

# WORKING TO ACHIEVE A HEALTHIER FUTURE FOR WALES



Public Health Wales  
Annual Report 2019/2020



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

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# Our Year in Numbers

**30,000+**  
referrals for the  
National Exercise  
Referral Scheme

**183 schools**  
achieved level 1-5 healthy schools award

Successful transfer  
of local smoking  
cessation services  
to Local Health  
Boards from

**October  
2019**

**130+**  
Families in Gwent  
offered support as  
a result of  
Early Intervention  
Projects

**10th**  
anniversary of  
Designed to Smile  
programme marked  
in September 2019

**60+** Emergency Planning and  
Business Continuity events  
with 500+ attendees

**31%**  
reduction in  
emissions from PHW  
vehicles

**340+**  
immunisation  
queries  
answered

**Approx. 1.5m**  
microbiology samples tested

**900,000+**  
screening invitations  
with over 660,000 screened

**10%**  
reduction in  
emissions from  
electricity  
usage

Young Ambassador Programme  
launched in **July 2019**

**87%**  
reduction in  
emissions from  
waste  
disposal

**18%**  
reduction in  
emissions from  
supplied  
water

**60+**  
Emergency  
Planning  
and Business  
Continuity  
events  
with **500+**  
attendees

Delivered a  
balanced  
budget for  
**2019/20**

**6**  
'Be the  
change'  
e-guides  
developed  
promoting  
sustainable  
steps

**100+** staff trained on  
EU transition  
preparednes

**750+ delegates**  
attended the annual Welsh  
Public Health Conference

**350+**  
staff attended  
Annual Staff  
Conference  
across  
3 sites  
around Wales

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# Foreword

## Chair of the Board

**In my Foreword last year, I expressed my confidence that 2019/20 would see Public Health Wales continue to build on its many successes; as 2019 progressed, this is exactly what happened. Public Health Wales enhanced its role as the Public Health Institute in Wales and strengthened its position at the forefront of the international drive on health equity and reducing health inequalities’.**

Close working with the World Health Organization (WHO) Regional Office for Europe and its Venice Office saw Wales recognised as an “Influencer” and “Live Innovation Site” for Wellbeing and Health Equity, one of only five in the WHO European Region.

The refresh of the Health Impact Assessment on the health implications of leaving the European Union provided advice to help Wales be as prepared as possible, whilst founder membership of the All Wales Violence Prevention Unit further cemented the public health approach to policing and criminal justice.

“Building a Healthier Wales” took a major step forward with the setting up of an all Wales Co-ordination Group and the specific allocation of £10m for the Group to oversee; this was a key example of Public Health Wales system leadership role.

The focus on equality, diversity and inclusion saw Public Health Wales enter the Stonewall Equality Index Top 100, and gain Disability Confident Leaders status. Board members join with me in congratulating everyone involved in gaining this recognition, as they do all those who worked to secure the Gold Corporate Health Standard and to bring the Welsh language standards to life.

Board members also worked hard in-year on refining the corporate infrastructure, with an even greater emphasis on quality, risk management and governance. We introduced ‘deep dives’ as a means of both scrutinising

and highlighting key areas of the Operational Plan - we appreciated the constructive ways in which staff participated in these and we all learned a great deal from the process!

The Staff Conference and the annual Public Health Wales Conference provided further evidence of that talent and dedication; the venue chosen this year provided the backdrop for the latter Conference to hit new heights and we congratulate all organisers and contributors. There could have been no better showcasing of Public Health Wales’ system leadership role and its importance to Wales.

The end of Quarter 3 saw Public Health Wales in a strong position; over 88% of the actions set out in the Operational Plan were complete or on track; we were projecting a break even position at the year end, partnership working was as constructive as ever and our international reputation was growing.

Then came COVID-19, a global pandemic of the kind not seen for a century. International contacts, including the WHO and International Association of National Public Institutes (IANPHI) meant that Public Health Wales executives and health protection professionals recognised the unparalleled scale of the risk early on. Under Tracey’s leadership, the organisation applied a handbrake to ‘Business as Usual’ and, in February, 2020, the Board approved the rapid mobilisation of staff across the organisation. The principles in the ground-breaking People Strategy, which the Board approved in January, around agile, flexible and matrix working came to life immediately, with staff stepping into new roles and functions. New forms of working emerged; our health protection professionals, microbiology teams all those involved in supporting the system and the country began working long hours. Their work involved supporting all public bodies by providing advice and policy support to government on subjects including PPE, care homes, testing and surveillance.

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Whilst fully mobilised in support of COVID-19, the team also strived to maintain other key services. The antenatal and newborn screening programmes continued, as did Help Me Quit, elements of primary care support, the ACE Hub, safeguarding, research and evaluation and international health scanning. Staff in corporate enabling functions also made a major contribution.

Witnessing the rapid transformation of the whole organisation as I did, I can only reiterate again my sense of deep pride in each and every member of staff - you acted so professionally, selflessly and tirelessly in responding as you did; you were all outstanding and continue to be so.

I extend my profuse thanks to my fellow Board members for their advice and guidance throughout the year, but particularly for their wise counsel and unfailing support from the start of the pandemic. In these most testing of times, the Board provided effective strategic leadership and maintained good governance, based on a clear understanding of roles and responsibilities and mutual respect between non executives and executives. To my executive Board colleagues, I say a particular thank you for your deft and confident organisational leadership, based as it was on your collective knowledge, expertise and public service commitment.

Public Health Wales was instrumental in alerting the system and the country to what COVID-19 would mean; it called on Tracey to provide exceptional leadership, mobilise and indeed, transform, the organisation rapidly. Public Health Wales' very strong start to COVID-19 resulted from her success in so doing; I congratulate her wholeheartedly on this and place on record the debt of gratitude owed to her as a consequence.

The progress of the pandemic and its implications will be the subject of the next annual report; I am confident, however, that this will also record the ongoing outstanding response of the staff of Public Health Wales, in the interest of the public health and protection of the people of Wales.



**Jan Williams**  
Chair of the Board  
Public Health Wales

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# Foreword

## Chief Executive

### It is my pleasure to introduce our Annual Report for 2019/20.

I am very proud to share with you the work that all of our people have done over the last year in this report, which illustrates the breadth and scope of work going on across our Organisation.

This report builds on the progress made last year in the delivery of our Long Term Strategy and achieving our purpose of *'Working to achieve a healthier future for Wales'*, as well as how we are delivering against our seven strategic priorities. As a national Public Health Institute, our job is to focus on adding the most value and making the greatest impact on health and wellbeing in Wales.

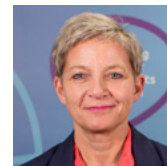
Significant achievements were delivered by our teams during the year. I cannot begin to cover all of these in this introduction but, as a flavour, we launched our *Improvement Cymru* refreshed brand (formerly 1000 lives) in supporting our health and social care colleagues to improve safety and outcomes for patients, we established *Building a Healthier Wales* – a multiagency partnership to shift investment and services to prevention against agreed priorities, we secured additional funding for our National Health Protection Service, continued our strong working with the World Health Organization through our Collaborating Centre and further developed our data science approach. We also introduced significant changes to some of our screening programmes during the year, including a different (and more person-friendly) test for our Bowel Screening Programme.

It was also another year focused particularly on our people across the organisation. We launched our innovative People Strategy, our staff networks went from strength to strength, we continued to increase our focus on the well-being of our people and we jumped into the Stonewall Workplace Equality Index Top 100 Employers for our diversity work.

However, in the last quarter of this year, we faced the biggest health emergency in over 100 years as the scale of the impact from the Coronavirus (COVID-19) global pandemic emerged. This has been the most unprecedented time, seeing a huge shift in our organisation's focus and all of our people and resources being redirected to responding to the COVID-19 pandemic.

The organisation has moved at scale and pace. We have seen individuals and teams step into new roles and functions, IT and data developments fast tracked at speed, changes to the estate plans to mobilise home working, the development of new functions including call and contact centres and a willingness from everyone to want to play their part in our response. Our people from right across the organisation have been, and continue to be, truly remarkable in their passion, commitment and professionalism.

Finally, I would like to say a big thank you to all of our partners who we have worked in collaboration with this year – particularly our Young Ambassadors who have been fantastic in supporting us through the year. However, we could not have achieved all we have this year, and done a handbrake turn in mobilising everyone and everything to responding to the COVID-19 pandemic, without the passion and dedication of our amazing staff and our Board. Our people have worked above and beyond to keep the people of Wales safe for which I will be forever grateful.



**Dr Tracey Cooper**  
Chief Executive  
Public Health Wales

# Performance Report

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# Performance analysis

Public Health Wales has formal performance management arrangements in place in order to monitor and measure progress against our strategic plan and performance against the key services that we deliver. Timely and robust information is presented to our Board to provide assurance, whilst highlighting any emerging issues and risks that may require remedial action. This ensures that we are doing everything we can to achieve a healthier future for Wales.

We met all of our statutory duties in 2019/20, including achieving a breakeven position and having an approved Integrated Medium Term Plan (IMTP). Whilst we delivered a significant number of planned activities during the first three quarters of the year, the need to plan and respond to the COVID-19 pandemic has had a significant impact on our organisation, the wider NHS and on society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to risks. The need to respond and recover from the pandemic will continue both for our organisation and wider society throughout 2020/21 and beyond.

The COVID-19 pandemic presented us with a number of challenges including delivering against our strategic plan, as well as our key services and programmes. A number of these challenges are represented in the narrative and data tables below. In line with Welsh Government guidance, performance data for a small number of our delivery areas has been presented for the first three quarters of 2019/20 only. This is as a result of our services and programmes being stood down, followed by the enhanced mobilisation of our workforce in response to the pandemic.

Whilst delivery during the remaining quarter was impacted by COVID-19, where available, information for this period is presented in narrative form in the absence of official performance data, and therefore may not be comparable to previous years.

The following sections provide a high level overview of progress made against our strategic priorities and how we delivered against our key performance indicators, including those mandated within the NHS Wales Delivery Framework 2019/20.

## Delivering our Strategic Plan

Progress against delivery of our plan was captured as part of our actions within our annual plan, and reported to our Board and Welsh Government on a regular basis.

At the end of Quarter 3 2019/20, most progress was made against *securing a healthy future for the next generation* (priority 4), with 100% of actions completed/on track to be completed within agreed timescales (22 actions). The strategic priorities *Influencing the wider determinants of health* (priority 1), *Protecting the public from infection and environmental threats to health* (priority 5), *Supporting the development of a sustainable health and care system focused on prevention and early intervention* (priority 6), and *Building and mobilising knowledge and skills to improve health and well-being across Wales* (priority 7) were either completed or were on track to complete at least 90 per cent of their actions.

Less progress was made against *Promoting healthy behaviours* (priority 3) and our enabling actions with 22 per cent and 15 per cent not due to be completed within the agreed timescales. A significant proportion of these were due to delays relating to a lack of capacity and not being able to recruit to key roles.

In light of the significant support being provided to our COVID-19 response during the final quarter, work will be undertaken to assess the full extent of its impact on the delivery of our strategic plan. In the short term, a quarterly plan is being submitted to Welsh Government in line with NHS Wales planning guidelines and action plans will be put in place to expedite actions having to be rolled over from 2019/20.

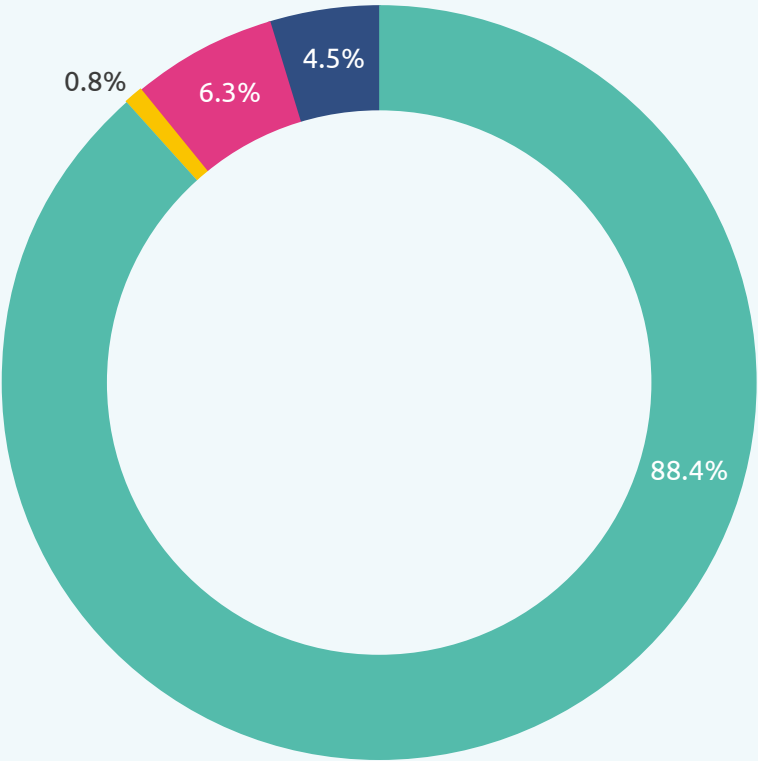
All strategic priorities were showing a good level of delivery at the end of Quarter 3 2019/20, with over 88 per cent of actions (334 actions) within our annual plan being completed/on track to be completed. Just over 7 per cent of actions (27) were behind schedule, with progress for less than 5 per cent of actions (17) being affected by an external dependency. Significant progress had also been made in a collaborative approach to establishing outcome measures for each strategic priority. However, as a result of the COVID-19 pandemic and the need to mobilise an effective response, the implementation of our long term strategy was stood down in the final quarter of 2019/20 and therefore data is not available for this period.

A full progress report at the end of Quarter 3 2019/20 including further information on actions not completed are included in the [December 2019 Integrated Performance Report](#).

