategic Review of Dental Public Health, undertaken by us
- Review of the National Safeguarding Team, undertaken by us
- Successful ISO 15189 (2012) Accreditation of all Public Health Wales Microbiology Laboratories, 2017
- Development and implementation of our Quality and Impact Framework
- Stocktake of the relationship between Public Health Wales and the Welsh Government, undertaken by the Welsh Government, 2017
- Review of the Management of Local Public Health Resources (involving Public Health Wales, NHS Health Boards, Welsh Government, undertaken by the Wales Audit Office, 2017.

In addition to these strategic reviews, new developments have taken place within our screening service to continue to develop national population-based screening programmes and adopt new technology. **These include:**

- Diabetic Eye Screening Wales – transferred into us from Cardiff and Vale University Health Board in 2016
- Concluding the completion of the national digital breast mammography roll-out.

Building a collaborative and sustainable working environment

A key focus for us over the last three years is to endeavour to embed the five ways of working from the Well-being of Future Generations Act in everything we do and the decisions we make. As a result, and as part of our Our Space estates strategy, we moved over 500 of our people into premises in Cardiff and over 100 more of our people into premises in Swansea and Marnhull. We focused on developing a collaborative and sustainable working environment that, through the procurement and expenditure, we could also stimulate the circular economy and employability. As an example, in our new Cardiff premises, 41 tonnes of waste to landfill was avoided, 133 tonnes of CO₂ were saved and nearly 90 per cent of the 2,600 items used in the refit were re-used. We also worked with social enterprises in South Wales and employed six people specifically for the work who were previously unemployed. This approach has won a number of awards for the organisation in Wales, the UK and in Europe.

Achieving our Statutory Duties

It is important to recognise that we have met all of our statutory duties in the last three years. These include a break-even position each year, an approved Integrated Medium Term Plan and, in addition, we have managed to create an internal investment fund for the purpose of new developments and to continue to build resilience across our functions.



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