## 2019/20 Strategic Priorities

1	Influencing the wider determinants of health
2	Improving mental well-being and resilience
3	Promoting healthy behaviours
4	Securing a healthy future for the next generation
5	Protecting the public from infection and environmental threats to health
6	Supporting the development of a sustainable health and care system focused on prevention and early intervention
7	Building and mobilising knowledge and skills to improve health and well-being across Wales

Figure 1: Overall progress across all plans  
(as at Quarter 3 2019/20)



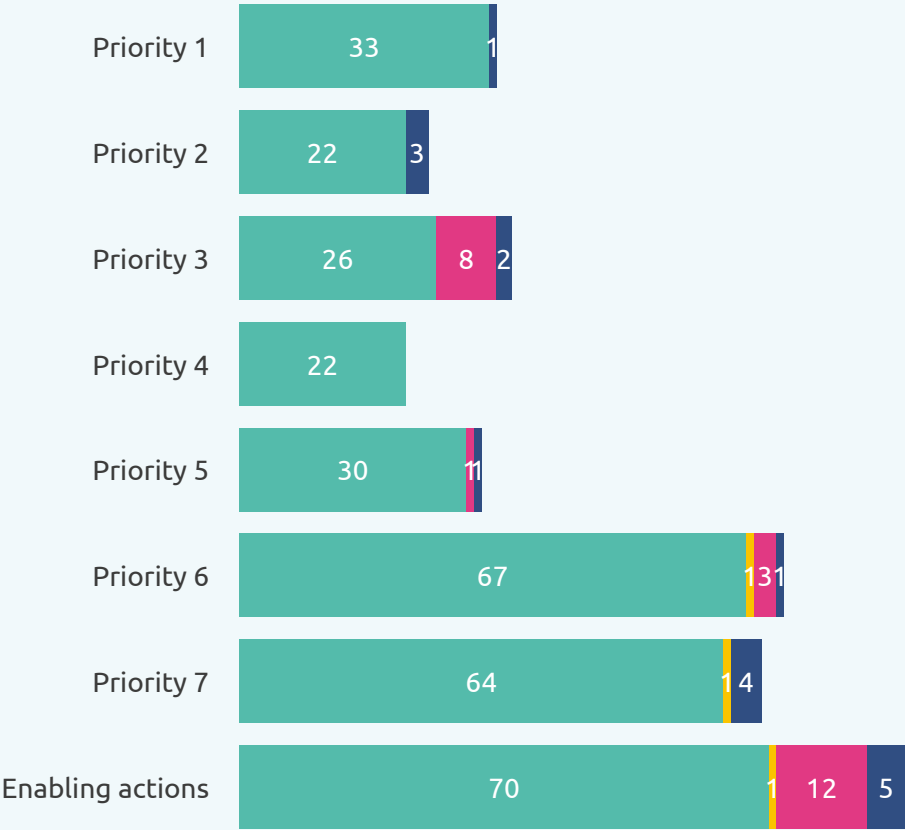
Action completed within agreed timescales

Behind schedule but due to be completed within agreed timescales

Not due to be completed within agreed timescales

Progress affected by external dependency

Figure 2: Progress against Strategic Priorities  
(as at Quarter 3 2019/20)



## Key Performance Indicators

The following section provides an overview against a number of our key performance indicators, including those mandated within the NHS Wales Delivery Framework 2019/20. 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. These performance indicators were reported as part of our Integrated Performance Report which provides key information on our operational, people, quality and financial performance to highlight improvements in performance as well as areas for improvement. 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.

A narrative overview and supporting data tables are provided for each area, which highlights our latest performance and any key achievements and challenges we have experienced within each, with a particular focus on the impact due to COVID-19. Our latest figures highlight a variable picture of performance. 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 some of our services.

## Smoking cessation

Helping to reduce the number of people smoking in Wales continues to be an important aspect of our work alongside our partners. Tobacco ranks as the single highest risk factor for premature death and disability in the UK. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Wales.

Our Help Me Quit service provides smokers with access to all NHS stop smoking services in Wales, making it easier for smokers to choose the best NHS stop smoking support for them in their local area. Latest available data for the percentage of adult smokers who make a quit attempt via smoking cessation services stood at 1.8 per cent at the end of quarter 2 2019/20, against a 5 per cent annual target. Whilst the system is not currently on track to achieve the target, there is evidence of a notable increase in smokers contacting Help me Quit over the past year, and accepting support. Latest figures for the percentage of smokers carbon monoxide validated as successful exceeded the 40 per cent target and stood at 44.5 per cent at the end of Quarter 3 2019/20.

The number of secondary schools targeted as part of our Smoking Prevention Programme stood at 39 at the end of Quarter 3, with final 2019/20 figures falling just below target at 55 schools.

Indicator	Standard/ Target	Performance		
		17/18	18/19	Q3 19/20
Help Me Quit				
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% (Annual target)	Data unavailable	3.2%	1.8% (as at Quarter 2)
Percentage of smokers carbon monoxide validated as successful	40%	47%	46.8%	44.5%
Smoking Prevention Programme				
Number of secondary schools targeted	60	57	58	39

## 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.

Performance remained strong for the scheme at the end of 2019/20. Latest data show that over 30,700 referrals were made to the scheme, exceeding our target of 23,500 referrals. Of these, over 18,600 individuals undertook a first consultation and over 10,300 completed the 16 week consultation, which again surpassed respective targets.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
National Exercise Referral Scheme – number of referrals	23,500	32,775	32,691	30,744
National Exercise Referral Scheme – number of 1st consultations	16,300	19,694	19,312	18,651
National Exercise Referral Scheme – number of 16 week consultations	6,500	9,509	10,284	10,347

## Healthy Working Wales

Healthy Working Wales supports people in Wales to return to work and remain in work for longer by promoting health and wellbeing, 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 achieved 15 organisations completing a full assessment in 2019/20, against a target of 25. The number of organisations achieving a small workplace award decreased to 30 following an increase seen last year, and remains below the target of 100 organisations. The number of private sector organisations completing a mock assessment achieved target at 5, with those completing a full assessment falling short of target levels at 3 organisations.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Organisations completing a Corporate Health Standard full assessment	25	38	38	15
Organisations achieving a Small Workplace Health Award	100	60	78	30
Organisations completing a Corporate Health Standard mock assessment	25	25	30	16
Private sector organisations completing a mock assessment	5	12	15	5
Private sector organisations completing a full assessment	5	39	38	3

## Welsh Network of Healthy Schools

The Welsh Network of Healthy Schools encourages the development of local healthy school schemes within a national framework. The World Health Organisation recognises it as playing a key role in promoting the health of children and young people, and the scheme has been rolled out across Wales since 2000. Each local scheme is responsible for supporting the development of health promoting schools within their area.

During 2019/20, 183 schools achieved the level 1-5 award, against a target of 180 schools. However, although the number of schools undertaking the National Quality Award increased from 21 to 25 over the last year, performance remains below the target of 50 schools.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Welsh Network of Healthy Schools - Schools achieving level 1-5 award	180	225	218	183
Welsh Network of Healthy Schools - Schools undertaking National Quality Award	50	29	21	25

Monitoring arrangements for our health improvement programmes will need to be revised in 2020/21 to take into account the effects of the COVID-19 pandemic. Whilst some programmes are suspended or are continuing in a modified form, work continues to support the return to schools and to workplaces.

## Building a Healthier Wales

Public Health Wales has been supporting the implementation of *Building a healthier Wales*, a multiagency partnership designed to bring about a concerted shift towards prevention, across all sectors. A *Building a healthier Wales* coordination group has been established with the purpose of working together on a number of collective priorities at a local and regional level (the emphasis being through Regional Partnership Boards (RPBs) and Public Services Boards (PSBs)). In so doing, it will align the all-Wales mechanisms to ensure the system levers are organised to support their implementation, advise on policy changes that may arise and establish a model that tracks the shift in prevention cross sector.

The initial actions set by the Group, subject to final changes, are to:

- Actively engage and build relationships with RPBs, PSBs and partners
- Develop and implement a widespread communications and engagement plan (including branding and a core narrative) across sectors and the public for these priorities and the wider prevention agenda
- Review the resource allocation and spend for prevention and develop an economic model to track cross sector spend on prevention
- Reframe the outcomes, measurement and accountability mechanisms to incorporate and embed a shift in focus to prevention cross sector
- Provide support and guidance for the specific priority areas

## National Health Protection Service

One of our key statutory functions is preparing for, responding to and effectively managing existing and new infectious disease and environmental threats to health. Alongside colleagues from across the organisation, our health protection and microbiology teams have been central to our enhanced response to the developing COVID-19 pandemic. To ensure that we are able to respond to infectious disease threats to the population of Wales, close working is fundamental to our Health Protection and Microbiology services. This has been evident in the key role played in the development of the Health protection response and implementation Plans, and the [Public Health Wales rapid COVID-19 surveillance dashboard](#).

Collaborative work will also be undertaken with colleagues across the organisation to model potential effects on immunisation and vaccination uptake and consequent impacts on health and well-being going forward.

## Microbiology Services

Our Microbiology Division provides microbiology services from laboratories across Wales. This includes laboratory diagnostic services to hospitals and general practitioners, leadership of hospital infection control programmes, involvement in regional and national surveillance programmes, and assistance to Health Protection Teams in relation to outbreaks and community infection control.

Performance across our key performance indicators remained strong in 2019/20 with only turnaround times (Bacteriology and Virology) falling one per cent below target levels. Alongside our microbiology laboratories achieving UKAS (United Kingdom Accreditation Service) re-accreditation, we continue to provide a 24 hour, 365 days a year service to respond to infectious disease threats to the population of Wales. Other achievements include:

- Developing a demand management tool for enteric molecular testing
- Implementing a range of rapid molecular platforms across all of our sites as part of the COVID-19 response
- Trialling the use of rapid testing to support earlier diagnosis on blood culture samples
- Progressing organisational development for our staff

To provide assurance that we are still providing a quality assured service during the pandemic, we are currently developing a risk assessment which will document all of the temporary deviations from our accredited work, and detail the procedures that we have in place, or have introduced, to mitigate any risks.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Microbiology				
UKAS status of accreditation to ISO 15189:2012 for Microbiology and ISO 17025:2005 for Food, Water and Environmental laboratories for a defined scope	Accredited	Accredited	Accredited	Accredited
EQA Performance – Bacteriology	97%	94%	96%	97%
EQA Performance – Virology	100%	100%	99%	98%
EQA Performance – Specialist & Reference Units	100%	100%	99%	99%
EQA Performance – Food, Water & Environmental	98%	99%	99%	99%
Turnaround Time – Bacteriology	95%	94%	95%	94%
Turnaround Time – Virology	95%	98%	96%	94%
Turnaround Time – Specialist & Reference Units	95%	96%	98%	98%
Turnaround Time – Food, Water & Environmental	95%	98%	98%	98%

## Vaccination and immunisation

The World Health Organization estimates that 3 million lives are saved every year worldwide through immunisation. It is important that all children and babies are fully immunised to protect them from potentially serious diseases. Adults also benefit from immunisation, including for work and travel purposes. For those at increased risk to complications of influenza, the annual flu vaccine is recommended. NHS Wales offers around 1.5 million doses of routine child and adult vaccines annually covering 16 infectious diseases. Our Vaccine Preventable Disease Programme (VPDP) works to support the wider NHS Wales, through policy development, training and the provision of information, to achieve targets in relation to a number of key vaccination and immunisation indicators.

Since last year, we have seen a generally positive picture across a number of our key performance measures. While uptake remained relatively consistent for children receiving three doses of the '6 in 1' vaccine by age 1 and two doses of MMR vaccine by age 5, improvements were seen across flu vaccine uptake indicators, although the majority remain below target levels.

COVID-19 has significantly impacted delivery of immunisation programmes in Wales, and as a result the incidence of vaccine preventable diseases may increase. Although immunisation continued for infants, pre-school children and pregnant women by following strict guidelines, COVID-19 will result in a fall in uptake of all vaccines which will become evident in 2020/21 figures.

In order to respond to the pandemic, influenza programme planning has been enhanced. Our VPDP team are developing plans that build on collaborative working to reach as many people as possible with the combination of a strong public communications strategy and service delivery support. There will be a focus on young children, health and social care staff and individuals with long term health conditions which also puts them at increased risk of severe COVID-19.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Vaccination and immunisation				
Percentage of children who received 3 doses of the ‘6 in 1’ vaccine by age 1	95%	95.9%	95.4%	95.8%
Percentage of children who received two doses of the MMR vaccine by age 5	95%	89.5%	92.2%	92.1%
Influenza vaccination uptake among those aged 65 and over	75%	68.8%	68.3%	69.4%
Influenza vaccination uptake among under 65s in high risk groups	55%	48.5%	44.1%	44.1%
Influenza vaccination uptake among pregnant women	75%	72.7%	74.2%	78.5%
Influenza vaccination uptake among frontline healthcare workers	60%	57.9%	55.5%	58.7%

## Healthcare Associated Infections

Healthcare associated infections (HCAI) 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).

The Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme (HARP) supports the NHS in Wales to reduce the burden of HCAI associated infections and antibiotic resistance across Wales. This is delivered through feedback of surveillance data and the promotion of appropriate antimicrobial prescribing and interventions to prevent the spread of infections.

During 2019/20, we continued to provide strategic leadership to the NHS in response to the challenges of HCAs. We also monitored the number of key infections on a monthly basis for all Health Boards and NHS Trusts that treat inpatients in Wales. This showed that HCAI levels across Wales had generally been maintained or improved against national reduction expectation targets. In particular, improvements were evident for Staph aureus and E.coli rates across Wales (26.5 and 78.8 per 100,000, respectively), whereas C.difficile rates remained more consistent over the same period (26.9 per 100,000). In line with changes made to the NHS Delivery Framework in 2019/20, data for Klebsiella sp and P. aeruginosa bacteraemia were reported for the first time and will continue to be monitored as part of our ongoing role to provide surveillance.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Healthcare Associated Infections				
Clostridium difficile rate (per 100,000 population)*	≤25	36.7	26.5	26.9
Staph aureus rate (per 100,000 population)	≤20	29.9	29.4	26.5
E.Coli bacteraemia rate (per 100,000 population)	≤67	83.3	79.1	78.8
Klebsiella sp bacteraemia rate (per 100,000 population)**	10% annual reduction	Not reported	Not reported	20.0
P. aeruginosa bacteraemia rate (per 100,000 population) **		Not reported	Not reported	6.3

\* Amended reduction expectation in 2019/20

\*\* Indicators reported for the first time in 2019/20 in line with NHS Wales Delivery Framework

## Screening

One of our statutory functions is to provide population-based screening programmes. We deliver seven national screening programmes and coordinate the All-Wales managed clinical network for antenatal screening. The population-based screening programmes invite eligible participants at population risk, offering them a screening test to identify individuals who are likely to benefit from further tests or treatment to reduce the risk of disease or its complications. 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).

As the COVID-19 pandemic progressed in Wales, careful consideration was given to balancing the benefits and risks of continuing to offer the screening programmes, in line with government advice for the population and measures health boards had taken to prioritise their response to COVID-19. Following the announcement from the UK Government on 16 March, which advised against non-essential social contact and non-essential travel, the Screening Division undertook a risk assessment on the ability and safety of delivering screening programmes. This resulted in all screening programmes being suspended until further notice with the exception of Antenatal Screening Wales, Newborn Bloodspot Screening and Newborn Hearing Screening programmes, as all have short windows of intervention.

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 measures for each programme. At the end of Quarter 3 2019/20, the majority of our reported screening indicators had either shown a level of improvement or consistency. In particular, performance for our Diabetic Eye Screening results letters produced within 3 weeks of screen saw a significant improvement following a low of 4.3% in May 2019, with performance being maintained above standard at over 90 per cent timeliness since July 2019. Newborn Bloodspot Screening avoidable repeat rate also saw continued improvement towards the 2 per cent standard in 2019, falling from 14.5 per

cent in April to 4.4 per cent in December 2019. For the programmes that have continued during the pandemic, data at the end of Quarter 4 2019/20 shows that performance has been maintained.

Less progress was made for Breast Test Wales assessment appointments within three weeks of screen up to the end of Quarter 3 2019/20. Medical staffing shortages remained across all regions but was particularly acute in West Wales where mammogram readings took longer due to staff capacity which directly impacted on assessment waiting times. Whilst performance improved for Bowel screening waiting time for colonoscopy compared to the previous year, we continued to experience challenges in achieving standard. Recruitment to fill consultant posts in Health Boards remains challenging, which had an impact on the number of screening colonoscopists available to undertake screening endoscopy lists.

Significant work has been undertaken on a risk based approach for reinstating the population based screening programmes on a phased approach. This has involved careful planning to account for eligible individuals that have not been invited during the pause period, those not assessed further in the pathway, and those who need to be invited routinely in the remaining period of the year. This will result in significant extra activity which will need to be assessed around how it can be recovered safely. It is anticipated that given screening programmes will have been paused for at least three months, it will take at least 12 months for each programme to recover fully, and some will take longer.

Indicator	Standard/ Target	Performance		
		17/18	18/19	Q3 19/20
Screening				
Breast screening: normal results sent within two weeks of screen	90%	91.4%	92.3%	90.7%
Breast screening: assessment appointments within three weeks of screen	90%	65.1%	65.5%	48.9%
Breast screening: per cent women invited within 36 months previous screen	90%	88.6%	86.5%	87.2%
Cervical screening coverage	80%	76.3%	75.5%	73.6%
Cervical screening waits for results: within four weeks	95%	93.3%	93.9%	95.9%
Bowel screening coverage	60%	52.2%	53.6%	56.9%
Bowel screening waiting time for colonoscopy	90%	47.5%	38.5%	54.4%
Abdominal aortic aneurysm surveillance uptake: small	90%	91.0%	91.4%	90.8%
Abdominal aortic aneurysm surveillance uptake: medium	90%	90.9%	94.2%	92.0%
Newborn hearing screening per cent completing the programme within four weeks	90%	98.4%	98.6%	98.2%
Newborn hearing screening per cent completing the assessment procedure by three months of age	85%	89.8%	92.6%	94.5%
Newborn bloodspot screening coverage	95%	94.4%	93.2%	94.5%
Newborn bloodspot screening avoidable repeat rate	≤2%	4.8%	7.3%	6.5%
Diabetic Eye Screening Coverage - Reported result in the last 12 months	80%	Data unavailable	67.5%	66.1%
Diabetic Eye Screening Results letters printed within 3 weeks of screen date	85%	Data unavailable	35.2%	70.2%

## Our staff

Our staff across the breadth of the organisation have had an exceptionally busy yet productive year. This has been especially evident during the final quarter of the year where the response from staff supporting the COVID-19 pandemic continues to be truly remarkable. Our staff have adapted to significant challenges as we have moved through different stages of the response to the pandemic. We have seen individuals and teams step into new roles/functions; IT and data developments fast tracked to a new level; changes to the estate plans to mobilise home working; development of contact centres and 24/7 services; and willingness from everyone to want to play their part in our response.

Protecting and supporting our workforce during the pandemic continues to be an important part of our COVID-19 response. The organisation has provided regular communication to keep staff well informed and a range of supporting tools and additional well-being support and 'keeping in touch' arrangements. Our workforce will be key to the continued delivery of the COVID-19 emergency response throughout 2020/21.

Our key workforce indicators were monitored closely during 2019/20. Whilst there has been a slight increase in the sickness absence figures for this year, the anticipated sharp increase due to COVID-19 did not materialise. Whilst our statutory and mandatory compliance is below figures seen last year, there has not been a significant fall in training compliance since the start of the enhanced response and compliance remains above the all-Wales target of 85 per cent.

Concerted effort to improve our non-medical appraisal (My Contribution) compliance has yielded increases in compliance rates when compared with previous years, yet remains below the national target of 85 per cent. Understandably end-of-year appraisals may have been delayed following the outbreak, even so a plan has been approved by our Executive Team to address both compliance and the findings of an Internal Audit review. Our compliance for medical staff undertaking revalidation appraisal remained strong at 100 per cent at the end of December 2019. In light of the NHS Wales wide response to the pandemic, the Chief Medical Officer suspended Medical Revalidation Appraisal until further notice.

Work is being undertaken to fully understand the people implications of our recovery. In particular, it is expected this will relate to the resource required to support the ongoing COVID-19 response, delivery of critical services and our statutory responsibilities. To ensure that we are able to continue to effectively respond to the pandemic, deliver our wider public health services and provide the necessary support to our staff, Public Health Wales will need to implement a range of people-focused measures. We will also need to ensure that our organisational infrastructure is designed and operating effectively, and in line with legislation on staff and patient safety.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Workforce				
Sickness absence rate (annual rolling)	≤3.25%	4.01%	3.87%	3.97%
Percentage compliance for all completed Level 1 competencies within the Core Skills & Training Framework	85%	86.4%	91.8%	89.5%
My Contribution appraisal compliance – recorded on ESR	90%	55.8%	55.8%	71.4%
Percentage of medical staff undertaking revalidation appraisal within the last 15 months	100%	100%	100%	100% (as at Quarter 3)

## Concerns and complaints

Public Health Wales is committed to listening carefully and responding appropriately to the experience of service users, complaints, incidents and claims. 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.

During 2019/20, Public Health Wales received 113 formal and 'on the spot' complaints. Of the formal complaints received, 36 per cent were responded to within the 30 day target timescales. Although the number of complaints saw an increase from the level seen in the previous year, this figure now represents both formal and 'on the spot' complaints. Six serious incidents were reported to Welsh Government in 2019/20 with 83 per cent of investigations completed within target timescales. Although

falling just short of the 90 per cent target, this is due to the complexity of the investigations, including extensive review and quality assurance of our databases, and the need to refer to archived records. This work continues to be taken extremely seriously with Welsh Government kept fully aware of the circumstances surrounding each investigation.

Indicator	Standard/ Target	Performance		
		17/18	18/19	19/20
Concerns and complaints				
Number of written concerns/complaints received	N/A	52	59	113*
Written concerns/complaints responded to within target timescales	75%	73%	59%	36%**
Number of serious incidents reported	N/A	2	7	6
Serious Incident investigations completed within target timescales	90%	0%	57%	83%

\* Includes formal and 'on the spot' complaints

\*\* Only formal complaints are subject to the 30 working day target

## Quality and improvement

Our Quality and Improvement Strategy for 2020-23 supports our vision to become a high performing organisation. Using the Improvement Cymru 90 day Improvement research and innovation approach as a foundation, the plan is underpinned by significant evidence. Our definition of quality incorporates six domains, namely: safe; timely; efficient; effective; equitable; and people/population centred.

By focusing on managing for quality, we seek to identify the needs of our population and people using our services. This will enable us to prioritise the design, redesign and improvement of our work to meet or exceed expectations. We will ensure we reliably meet population and service needs on a daily basis and any gaps in performance are detected early and support improvements within each Strategic Priority using a standard set of methods that reduce variation in our work.

A continuous improvement approach will be implemented across all areas of the organisation to achieve improved outcomes and impact, which is key to delivering our strategic priorities. We will continue to drive, lead and anchor all Wales safeguarding and equality and human rights pieces of work and support NHS organisations in improving the diversity of the workforce and ways of working which health and social care contribute to safeguarding the public.

## Managing 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 at both a strategic and operational level. Work continues to be undertaken to embed risk management at all levels of the organisation, which includes the ongoing training of all risk owners. This has enabled the organisation to measure key strategic risk performance, establish its risk profile and instigate thematic analysis through the use of the Strategic Risk Register, Corporate Risk Register and local risk registers.

As part of our response to the pandemic, we have developed a strategic risk framework in relation to COVID-19 and conducted a PESTLE analysis (Political, Economic, Sociological, Technological, Legal, Environmental) as part of our policy advice to Welsh Government. We also recognise that there are significant risks to the public's health and well-being that can result from measures taken to control the spread of COVID-19. Public Health Wales is undertaking a population survey, Health Impact Assessments and examining learning from the international public health community in order to understand such risks and inform an evidence population health approach to tackling COVID-19 across Wales.

## Developing our performance management arrangements

We continued to mature our performance management and reporting arrangements during 2019/20 so that we are better equipped to monitor our progress against our strategic priorities and key performance measures. As a result of our ongoing response to COVID-19, we have adapted our performance and assurance arrangements to reflect the priorities and key areas of focus for the organisation, during the remainder of 2020/21. This demonstrates our performance across a range of areas, including: delivering statutory functions and critical services; our ongoing COVID-19 response; and supporting organisational recovery.

Our initial response has shown the value of high-quality, robust data presented in user-friendly, accessible ways. A number of developments are underway to underpin our recovery plan going forward, including: developing indicators of quality/success for our four public health workstreams in the pandemic response programme; continued improvements to our Integrated performance report to highlight COVID-19 and business critical information; and a Performance and assurance dashboard to provide timely and robust intelligence to help inform our decision making. Assurance will be provided to the Board, its Committees and the Executive Team through a number of sources, including regular performance reports, service/area specific reports and regular updates produced as part of our response.

## How we delivered our Well-being Objectives

When the Well-being of Future Generations (Wales) Act 2015 was first introduced, we recognised it as a 'public health act' and declared our intention to champion the legislation. We created a Health and sustainability hub to support the organisation internally and externally to realise this ambition, and we used the Act to guide the development of our long-term strategy and its seven strategic priorities/well-being objectives.

Over the course of 2019/20, we continued to undertake a work programme to embed sustainable development in all that we do, as well as supporting others to do the same. Our work continues to evolve to support the embedding of sustainable development as part of Covid-19 response, so that we consider broader issues such as environmental sustainability and responding to EU exit with an integrated approach to promoting and protecting well-being. Here, we describe examples of what we have done and how we have worked to achieve our ambitions of making the Act real in our day-to-day work through five work streams:

- **Leading and informing**
- **Increasing our reach and impact, with a collaborative approach**
- **Development and innovation**
- **Monitoring and reporting**
- **Working with key stakeholders in Wales and Europe**

## Leading and informing

### Raising staff awareness and understanding

We have continued to carry out staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act, by working closely with our corporate teams; by presenting at our Welcome, Engage, Network, Develop events; and through team meetings and working-groups across the organisation.

We value more informal staff-led engagement and support sessions such as Dr Bike cycle maintenance with Cycle Training Wales, and Swap-not-Shop sessions to exchange unwanted items of clothing and accessories for colleagues' pre-loved items. Sessions such as these have benefited our staff and enabled us to communicate key messages on the well-being of present and future generations.

### Our Biodiversity Plan

In April 2019, we published our biodiversity plan (Making space for nature) to maintain and enhance biodiversity and promote the resilience of ecosystems. The plan is a statutory requirement in the Environment (Wales) Act 2016; you can read our first progress report [here](#).

### Procurement Champions Group

Public Health Wales' group of Procurement champions has ensured that sustainability is a key part of its work and is using the resources of Wrap Cymru to inform this work. In November 2019, the group co-ordinated the organisation's response to the Future Generations Commissioner's review of sustainable procurement in public bodies.

### Literature Review on Sustainable Development Principle

In September 2019, the Health and Sustainability Hub published a literature review (commissioned from Kingston University, London) on implementing the sustainable development principle. The report provided a summary of the evidence and five key recommendations on how to translate sustainable development to action for individuals, teams, organisations and systems.

We have been disseminating these lessons to all public bodies within Wales, and any organisation internationally, seeking to make the five sustainable ways of working a reality; this has been accompanied by a series of infographics. Early examples of publications covering the literature review comprise:

- World Health Organization's (Europe) Health and Sustainable Development [newsletter](#)
- World Health Organization's (Europe) Regions for Health Network [newsletter](#)

## **Increasing reach and impact, with a collaborative approach**

### **Wider NHS Wales Decarbonisation / Climate Change Network**

We have been working collaboratively with NHS Wales and Welsh Government colleagues to bring together a network of staff from across the public sector to tackle the issue of decarbonisation and climate change. This work aims to maximise the collective potential of wholesale change through raising the profile of how the health sector responds to the climate change emergency and to share this progress with colleagues.

### **Participating in wider 'future generations' networks**

The Health and Sustainability Hub has participated in a range of networks to identify opportunities for working collaboratively to deliver shared outcomes, including Sustainable Development Co-ordinators' Cymru (SDCC+), National Public Bodies Network, Hub Cymru Africa, and Cynnal Cymru-Sustain Wales.

## Development and innovation

To further raise awareness and understanding of the Act, the organisation has developed additional products to help embed sustainable development. These have been developed collaboratively, with the aim of being used across Wales' public bodies and authorities. For example, a Be the Change 'Helping Nature to Flourish' e-guide was developed with the Wales Biodiversity Partnership for staff in over 200 of Wales' public authorities to support the delivery of their organisations' biodiversity plans (under the Environment (Wales) Act 2016). This approach was welcomed by members of the Wales Biodiversity Partnership as being 'public spirited'.

- **'Be the Change'** e-guides offer sustainable steps to motivate and challenge staff to maximise positive impacts across the well-being goals. Six resources have been developed on themes supporting the four domains of sustainable development, and include a range of issues of both Welsh and global concern.
- The **'SIFT' tool** is designed to motivate and challenge teams to implement sustainable development practice. We have further developed SIFT, following feedback from stakeholders including local government, NHS and the Office of the Future Generations Commissioner, including adding an info-graphic of how to deliver a SIFT workshop.
- We have worked with the International Futures Forum to develop a deck of future generations **'prompt cards'** (based on research and practical experience) to inspire teams to take a broad view of our circumstances and think about the 'long term', including when using the SIFT tool. These cards are supported by instructional videos and information sheets to encourage users to try various approaches with the resource.
- We have produced a video on the embedding sustainable development approach in Wales (and in Public Health Wales) to inform audiences in Wales and internationally. Content includes Wales' well-being goals and the five ways of working (the sustainable development principle)

Further information on these resources is available [here](#).

### Supporting 'long-term thinking and working'

Following the success of the national conference, 'Shaping Our Future in Wales' in March 2019, we worked with the Office of the Future Generations Commissioner to co-develop a Three horizons toolkit to help public bodies to think and plan better for the long-term by keeping a clear vision and taking future trends into account. Working with this new easy-to-use guide, we also supported a series of external training sessions and workshops to inform the Commissioner's 'Future Generations 2020' report. You can read more and access the toolkit [here](#).

### Contributing to a healthy heritage

Working collaboratively with Arts Wales, we presented five roadshows across Wales for arts and cultural organisations to showcase their arts in health work, and the links to maximising physical and mental health and well-being. The report and case studies by Public Health Network Cymru can be read [here](#); the approach was also profiled through a report in the journal of the WHO Regional Office for Europe 'Public Health Panorama' in its special issue on arts and health and can be accessed [here](#).

### Supporting the 'Healthy Travel Charter'

In April 2019, Public Health Wales signed the newly developed Cardiff Healthy Travel Charter to support and encourage our staff and visitors to travel in a sustainable way to and from our sites. Through our Health and Sustainability Hub, we have been assisting other organisations to promote the Charter within their workplaces through a range of communications resources.

## Monitoring and reporting

### Working with the Future Generations Commissioner for Wales

In May 2019, our Board members welcomed to their meeting the Future Generations Commissioner, Sophie Howe, to provide feedback on the organisation's self-reflection exercise on the extent to which we met our well-being objectives in 2017–18.

The Commissioner commended the approach which Public Health Wales had taken for this self-reflection and recognised Public Health Wales as having a system leadership role.

In December 2019, the Commissioner published the findings from this self-reflection exercise across public bodies, and from workshops for public bodies organised by the Wales Audit Office (see below). Public Health Wales was referenced within the [report](#):

1. Positively recognising the organisation's work on its culture, delivery and decision-making to apply the Act
2. Highlighting the organisation's 'Our Space' circular economy project, including because it was led by a corporate team
3. Acknowledging the organisation for helping to design the methodology for the Commissioner's monitoring and assessing work

Public Health Wales has also been represented on the Board of the Commissioner's 'Future Generations Leadership Academy', to support young people aged 18-30, and one of our Youth Ambassadors is a member of the Academy.

### Working with the Auditor General for Wales

In spring 2019, Public Health Wales participated in the Wales Audit Office's (WAO) work in assessing the extent to which public bodies were acting in accordance with the sustainable development principle. The WAO examined Public Health Wales' approach to developing its long-term strategy; this was followed by a workshop where improvement actions were developed. The WAO concluded that: *'The Trust [Public Health Wales] has made good progress in applying the sustainable development principle and the five ways of working, but recognises there is more work to do'.*

## Working with key stakeholders in wales and europe

### Joint action on Health Equity Europe (JAHEE) programme 2018-21

We have been participating in the Health in all policies work package for the Joint Action on Health Equity Europe (JAHEE) Programme. As part of this, we presented the findings of the literature review on embedding the sustainable development principle and our products to facilitate sustainable development. These resources were very well-received, with representatives from various countries volunteering to test the resources in their individual country's context.

### Working with the Welsh Government

In summer 2019, the Welsh Government published the Supplementary report to the UK voluntary national review of progress towards the sustainable development goals 2030. The report highlighted work by Public Health Wales around air quality, physical activity and arts and health, and our Health and Sustainability Hub was featured as an activity snapshot through two of its resources (Be the change and SIFT tool) to support the organisation and other public services with Wales' well-being goals and ways of working. You can read the report [here](#).

# Our Sustainability Report

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## 1 Introduction

The annual Sustainability Report provides a summary of the our performance for the period 2019/20, including information on our key achievements. This reflects our ongoing commitment to embedding sustainable development and delivering real performance improvements within this area.

## 2 Policy context

We have produced this report for 2019/20 to conform to 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 and which are not exempted by de-minimis limit or other exemption under Greening Government (or other successor policies), shall produce a sustainability report to be included within the Management Commentary in accordance with HM Treasury issued Sustainability Reporting in the Public Sector guidance.

## 3 Background and profile

Public Health Wales was established as an NHS Trust on 1 October 2009, as an independent NHS body with a clear and specific health focus, and a remit to act across all domains of public health practice.

We are an important service provider with an all-Wales reach. During 2019/20, we had an annual budget of £153 million and are a significant public sector employer with 1802 whole time equivalent employees.

Our estate is located across Wales and currently comprises of 64 properties:

- 22 properties located in south east Wales
- 23 premises located in mid & west Wales
- 19 premises located in north Wales

These premises are used as:

- 26 Screening Centres
- 8 Laboratories
- 27 Offices
- 1 Records Storage Facility
- 2 Garages

The current portfolio consists of properties that are owned (1), leased (18) or provided by/shared with other NHS Organisations (45). This creates a challenge in relation to the accurate reporting and availability of sustainability data. Given the current structure, financial and non-financial information is only available across 24 premises. For the 45 properties provided by/shared with other NHS Organisations, utilities and waste is reported by that NHS Organisation and therefore is not recorded in this report.

The environmental management governance is supported by:

- Energy, waste and water performance data is collated by the Compliance Officer and reported through the Facilities management system.
- The Compliance Officer provides regular updates to the Head of Estates & Health and Safety on environmental management and sustainability and manages these areas on a day-to-day basis.
- The environmental sustainability group provides updates to the Senior Leadership Team on its Environmental sustainability action plan to embed environmental sustainability across the organisation.
- The Deputy Chief Executive/Director of Operations & Finance is the lead for all environmental management matters within Public Health Wales. Any updates and issues are provided to the Board and Executive Team through a quarterly report.

## 4 Summary of performance

### 4.1 Environmental Sustainability Group

During 2019/20, the Environmental Sustainability Group has begun implementing the organisation's vision to 'become an organisation where environmental sustainability is truly embedded through knowledge, collaboration, engagement and innovation.'

This will be achieved through action plans developed in 2018 by the five work streams that are part of the Environmental Sustainability Group.

#### 4.1.1 Buildings, energy and waste

Our Annual Sustainability Report for 2018/19 showed that one of the biggest contributors to our carbon footprint is business travel, making up to 30 per cent of the carbon emissions produced by the organisation at that time. This is a significant proportion of our carbon footprint and the building, energy and waste work stream has been investigating ways in which to reduce these emissions through alternative forms of transport.

In October 2019, a three month trial began of three different Electric Vehicles (BMW i3, Nissan Leaf and Renault Zoe), with the aim of the trial to help us determine the viability of not only having a pool car, but whether electric vehicles are a viable option for journeys undertaken by Public Health Wales staff. The organisation received excellent support from staff, with all three vehicles booked out daily over the length of the trial. Staff were asked to complete feedback forms, and the overall response was very positive, and supported the idea that electric vehicles are a viable option for the organisation as long as there is infrastructure in place to support it, such as vehicle charging points and dedicated parking for the vehicles at destinations. Further work on this project was delayed due to COVID-19, but we will look to collaborate with the Welsh Government Energy Service to ensure a plan is put in place to introduce electric vehicles into our fleet.

Further to the review undertaken in 2019 to identify premises where existing lighting could be upgraded to LED lighting, Public Health Wales undertook a procurement exercise in February 2020 to award a contract to supply and fit LED lighting at four premises, with the potential to reduce the organisations carbon emissions by 22 tonnes per year. The contract was

awarded and work was due to begin at the end of March 2020, but due to COVID-19 the project was put on hold.

#### 4.1.2 Green travel

In April 2019, we signed up to the Cardiff Public Service Board Healthy Travel Charter; committing to work with 14 other Cardiff-based public sector organisations to both reduce unnecessary travel through investing in teleconference and skype infrastructure and promoting healthy travel.

During June 2019, the Green Travel Group ran a three-month trial of a pool bike for staff to use to travel to meetings during working hours. This would enable staff to get to appointments more easily, keep healthy, reduce air pollution and save the NHS money spent on car parking fees or taxis. The trial was a success and the pool bike is now available to all staff working at Number 2 Capital Quarter. Due to this success, the Green Travel Group will be looking to introduce this scheme across our other premises in Wales.

In July 2019, our flexible working policy was strengthened to acknowledge the link between flexible working and active travel. This policy enables employees to submit a flexible working request in order to travel for work at times which are compatible with public transport timetables, and enabling sufficient time for walking and cycling, as well as home-working. A full-time member of staff working from home one day per week will reduce their carbon footprint from travelling to and from work by 20 per cent. It is envisaged that COVID-19 will impact on this further, and will lead to more staff working remotely and we hope that these new ways of working, using new technology and the ability to hold virtual meetings will support this change in working patterns and further contribute to reducing the organisations carbon footprint.

#### 4.1.3 Leadership, engagement and learning

Through the work of the Health and Sustainability Hub, the Leadership, Engagement and Learning work-stream is leading on behavioural change in the organisation through developing Be the Change resources.

These resources have been communicated to teams across the organisation, including local public health teams, with an aim to reduce our

impact on the environment and lower carbon emissions. Be the Change e-guides and e-posters offer sustainable steps to challenge staff to reduce their negative impacts and maximise positive impacts across the well-being goals, and link to the organisation's supporting services and policies.

#### 4.1.4 Monitoring and evaluation

The Monitoring and Evaluation work-stream is working to gather information on the sustainability indicators that are measurable at an organisational level. In the first instance, carbon emission indicators such as energy and water consumption, quantity and sorting of waste, and business miles will be explored. Once each of the factors have been investigated, the group plan to establish a baseline figure for each indicator and proceed to monitor change and impact of initiatives over time.

#### 4.1.5 Reducing plastics

In November 2019, we made a commitment by pledging to go plastic free by 2023, a year earlier than the target set by Welsh Government. The Executive Team has agreed to the following by 2020:

- Not to purchase stationery items with a high plastic content
- Reduce locations with office water coolers by 100%
- Work with outside caterers to ensure that only reusable plastic is used for incoming catering
- Work with NHS Wales Shared Services Procurement to reduce the plastic content of goods and services
- Replace all anti-bacterial wipes with non-plastic variety where possible
- No longer procure promotional items with a high plastic content

It has also been agreed that we would reduce the number of buffets provided across the organisation. Guidance has been issued to staff who arrange catering so they can consider when catering can be provided and to consider the environmental impact when placing orders to help them make better decisions.

#### 4.1.6 Looking forward

Going forward the Environmental Sustainability Group will continue with the progress being made in each work stream, and work towards its short, medium and long-term objectives, including;

By 2024, we will:

- Have fulfilled our plastics 'free' pledge for the organisation
- Increase the number of plugged in, hybrid or pure electrical organisational vehicles
- Increase the proportion of staff cycling weekly to and from work or at work
- Reduce the proportion of car journeys commuting to and from work
- Embed an environmental action in the 'my contribution' process
- Launch a training module on environmental sustainability
- Achieve ISO14001 and ISO5001 accreditation
- Reduce organisational printing costs
- Embed the hierarchy principles of 'reduce, reuse, and recycle' in procurement and material use across the organisation
- Include environmental sustainability information in our recruitment process, including induction

By 2030, we will:

- Have an Environmental Sustainability Group dashboard to display environmental data, which is available to all staff
- Be non-essential plastic free across the organisation
- Be net-carbon neutral
- Use ultra-low emission heavy goods vehicles, where required
- Produce zero landfill waste

## 4.2 Internal audit

Internal Audit undertook a review of the Sustainability Report in May 2019 based on the report produced for 2018/19. The objective of the audit was to evaluate and determine the adequacy of management arrangements for the production of the Sustainability report for 2018/19 within the Annual report and accounts, in order to provide assurance to the organisation's Audit Committee that risks material to the achievement of system objectives are managed appropriately.

Substantial assurance was given to the effectiveness of the system of internal control in place to manage the risk associated with the production of the Sustainability Report. One recommendation was made in the report, which is highlighted in Table 1, along with the progress on this action:

**Table 1: Internal audit recommendation**

Recommendation	Action taken
Management should ensure that the quality assurance process is consistently applied.	Previously, the quality assurance of the data was undertaken at the end of the year following collation of the information. To reduce the potential for errors in the future, quality assurance checks will take place on a quarterly basis by the Compliance Officer on all data collected to date. This will ensure that there are multiple opportunities to identify any errors in the data collection.

## 5 Greenhouse gas (GHG) emissions

The following table outlines the organisation's performance for emissions, energy usage and financial indicators for energy and business travel for 2019/20:

**Table 2: greenhouse gas emissions**

Greenhouse gas emissions		2017-18	Per Cent Change	2018-19	Per Cent Change	2019-20
Non-Financial Indicators (1000 Tonnes CO <sub>2</sub> e)	Total Gross Emissions	2.424	-56.22%	1.061	4.62%	1.11
	Gross Emissions Scope 1 (direct)	1.218	-69.63%	0.370	-11.54%	0.327
	Gross Emissions Scope 2 & 3 (Indirect)	1.206	-42.67%	0.691	13.27%	0.783
Related Energy Consumption (KWh)	Electricity: Non-renewable	1,426,314	-70.75%	417,201	0.18%	417,951
	Electricity: Renewable	0	N/A	793,931	-5.73%	748,425
	Gas	711,235	-36.47%	451,880	0.77%	455,379
Financial Indicators (£)	Expenditure on Energy	234,767	-0.54%	233,495	-3.39%	225,585
	Expenditure on official business travel	554,525	-4.47%	529,737	48.9%	783,478

## 5.1 Performance

### 5.1.1 Greenhouse gas emissions

In 2019/20, we have seen an increase in the reported total gross emissions in comparison to 2018/19, seeing a 4.62 per cent increase against the figures reported in that year, as seen in table 2. This is solely down to the increase in Scope 3 emissions reported this year, for which more detail is provided under Scope 3 below. We have pledged to reduce greenhouse gas emissions by 3 per cent year on year, as per the Climate Change Strategy set down by Welsh Government.

Under Scope 1, the organisation has seen an 11.54 per cent reduction in emissions compared to 2018/19. This is primarily due to a significant reduction in the emissions produced (30.72 per cent for passenger vehicles and 17.79 per cent for HGV's) by the organisations fleet of vehicles run by our Abdominal Aortic Aneurysm and Diabetic Eye Screening services. The second biggest contributor to the organisations emissions comes under Scope 1. Fuel, specifically red diesel, is used to power the breast screening mobile units. This alone counts for 13 per cent of the total emissions produced by the organisation. The organisation is currently exploring the possibility of using alternative methods of powering vehicles, such as solar generators for our mobile screening units as well as replacing our fleet with electric vehicles.

Under Scope 2, which covers electricity generated for our properties, the organisation has seen a 9.54 per cent reduction in emissions compared to 2018/19. There are currently only five premises across the estate that are not supplied from renewable sources. The electricity emissions from these five premises account for 9.62 per cent of the total emissions across the estate.

Under Scope 3, the organisation has seen 17.97 per cent increase in emissions in comparison to 2018/19. This is primarily due to a significant increase (38.93 per cent) in the emissions produced from business travel in the organisation. Business travel makes up 85.21 per cent of the emissions produced under Scope 3, and is the biggest single contributor to emissions across the organisation. However, it should also be recognised that due to reporting being delayed during 2019/20, the organisation has been able to

collect more data from claims made by staff during the final quarter of the year, in comparison to 2018/19. This will account for some of the increase in recorded emissions. The organisation is also reporting emissions from the hire of coaches for the transportation of pupils to support participation in the smoking prevention programme delivered to schools across Wales, which has not been available during previous reports.

We are also reporting an 86.77 per cent reduction in waste disposal emissions. This is primarily down to improvements in estimating the weight of waste produced by the organisation, which Section 6 waste management explains further. We are also diverting more of our waste away from landfill; with more waste sent to recycling centres and for energy recovery from incineration during 2018/19. As these methods of waste disposal emit lower emissions, we have seen significant improvements in this area.

We have seen a reduction in water supply (17.58 per cent) and water waste (17.49 per cent) emissions during 2019/20, which also helps offset the increase emissions from business travel.

The baseline for carbon emissions produced by the organisation has been reset to 2017/18. This is due to improvements in the data available and reported, over the data available during 2016/17. This has improved our ability to compare the data that is available to the organisation now. This also allows us to compare our achievements against the Welsh Government target of a 40 per cent reduction in greenhouse gas emissions by 2020, as part of the Climate Change Strategy. This will give us a true reflection of our performance against our baseline. This is represented in the below table.

**Table 3: Baseline direct comparison results****Baseline direct comparison results**

Emissions	2017-18 Total	2019-20 Totals	Percentage change on baseline %	Percentage change on baseline %
S1 - Fuels	313026.10	227906.94	-27.19%	-73.13%
S1 - Refrigerant & Other	777007.44	7308.00	-99.06%	
S1 - Passenger Vehicles	112783.12	77770.47	-31.04%	
S1 - Delivery Vehicles	15488.15	14336.54	-7.44%	
S2 - Electricity	501435.12	106828.25	-78.70%	-78.70%
S3 - WTT Fuels	58661.99	43953.63	-25.07%	-4.00%
S3 - T&D	46882.96	25310.37	-46.01%	
S3 - WTT - UK & Overseas Electricity	87418.82	18434.07	-78.91%	
S3 - Water Supply	1335.41	2223.69	66.52%	
S3 - Water Treatment	2618.15	4357.49	66.43%	
S3 - Waste Disposal	48512.72	5699.57	-88.25%	
S3 - Business Travel Land	351706.29	441834.21	25.63%	
S3 - WTT - Passenger Vehicle & Business Travel Land	103434.38	130882.29	26.54%	
S3 - WTT - Delivery vehicles & Freight	3721.24	3445.34	-7.41%	
<b>TOTAL EMISSIONS</b>	<b>2424031.89</b>	<b>1110290.85</b>	<b>-54.20%</b>	<b>-54.20%</b>

Gross emissions have been calculated using the guidance on measuring and reporting on GHG emissions and the UK Government GHG Conversion Factors for Company Report. As can be seen above, in comparison to our new baseline in 2017/18, we have managed to reduce total emissions by 54.2 per cent. As a result, we have more than achieved our target of reducing carbon emissions by 40 per cent by 2020, as per Welsh Governments Climate Change Strategy.

Public Health Wales recognises that despite hitting our 40 per cent reduction target, there is still significantly more work to do and improvements to be made. Our aim is to improve our collection of Scope 3 emissions further for future reporting, as well as ensuring we continue to embed sustainability into the culture of the organisation, to help further drive down the emissions generated by our work.

### 5.1.2 Electricity and gas consumption

As shown in table 2 above, we have seen an overall decrease in electricity consumption (3.7 per cent) across the estate. More significantly, 64.17 per cent of the electricity consumed across the estate is supplied through our renewable energy for business contract with British Gas, ensuring we consume green energy where possible. The remaining premises are leased and we have no control over the energy contract in place. The organisation will look to engage in discussions with landlords as to the possibility of them changing their current energy contracts for those premises to green energy. We have also seen a slight increase in gas consumption (0.77 per cent) across the estate, but these slight fluctuations are expected year on year, and is heavily dependent on the weather during winter months.

For the second year running, we are able to report a decrease in the total expenditure on energy. This is a reflection of the work undertaken by the Energy Price Risk Management Group for NHS Wales, in ensuring NHS Health Boards and Trusts are receiving the best price for the energy they consume.

### 5.1.3 Business travel expenditure

As seen in Table 2, there has been a 48.9 per cent increase in reported expenditure on business travel (grey fleet) in the organisation. With this being the first time that this expenditure has increased in 5 years of reporting. Some of this increase in expenditure can be attributed to the organisation reporting our expenditure from coach hire for the first time. In addition, due to delays in the reporting process due to COVID-19, we have been able to collate more data from our grey fleet for the final quarter of 2019/20, which will contribute to some of the reported increase over previous reporting periods. However, we do recognise that an increase of over £200,000 in expenditure on our grey fleet is not acceptable. Further work is required to ensure business travel is not undertaken unnecessarily to reduce the organisations carbon footprint, and also our expenditure, to ensure these funds can be diverted to other areas of the organisation.

Going forward, we will continue to engage with staff to reduce business mileage from our grey fleet. Further work to establish the viability of adding electric vehicles to our fleet is also taking place, whilst also ensuring the correct structure is in place to support this.

## 5.2 Actions to improve data collection for 2020/21

- Further engagement with landlords as to the possibility of providing equivalent consumption and energy costs or the installation of sub metering in Public Health Wales occupied areas to provide accurate data.
- Engagement with landlords to assess the possibility of them signing up to a green energy tariff.
- Further reviews of energy providers to allow consistent provision of data whilst ensuring value for money.
- Engagement with energy supplier to improve data collection and introduce smart metering where available.
- Ensuring options such as separate or sub metering will be explored in any new leases signed by the organisation where premises may be shared.

## 6 Waste management

The following table outlines the organisation's waste management performance for 2019/20:

**Table 4: waste management**

Waste		2015-16	2016-17	2017-18	2018-19	2019-20
Non-Financial Indicators (tonnes)	Total Waste	652.05	538.55	585.79	629.69	139.98
	Landfill	642.58	445.15	457.54	377.68	35.69
	Re-used/Recycled	9.47	92.46	120.25	224.65	74.08
	Composted	N/A	0.13	4.16	N/A	N/A
	Anaerobic digestion	N/A	N/A	N/A	9.12	8.32
	Incinerated with energy recovery	Data unavailable	0.81	3.83	18.24	22.11
	Incinerated without energy recovery		0	0	0	0
Financial Indicators (£)	Total Disposal Cost	35,078	46,342	48,907	53,597	54,531
	Landfill	13,994	18,395	20,890	17,725	13,999
	Re-used/Recycled	11,649	19,034	17,632	21,811	27,003
	Composted	N/A	N/A	259	N/A	N/A
	Anaerobic digestion	N/A	N/A	N/A	578	480
	Incinerated with energy recovery	9,435	8,913	10,125	13,483	13,050
	Incinerated without energy recovery		0	0	0	0

## 6.1 Waste management analysis

Public Health Wales recognises it has responsibilities concerning effective waste management and have made significant improvements in its data collection. This is reflected in the performance figures for 2019/20. The biggest improvement has been in the estimating of waste weight where no information is available from the waste carrier. During 2019/20 Public Health Wales have been using the Business waste weight calculator produced by WRAP, which provided more accurate density factors of the waste we currently produce. This has contributed to the organisation reporting a decrease of 490 tonnes of waste (77.77 per cent) in comparison to 2018/19.

Only an estimated 25.5 per cent of the total waste produced by the organisation is being sent to landfill in 2019/20, compared to 60 per cent 2018/19. This has been achieved through better waste management practices taking place across our organisation, with staff having more access to alternative disposal methods. As a result, the proportion of waste sent for recycling has increased, with 52.9 per cent of waste disposed of via this method, compared to only 35.7 per cent sent for recycling during 2018/19. Staff are actively encouraged to ensure they are using the correct methods of disposal, with all staff expected to recycle where possible. This approach is also applied to our confidential paper wastage, ensuring as much as possible is sent for recycling whilst ensuring full compliance with applicable legislation and its duty of care.

Public Health Wales will continue to roll out SafeQ Software for all new photocopier contracts, which enables the organisation to monitor printer usage. Usage reports are provided to all Directorates at premises where devices have SafeQ Software, encouraging staff to reduce their paper waste.

Waste disposal through anaerobic digestion remains consistent with figures reported during 2018/19. Only two premises (Number 2 Capital Quarter and River House) have a food waste disposal agreement. Public Health Wales fully expects this to increase in future years, as more premises introduce food waste disposal measures in line with their local council's policy.

We are also reporting an increase of 3.87 Tonnes of waste sent for energy recovery from incineration. A total of 22.11 Tonnes of waste (15.8 percent of waste produced) was disposed of via this method, which includes business waste sent to the energy recovery facility run by Viridor in Cardiff. This figure is expected to rise as more waste is sent for energy recovery and more demand is placed on our Screening Services, who are required to dispose of their clinical waste through this method.

We have seen a reduction of £3,726 in the total cost of waste sent to landfill, and will continue to investigate options to drive these costs down further and hope to reflect this during 2020/21. As a direct consequence of this, we have seen an increase in the total cost of waste sent for recycling of £5,192. Across all waste streams the organisation has spent an additional £934 compared to 2018/19, however, this can be attributed to rising costs in line with inflation.

## 6.2 Actions to improve data collection for 2020/21

- Further engagement with confidential, recycling and landfill waste carriers to ensure the provision of more accurate waste weight information.

## 7 Use of finite resources

The following table outlines the Trust's performance for water consumption for 2019/20:

**Table 5: Use of finite resources**

Finite Resource Consumption			2015-16	2016-17	2017-18	2018-19	2019-20
Non-Financial Indicators (000m <sup>3</sup> )	Water Consumption (Office Estate)	Supplied	2.111	2.052	1.675	5.922	4.612
	Water Consumption (Non-Office Estate)	Supplied	2.281	1.791	2.207	1.921	1.852
	Water Consumption (Total Estate)	Supplied	4.392	3.843	3.882	7.843	6.464
Financial Indicators (£)	Water Supply Costs (Office Estate)		8,526	7,453	6,079	9,735	16,364
	Water Supply Costs (Non Office Estate)		6,804	5,699	7,247	5,650	5,318
	Total Water Supply Costs		15,330	13,152	13,326	15,385	21,682

## 7.1 Use of resources analysis

We are reporting a decrease in overall water consumption of 17.58 per cent compared to 2018/19. Where data was not available, specifically leased accommodation where our landlord does not provide usage, we have estimated usage based on the average cubic meter used per staff member at premises where data is available. During 2019/20, we are averaging 5.9 cubic meters per staff member per year. This is a reduction of one cubic meter per staff member per year against the benchmark figure set in 2018/19.

The organisation understands that with a growing workforce it will invariably make it difficult to reduce water usage. As our estate grows, water safety compliance will also have an effect on usage, as regular flushing regimes across the estate are required for low usage outlets.

The organisation is aware that the current age and condition of the majority of our estate does not make for efficient use of our water supplies. We will actively seek to improve and further reduce our estate through the Our Space programme, as well as working with staff to identify ways to save on water usage through our Environmental Sustainability Group.

The total cost of water supply has increased by £6,297 compared to 2018/19. When analysing the data, this increase can be attributed to charges from the landlord for water usage at Number 2 Capital Quarter, which have increased by £6,076 during 2019/20.

## 7.2 Actions to improve data collection for 2020/21

- Engage with property owners to explore the possibility of providing estimated water usage based on their invoices and number of staff in occupation or the installation of sub meters for accurate usage.

## 8 Data collection limitations

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

- Sustainability data can only be provided where there is accurate and robust metering for the utilities being supplied
- Where we are hosted within shared buildings, there are no meters (sub-metering) in locations where Public Health Wales staff reside, which means usage data is unavailable. Some landlords have been unable to provide equivalent consumption and utilities costs to date. We are 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.
- We often occupy very small areas of shared premises where consumption is low and installation of additional metering (sub-metering) is not always viable or cost effective
- Some fourth quarter data had to be estimated due to invoices not being available at the time of report submission.
- Where data has been provided for waste to landfill and re-use/recycling the tonnage has been estimated based on containers/bins/sacks being 99 per cent full when emptied, as there are no measures in place to accurately record weight of waste.
- Where weight information for waste was not available, it was estimated using WRAP's business waste weight calculator.
- Where no data is available, this will be highlighted in Appendix A.

## Appendix A

**Table 6: Unavailable usage data**

No usage data was available for the sites in the following table:

Address	Electricity Information	Gas Information	Water information	Waste Information
Clwydian House	Not available	Not available	Available	Available
Building 1 St Davids Park	Not available	Not available	Available	Available
St Annes Block St Davids Park	Not available	Not available	Available	Available
River House	Available	Not applicable	Not available	Available

**Table 7: Unavailable expenditure data**

No expenditure data was available for the sites in the following table:

Address	Electricity cost	Gas cost	Water cost	Waste cost
Clwydian House	Not available	Not available	Available	Available
Building 1 St Davids Park	Not available	Not available	Not available	Available
Breast Test Wales Llandudno	Available	Not applicable	Not available	Available
St Annes Block St Davids Park	Not available	Not available	Not available	Available
Llys Britannia	Available	Not applicable	Not available	Available
River House	Available	Not applicable	Not available	Available

## Long Term Expenditure Trends

	£000s 2015/16	£000s 2016/17	£000s 2017/18	£000s 2018/19	£000s 2019/20	Total % Increase	12 mths % Increase
<b>Expenditure</b>							
Welsh Government/LHBs/Trust/Local Authorities	18,390	20,717	23,149	22,291	23,404	27.26%	4.99%
Pay Expenditure	65,070	72,370	77,194	82,839	94,165	44.71%	13.67%
Other Non-Pay	22,036	24,641	25,064	27,073	32,377	46.93%	19.59%
Depreciation and Impairments	3,276	3,462	3,528	3,200	3,006	-8.24%	-6.06%
Gross Expenditure	108,772	121,190	128,935	135,403	152,952	40.62%	12.96%
<b>Revenue</b>							
Revenue from Patient Care Activities	-85,975	-92,376	-91,925	-94,334	-105,300	22.48%	11.62%
Other Operating Revenue	-22,836	-28,861	-37,062	-41,047	-47,611	108.49%	15.99%
Gross Income	-108,811	-121,237	-128,987	-135,381	-152,911	40.53%	12.95%
Investment Revenue, Finance Costs and Other Gains and Losses	22	31	24	-48	-83		
Retained (Surplus)/Deficit	-17	-16	-28	-26	-42		
Cumulative (Surplus)/Deficit	-67	-83	-111	-137	-179		

# Our Accountability Report

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# Corporate Governance Statement

## Public Health Wales Directors' Report 2019/20

In accordance with the Financial Reporting Manual (FReM), the Directors' Report must include the following, unless disclosed elsewhere in the Annual Report and Accounts (ARA) 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 Annual Governance Statement.
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 Annual Governance Statement.
3. The names of the directors forming an audit committee or committees.	See Annex 1 in the Annual Governance Statement.
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 <a href="#">Register of Interests 2019/20</a> .
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 Data Breaches section (page 86) of this the Annual Governance Statement.
6. Information on environmental, social and community issues.	See the Annual Sustainability Report 2019/20 for information on environmental issues.  See the Annual Report and Wellbeing of Future Generations report for information on Social and Community issues.
7. As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

## Statement of Chief Executive's Responsibilities as Accountable Officer

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 Welsh Government.

The accountable officer is required to confirm that, as far as she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the accountable officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The accountable officer is required to confirm that that the annual report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

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.

Signed:



Chief Executive  
**Dr Tracey Cooper**  
Date: 25 June 2020

## 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 health board 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 accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that 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 authority and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction by Welsh ministers.

By Order of the Board

Signed:



Chair  
**Jan Williams OBE**  
Date: 25 June 2020



Chief Executive  
**Dr Tracey Cooper**  
Date: 25 June 2020



Director of Finance  
**Huw George**  
Date: 25 June 2020

## Annual Governance Statement 2019/20

### Purpose and Summary of Document:

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which is part of the Annual Report and Accounts 2019/20. The information provided in this Statement has been compiled using assurance information and documentation collated throughout the financial year. The Welsh Government issued guidance in the Manual for Accounts. The Financial Reporting Manual (FReM), issued by Her Majesty's Treasury, has also been used to help shape the final Statement.

The Audit and Corporate Governance Committee considered the draft for submission at its meeting on 18 May 2020.

This final version was presented to the Committee on 23 June 2020 for recommendation to the Board for approval on 25 June 2020. The Board approved this Statement for submission to Welsh Government at a Board meeting on 25 June 2020.

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## 1. Scope of Responsibility

As the national Public Health Institute in Wales, our vision is *'Working to achieve a healthier future for Wales'*. This annual governance statement reflects the second full year of implementation of our new Long Term Strategy that was approved in 2017/2018.

The Board is accountable for setting the strategic direction, setting the culture and tone for the organisation, ensuring that effective governance and risk management arrangements are in place, and monitoring performance in the effective delivery of our strategic plan. As Chief Executive of Public Health Wales, I have responsibility for ensuring that we have effective and robust governance arrangements in place 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 my Accountable Officer responsibilities allocated by the Director General for Health and Social Services in the Welsh Government.

At the time of finalising this Annual Governance Statement, Public Health Wales and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by the coronavirus pandemic (COVID-19) – a public health emergency of international concern.

The required response to the pandemic has resulted in the organisation needing to scale up core health protection and diagnostic functions to a level that has never been undertaken before. Consequently, the latter months of the financial year has seen the re-purposing of the organisation's priorities to focusing singularly on the coordination, advice, support and response to COVID-19. In addition to the functions that we discharge, our staff have also been affected by the social measures in relation to the 'lockdown' period from the end of March and a key focus has been on supporting our people to work within such an environment.

This has meant that our people across the organisation have been skilled in new activities and have had to work very differently both internally and with our partners and stakeholders. It has therefore been necessary to revise aspects of how we discharge our governance and operational framework. In

recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID-19 Decision Making and Financial Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals, which under normal operating circumstances would be available. Nevertheless, we are still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID 19 crisis has abated and the organisation returns to more normal operating conditions.

To demonstrate this we are recording how the effects of COVID-19 have influenced any changes to normal decision-making processes, for example using a register to record any deviations from normal operating procedures.

Where relevant these, and other actions taken have been explained within this Annual Governance Statement.

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.

## 2. Governance Framework

We have continued to evolve and mature our governance arrangements across the organisation. Following the approval of the [Strategic Plan for 2019](#), our focus has shifted towards achieving the outcomes within the strategic priorities, and delivering our Long Term Strategy.

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. Other Directors within the Executive team are also in attendance at Board meetings.

In particular, the Board has responsibility for setting the strategic direction, governance framework, organisational tone and culture, steering the risk appetite, overseeing strategic risks, 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 the Board Business Unit.

This strategic plan is the second three-year plan to deliver our new Long Term Strategy, which spans from 2018 to 2030. Building on a successful first year, it details the actions we will take over the next three years to continue our work towards the 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 seven strategic priorities, on making the maximum difference to the health and well-being of our present and future generations.

This year, we have established the Strategic Priority Groups to take forward the work streams within each priority area, and have ensured the appropriate governance arrangements and enabling functions underpin the decision making process.

The Board has focused on a number of areas to drive forward improvements during the year, these include:

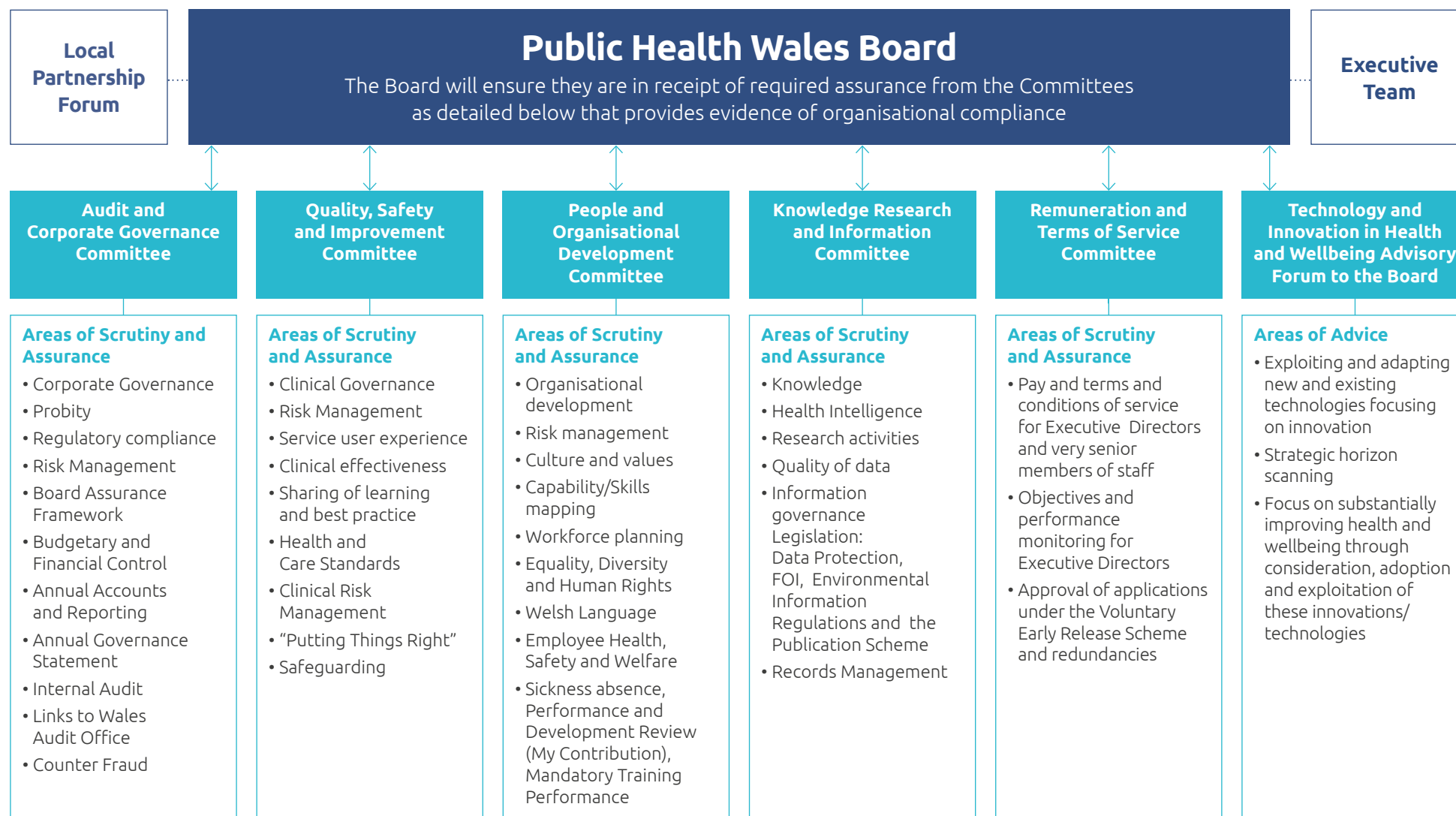
- Ensuring strategic oversight of the 'bigger picture' issues and horizon scanning; this has included a number of key partners attending Board meetings
- Tracking delivering against strategic milestones
- Enhancing the Board Committee roles
- Realigning internal resource allocation.

The Board has continued its programme of development and learning, reflecting constantly on its effectiveness, both as a full Board and working through its Committees. Committee Chairs and lead Executives have undertaken some joint development to develop further committee-level effectiveness.

The current Board and Committee structure was approved in August 2018, and was operational from 1 April 2019. Since this structure was revised, the focus this year has been on embedding the roles of the Committees and developing a more systematic approach to assurance. During the year a number of improvements have been made to further strengthen the corporate infrastructure, while providing a stronger focus on quality, risk management and governance (see corresponding sections later in this report).

The Board has sought to increase its visibility and promote even greater transparency during the year. Up until February 2020, we live streamed all public Board meetings via social media with a question and answer session where questions were submitted for the Board to answer. This was paused as a result of COVID-19 and the move to remote working and social restrictions. We will continue to develop and promote this during 2020/21. (*Section 2.2.11 of this report provides further information on the impact of COVID-19 on these arrangements*).

**Figure 1: Board and Committee structure approved by Board in July 2018 and operational from 1 April 2019.**



**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)

## 2.1 Impact of COVID-19

Novel Coronavirus, COVID-19 was declared a pandemic by the World Health Organisation on the 13 March 2020. Public Health Wales has been actively managing Novel Coronavirus as an incident since late January with the Gold Command structure meeting for the first time on the 25 February 2020.

On the 28 February 2020, the Board approved the rapid mobilisation of staff across the organisation in support of the COVID-19 response. With the exception of maintaining microbiology and health protection services, screening services, communications and infrastructure, responding to COVID-19 became the sole priority for the organisation until further notice.

Mobilising the organisation to both fulfil the leadership and support requirements of Public Health Wales' roles and responsibilities, as well as supporting the wider health and social care system, has been, and continues to be, a significant undertaking. The form and focus for the entire organisation changed significantly with the vast majority of staff being diverted into the delivery of COVID-19 essential activities.

In support of the wider health and social care system, significant effort and resources have been committed to ensuring the required services and expertise have been provided during each phase of the pandemic. This has included services that Public Health Wales is directly responsible for as well as providing leadership and support to the wider health and social care system. As the national public health institute, we also have a significant role to provide expert public health advice to Welsh Ministers and to the Welsh Government. Being actively involved in daily four nations engagement with the other public health agencies in the United Kingdom has been a routine activity for the response to COVID-19. In addition, connecting with other National Public Health Institutes worldwide in order to apply learning and sharing within Wales has been a key activity for us.

On the 17 March 2020, the National Assembly for Wales approved *The Health Protection (Coronavirus) (Wales) Regulations 2020*. The Act provided additional powers to enforce the compliance of those who were instructed to isolate (in the context of reducing the spread of an infectious disease). The regulations also required Public Health Wales to comply with social distancing measures in the workplace,

the requirements of which we continue to comply with.

## 2.2 Governance Structure

Because of the pandemic, changes have been made to both the executive and Board governance structures. These changes are summarised below.

### 2.2.1 Board Governance

We acknowledged that in these unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means.

Because of the public health risk linked to the pandemic, the UK Government and the Welsh Government stopped public gatherings of more than two people. It was therefore not possible to comply with the Public Bodies (Admissions to meeting) Act 1960 to allow the public to attend meetings of our Board and Committees from mid-March 2020.

### Variations to the Standing Orders

On the 26 March 2020, the Board approved a number of variations to the Standing Orders in light of COVID-19 and its implications to fulfil the Standing Orders. The Board paper, with full details of the approved variations, is available on the Public Health Wales [website](#). In summary, the approved changes were:

- a change to the programme of Board Committees with People and Organisational Development Committee and Knowledge, Research and Information Committee both suspended for the foreseeable future
- the redirection of Information Governance matters to the Audit and Corporate Governance Committee and Health and Safety matters to the Quality, Safety and Improvement Committee
- a change of approval process for People and HR related policies
- suspension of the Boards annual plan for the foreseeable future
- the Annual General Meeting was unlikely to be run by the end of July 2020
- Board papers were unlikely to be available in their entirety seven days in advance of meetings
- Board meetings could not be conducted in public.

On the basis the Board was unlikely to meet in person for the foreseeable future, it was agreed it would meet through electronic/telephony means. As a result, members of the public would be unable to attend or observe and Board meetings were not live streamed from March onwards.

To facilitate as much transparency and openness as possible at this extraordinary time, we have undertaken to:

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

To ensure Board business is conducted in as open and transparent a manner as possible, the Board put a number of measures in place. *(Further information on the impact of COVID-19 on the governance arrangements is provided in section 2.2.11 of this report).*

It is planned that from June, livestreaming of Board meetings will resume to allow the public to access Board meetings, providing appropriate IT solutions can be put in place to support livestreaming by this time.

### 2.2.2 Executive Governance

The Business Executive Team met monthly for the majority of the year in order to lead, oversee and manage the performance and corporate business of the organisation. For the 11 months up to and including February, the Business Executive Team met as scheduled.

The response to COVID-19 has required coordination and resources in addition to those provided by normal operational capacity. On the 25 February, the Gold command structure was stood up and the organisation mobilised to respond to COVID-19 as its single priority. The Gold Group is responsible for managing the incident that is COVID-19. The Business Executive Team stopped meeting on the basis that the whole organisational resource was diverted to the management of the incident. As such, Gold

became the function by which the incident was led with the Chief Executive and three Strategic Directors leading the incident (all of whom are Executive Board members and supported by three Incident Directors), and additional Executive Team members attending for the purpose of leading designated programmes of work. Additional Executive weekly huddle meetings have continued.

A summary of the structure is shown below:



Members of the Executive Team are actively involved in the Incident management arrangements with the terms of reference for the Gold group being amended to reflect Gold as the vehicle for relevant corporate decision making.

From June 2020, the Business Executive Team will be reconvened as the incident moves into the next phase and will support Gold from a strategic focus. Gold will retain oversight of the incident and will report to the Business Executive Team.

## 2.3 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:

### 2.3.1 Review of the Standing Orders

On 13 September 2019, Welsh Government issued revised Model Standing Orders, which we were asked to incorporate and adopt by 30 November 2019. We have adopted the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business<sup>1</sup>. They are based on Model Standing Orders designed for NHS Wales and the expectation is that the organisation will adhere to these unless there is a genuine need to deviate. Welsh Government has issued a summary of the changes made and instructions on sections which may be for local resolution and those which are subject to Ministerial Direction or are a legislative requirement.

The Standing Orders 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.

These are available on the website:

<https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/corporate-governance-communications-and-finance-policies/>

### 2.3.2 Scheme of Delegation

To support the Board to fulfil its full range of strategic responsibilities and have time and space to focus on future matters, the scheme of delegation was reviewed, and the Board decided to develop a scheme of escalation (and de-escalation) to enhance the assurance of the appropriate decision making processes in place to best achieve its corporate level outcomes. The

scheme of delegation supports the Board to have confidence and take assurance that the business of the organisation is effectively delegated to its Committees and/or advisory groups, Chief Executive and Executive Team or to other relevant parties.

The Board agreed that its vision for this framework was:

*‘Our way of working will ensure that the right decisions are taken at the right time by the right people for the right reasons’.*

Further development work will continue into 2020/21 on the Scheme of Delegation and will take into account any changes made to the Model Scheme of Delegation currently under review by Welsh Government.

### 2.3.3 Development of the Strategic Risk Register and the wider Board Assurance Framework

The Strategic Risk Register (SRR) provides the Executive team, Board and Board Committees with clearly identified and analysed risks and then assurances on the management of those risks.

The SRR is underpinned by the seven strategic priorities outlined within the Strategic Plan (Integrated Medium Term Plan (IMTP)), and supported by robust risk management processes. The Board is responsible for setting the strategic risk appetite and ensuring an appropriate risk management strategy is in place. The SRR plays a key role in providing assurance to the Board and supporting the oversight of strategic risks.

The SRR aligns strategic risks, key controls, the risk appetite and assurance on controls alongside each priority. Gaps are identified where key controls are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to scrutinise and monitor action plans intended to close the gap.

During 2019/20, the Strategic Risk Register (SRR) has been revised and developed to provide a stronger and more robust level of assurance to the Board, the Board Committees and Executive Team.

This development provides the Board with a greater understanding of the quality of assurance within each risk area and helps to better assess the quality and reliability of controls. The new approach will drive our agendas more overtly and

<sup>1</sup> 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.

provide a clearer view of what the Committees, Board and other forums should be focussing on in terms of gaining assurances and overseeing strategic risk.

### 2.3.4 Review of the Board Committee Terms of Reference

The Committee terms of reference have been reviewed this year and minor changes agreed by the Board in November 2019. The Terms of Reference of the Knowledge, Research and Information Committee were reviewed in September 2019. Papers relating to these changes are available on our [website](#).

### 2.3.5 Performance and Effectiveness Cycle

The Board is developing a model to pull together all elements of the review of performance and effectiveness into an annual cycle. The following elements of the cycle have been in place this year:

#### a) External and Internal Assurances to the Board

During the year we have undertaken or engaged in a number of assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment, the main reviews that relate to the Board are outlined below.

- Audit Wales has completed the **Structured Assessment Review in 2019/20**, focusing on corporate arrangements, including the governance arrangements, for ensuring that resources are used efficiently, effectively and economically. The overall conclusion of this assessment was that the Trust is generally well led and well governed and the Board continues to operate effectively, and seek opportunities to improve.
- Internal Audit has undertaken a review on **‘Board and Committee Functions’** as part of its 2019/20 work plan. The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place in relation to two of our Committees. This review was presented to the Audit and Corporate Governance Committee in May 2020, and has a ‘substantial’ audit rating.
- We have completed the **Welsh Government “All Wales Self-Assessment of Current Quality Governance Arrangements”** at the request of the Minister for Health and Social Services. *(Further information is provided in section 2.2.4 of this report)*

- We have completed an assessment against the Corporate Governance in Central Government Departments: **Code of Good Practice 2017**. We used the “Comply” or “Explain” approach in relation to the Code of Good Practice. This was presented to the Audit and Corporate Governance Committee in March 2020 who took **assurance** of our compliance with the Corporate Governance in Central Government Departments – Code of Practice 2017. *(Further information is provided in section 9.10 of this report)*

#### b) Board Committee Effectiveness

There is a programme in place to ensure Board Committees review the following activity for each Committee:

- Terms of Reference and Operating Arrangements
- Committee Effectiveness Questionnaire
- Annual Committees Report on Activity to the Board
- Committee review of effectiveness to include a review of the Committee Effectiveness Workshops and questionnaire; *(further information below)*
- Feedback session at the end of every meetings.

Between January and August 2019, an online questionnaire was completed by members of the Audit and Corporate Governance, the People and Organisational Development and the Quality, Safety and Improvement Committees. The questions were based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and were adapted for each Committee. The results of the respective questionnaires were fed into three Committee workshops that were held between May and August 2019. The format for each was the same and included:

- the context the committee operates in
- a review of our work
- vision and future direction
- the associated action plan
- next steps and conclusions.

In July 2018, the Board agreed a new Committee structure and revised terms of reference for each Committee. Because of this, the Knowledge, Research and Information Committee was established, with the first meeting taking place in April 2019. As a new Committee, we decided not to ask the Knowledge, Research and Information

Committee to undergo a self-assessment or review of effectiveness, although this is scheduled for next year. However, any relevant findings from this internal review are being applied to the new Committee where appropriate.

The discussions from each workshop were developed into an action plan to capture the common themes across Committees as well as specific Committee actions (with the exception of the Remuneration and Terms of Service Committee).

Common themes arising from the discussion included:

- ensure the agenda is clearly linked to the Strategic Risk Register and Corporate Risk Register.
- improve the active engagement from all attendees to the Committees. further promote our culture of openness and transparency.
- ensure consistency in membership and attendance.
- review the performance scrutiny role of Committees.
- create more time for ongoing review and reflection.
- clarify roles and responsibilities for all those attending Committee meetings.
- clarify delegation and escalation arrangements particularly in areas of overlap with other Committees.

### c) High Performing Board Criteria

At the February 2020 Board Development session, Board members considered the development of a High Performing Board model.

Future developments of the High Performing Board model will include the Board undertaking a self-assessment of its own performance, an externally facilitated development session to review the outcome of the self-assessment exercise and the development of an annual Board development programme to meet the needs of an ever-evolving landscape. Due to the ongoing work relating to the COVID-19 response, this work will be concluded later in 2020/21.

### d) Chair's Appraisal with the Minister

The Chair of the Board undertakes an Annual appraisal with the Minister, including setting objectives at the beginning of the year, mid-year review of performance against these objectives, and a year-end appraisal on the year's performance.

### e) Public Health Wales Chair's review led by the Vice Chair

Between April and June 2019, an internal review was undertaken of the Chair's performance by the Vice Chair. This process was established in 2019 and will be repeated annually. It provides an opportunity for effective appraisal of the Chair at Board and Executive level and is in addition to the review held by the Minister for Health and Social Services.

### f) Chief Executive Appraisal

The Chief Executive undertakes an Annual appraisal with the Chair of the Board, including setting objectives at the beginning of the year, mid-year Review of performance against these objectives, and a year-end appraisal on the year's performance. The Chief Executive also has an end-of-year review with the Chair and the Director General for Health and Social Services and NHS Wales Chief Executive consistent with the Accountable Officer designation.

### g) Non-Executive Director appraisal with the Board Chair and Executive team appraisals with the Chief Executive

The Chair of the Board undertakes a bi-annual review of the performance and personal development of Non-Executive Directors. The Chief Executive does the same with the Executive team. The process of appraisal for both groups includes objective setting, a mid-year review and an end of year review. The Chair also meets with each Executive Director to discuss their Board member role on an annual basis.

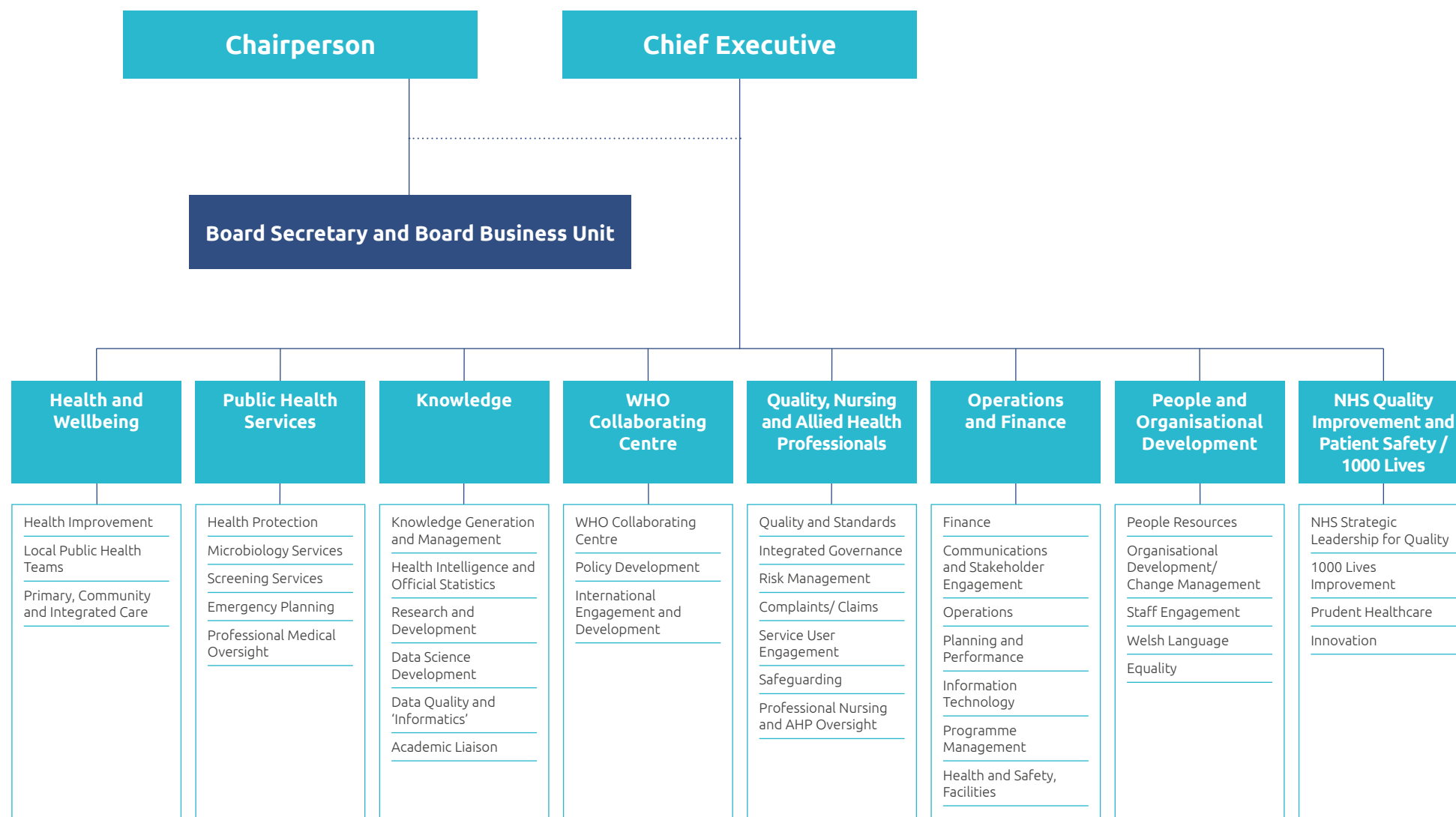
## 2.3.6 Executive Team and Directorate Structure

The Executive team comprises of the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. Figure 2 shows the Executive Team and Directorate Structure in operation during 2019/20.

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, and Executive Team meetings and at various operational team meetings across the organisation.

The form of Executive Team meetings changed in March 2020 as a result of the COVID-19 pandemic, please see section 2.1 (Impact of COVID-19) for further details.

**Figure 2: Executive Team and Directorate Structure in operation from 1 April 2019**



### 2.3.7 Board Development Sessions

The Board has considered its effectiveness and ongoing development throughout 2019/20. During the year, the Board undertook a number of development sessions, topics included the following.

#### a) Value, Impact and Measurement

The Board undertook a session that provided an overview of the work to focus the organisation on the delivery of improved outcomes for the people of Wales and discussed how the Board plays a pivotal role in overseeing delivery of the strategy.

#### b) Outcome Measures

At this session the Board received an update on the work to develop key outcomes, the approach adopted and progress made to date and considered the adoption of three 'system level ambitions' to progress against the long-term strategy.

The session provided an opportunity for the Board to consider a framework, which has shaped the approach of the work going forward.

#### c) Public Health Wales – a Learning Organisation

The Board undertook a session to reflect on the findings of the '*Review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*' (November 2020) and what this means for us in continuing our journey as a learning and improvement organisation.

The Board reflected on the:

- high level themes from the recommendations arising from report and how they may apply to us
- types of assurance we currently have in place
- definition of a learning organisation and understanding how that can be applied in a public health context
- high performing organisation /Board.

The Board considered an overview of quality improvement methodology, some case studies and a proposal to move the work forward within Public Health Wales.

#### d) Managing for Quality

In this session, the Board discussed how approaches to managing for quality could support us in continuing our journey as a high performing organisation and in response to the emerging Quality and Engagement (Wales) Bill and Welsh Government Quality and Safety plan.

#### e) Mortality and Life Expectancy Trends

The session included a presentation identifying the declining position in relation to mortality and life expectancy trends in Wales; including the significant changes in trends in mortality and life expectancy in Wales and internationally since 2010/11, our knowledge base and gaps, and learning from other Countries.

The Board agreed that there was need for further work, underpinned by rapid, dynamic and accessible data and a clear set of research questions.

#### f) Population-Based Screening Programmes in Wales

The session included a presentation session on the 'Life course of a population based screening programme to reduce the burden of disease' followed by a specific session focussing on 'Improving uptake and reducing inequalities within Bowel Cancer screening'.

The Board considered how we could further reduce the inequality of uptake. There was strong support to take a risk-based approach to prioritising resources to reduce the inequality in the uptake of screening programmes. The Board strongly supported this, acknowledging the need for discussions with Welsh Government in relation to the impact on the current performance indicator and measurement system.

#### g) Behaviour Change

This session introduced the ongoing work to integrate behavioural science into the work of the organisation by:

- explaining the importance of behavioural science and behavioural intervention in public health practice
- sharing the development and implementation of our behavioural analysis approach within the 10 Steps to a Healthy Weight Programme.

#### h) Safeguarding and Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (VAWDSV)

This session provided the Board with a refresh of their roles and responsibilities with regard to ensuring they are effectively discharging their Safeguarding and VAWDSV legislative duties.

## 2.4 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 summarised below:

### 2.4.1 Deep Dives

The Board has undertaken a number of deep dives, aiming to provide a detailed look at specific areas of the organisation:

#### a) Recruitment

The Board received a deep dive into Recruitment, noting the vital links between recruitment and delivery of our Long Term Strategy, People Strategy and the Workforce Plan. The Board reflected on the work underway, which underpinned the Strategic Plan and People Strategy and sought assurance on the required recruitment in the first quarter for 2020-21 as a critical element to enable delivery of the operational plan.

The Board considered and discussed the need to develop in the following areas.

- a strategic approach at an international level, and the effect of the uncertainty around the UK's position on migration on European / international recruitment efforts
- the need to strengthen links to education establishments, noting the investment in the graduate scheme
- establish links to new markets for recruitment, as well as ensuring Public Health Wales retains those who train in Wales.

#### b) Strategic Priority 3 – Promoting Healthy Behaviours

The Board noted the complexity of the topic, and that delivery was dependent, in large part, on partnership working with others. The Public Health Wales system leadership role involved advocacy, including the provision of strong and meaningful evidence.

The Board reflected on what success looked like for Public Health Wales, referencing the potential for the system of measurement. The need for a creative approach to recruitment, optimum working with academia and a proactive approach to data science and research was highlighted.

### 2.4.2 People Strategy 2020-2030

The Board contributed to the development of the People Strategy for the organisation at an early stage, discussions centred on projecting

the 2030 outcomes against each of the draft strategic themes and the strategic actions needed to deliver against those outcomes. This was a substantial piece of work that was led by the Executive Team and the People and Organisational Development team, together with teams from across the organisation.

The Board approved the People Strategy on the 23 January 2020 following consideration by the People and Organisational Development Committee at its meeting on the 2 October 2019.

### 2.4.3 Strategic Plan Approval for 2020-23

The Board approved the revised and updated 2020-2023 Strategic Plan (Integrated Medium Term Plan) which outlined the key roles, risks and deliverables and provided greater accountability against organisational ambitions. The strategic plan supports the delivery of the Long Term Strategy 2018-2030 '*Working to achieve a healthier future for Wales*', and provides information on how our medium term plans will contribute to our long term goals.

### 2.4.4 Self-Assessment – Quality Governance Arrangements

Following publication of the Healthcare Inspectorate Wales and the Audit Wales report titled '*A review of quality governance arrangements at Cwm Taf Morgannwg University Health Board*' (November 2020), the Minister for Health and Social Services requested that all Health Boards and NHS Trusts in Wales assess themselves against the recommendations and provide plans for future review of arrangements and/or a necessary action to be undertaken.

The self-assessment was informed by a range of corporate information sources, including internal audit report findings and evidence from Audit Wales 2019 Structured Assessment findings, together with other sources of assurance that could support the assessment such as internal or external reviews. Professional judgement also formed part of the assessment process.

The Board considered the Self-assessment of Current Quality Governance Arrangements report, and reflected on their substantive contribution to the self-assessment report submitted to Welsh Government in January 2020.

The Board noted that the Audit and Corporate Governance Committee, and Quality, Safety and Improvement Committee would take forward ongoing monitoring arrangements.

#### 2.4.5 Tuberculosis update and Escalation framework agreed

The Board received regular updates on the Tuberculosis Outbreak in Llwynhendy, which included the governance and assurance arrangements in place, the revised outbreak escalation framework, communication and the internal process of reflection and learning. At the request of the Chief Executive, a rapid internal review of the outbreak was conducted by the Executive Director of Public Health Services, supported by a Non-Executive Director. The Executive and Board subsequently chose to commission an external review of the outbreak and did so in agreement with the Hywel Dda University Health Board, who were responsible for the clinical aspects of the care pathway. The panel members for the review have been appointed and the review has been paused due to the COVID-19 pandemic and will be concluded as soon as is practically possible. The response to the outbreak has continued.

#### 2.4.6 Strategic Equality Objectives

The Board considered the draft Strategic Equalities Objectives in July 2019 contributing prior to the objectives being published for public consultation.

Following consultation, the objectives were considered by the People and Organisation Development Committee in February 2020, and will be considered by the Board in due course.

#### 2.4.7 Building a Healthier Wales

In meeting the challenges and opportunities facing our population in Wales, a proposal was developed in 2019, to galvanise action across public, private and voluntary sectors, based on evidence-based priorities to create a managed shift to prevention and transform health outcomes in Wales.

The proposal, referred to as *Building a Healthier Wales*, forms the prevention element of *A Healthier Wales - our plan for Health and Social Care*.

This was approved by the Minister for Health and Social Services during 2019 and a multi-agency Strategic Coordination Group was established to drive the actions required to implement the priorities within *Building a Healthier Wales*. These priorities span the breadth of greatest impact to transform health and well-being in Wales through a focus on prevention and early intervention.

The priorities are:

1. tackling the wider determinants
2. ensuring the best start in life: optimising our early years
3. enabling healthy behaviours
4. minimising the impact of clinical risk factors and the burden of disease
5. enabling transformational change.

The Building a Healthier Wales work has been paused due to the system-wide response to COVID-19 and will be reconvened as soon as is practicable.

The Board received a number of updates throughout the year about Building a Healthier Wales recognising the organisation's role as a system leader in this work.

The Board also reflected on the engagement with Cymru Well Wales and the early success of securing investment for prevention and early years.

#### 2.4.8 Partnership Working

The Board has undertaken a number of presentations and discussions relating to strategic partnerships including:

##### a) Sport Wales

The Chair and Chief Executive of Sport Wales joined the Board and discussed the alignment between Sport Wales and Public Health Wales strategies, reflecting the Future Generations agenda to improve the physical and mental wellbeing of the population. The discussion emphasised the importance of the partnership with Sport Wales (and Natural Resources Wales) and the role that the partnership plays in the delivery of significant aspects of our strategy.

##### b) Older People's Commissioner

The Older People's Commissioner joined the Board to discuss areas of joint interest with Public Health Wales, including the alignment of the aging well agenda with Public Health Wales' Strategic Priority influencing the wider determinants of health.

The emphasis of the discussion was on celebrating older people's contribution to society, the need for long-term infrastructure planning in both urban and rural areas, balancing the need to manage processions and indicial assessment of risk, gender inequalities in older age and measurements of happiness and satisfaction in older age.

### c) South Wales Police

The Chief Constable of South Wales Police discussed with the Board the joint partnership and working agenda between the Police and Public Health Wales, highlighting the all Wales partnership working, the benefits being accrued from the Early Action Together programme and the opportunities presented by the Home Office sponsored work around violence prevention and reduction. The effectiveness of the partnership approach was highlighted, particularly around civil contingencies, local resilience and the preparations for leaving the European Union.

#### 2.4.9 European Union Transition

Public Health Wales played a significant role in supporting the Welsh Government, and the wider system, in relation to the potential implications of the European Union Transition.

This included undertaking a Health Impact Assessment of the implications on health and well-being in Wales – the first of which was published in January 2019 and a subsequent updated version was published in September 2019. Similarly, direct support and resource was provided to the Welsh Government to enable the rapid contingency management arrangements across the NHS and social care. Internally, the organisation established business continuity arrangements in order to mitigate any direct impacts of leaving the European Union on the functions of the organisation.

The Board received an update on the European Union Transition at every meeting, and in the Board development sessions. The Board undertook several sessions to seek assurance in relation to Public Health Wales' and the wider health and social care systems preparedness. This included an overview to the Board on the key updates to the Brexit Health Impact Assessment, and considered the strategic and operational impacts of Brexit, particularly in a 'no-deal' scenario, on our plans and services. The Board used the strategic opportunities to inform discussions on how to implement the necessary transformation.

#### 2.4.10 Help Me Quit

The Board received a presentation on the progressive social marketing approach used as part of *Help me Quit*, which explained how this could have wider application for the use of progressive social marketing in other areas of the organisation. The Board considered the

constructive partnership working with S3 agency using marketing techniques for social good, the customer oriented approach which was adapted to suit customer needs and responded to trends; the transfer of skills across the two organisations and the alignment with the vision of the Future Generations Commissioner in respect of social marketing, digital technology and big data.

#### 2.4.11 Young Ambassadors

The Board had regular updates with our Young Ambassadors who added great value to Board discussion as well as events such as our Annual General Meeting. Working in partnership, the Young Ambassadors programme was launched at the Annual General Meeting in July 2019. During the year, Young Ambassadors and the Board have agreed a programme of work for 2020/21 onwards, which will include regular attendance at Board meetings from our Young Ambassadors. The new scheme was agreed in February 2020 and will be put in place in 2020/21.

#### 2.4.12 Novel Coronavirus (COVID-19)

The Board has been actively engaged with the developments of the Novel Coronavirus (COVID-19) since the reported outbreak in China in December 2019.

As well as understanding the global position and the changing landscape in Europe, the UK and Wales, the Board has received and scrutinised comprehensive briefings on the actions taken to date in relation to the outbreak.

Following the developments in January and February with a confirmed case in the UK and then Wales, the Board continued to receive comprehensive updates and spent considerable time discussing the strategic issues to support our response. At a Board meeting in February, the Board approved the mobilisation of the organisation to respond to COVID-19.

The Board continues to receive regular updates on the progressive situation with the response to COVID-19 and has itself, followed the national guidance taking measures to enable the Board and Committees to continue to operate remotely, with reduced agendas focusing on statutory and core assurance roles.

A number of changes were required to the Board's way of working which are summarised below:

- A Chair's Action was taken on behalf of the Board to approve that the Board meeting on

the 26 March be run via electronic / telephony means and not be held in public

- At its meeting in March 2020, the Board approved a number of interim governance arrangements resulting in variations to the Standing Orders and other statutory requirements. The papers are available on the website [here](#). The Board also noted there would be an interruption to the delivery of some of our statutory functions.

### 2.4.13 Private Board Sessions

The Board held a Private Board session at the end of every public session in 2019/20 to consider business of a confidential nature. A large proportion of time in private session was spent considering aspects of significant issues such as Tuberculosis Outbreak in Llwynhendy and the Novel Coronavirus (COVID-19).

## 2.5 Board and Executive Team Membership

The Board is 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 constituted with Non-Executive and Executive Directors.

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 although do not have voting rights.

### 2.5.1 Departure and appointment of Non-Executive Directors

Since July 2018, there has been a full time Non-Executive Director (Generalist) vacancy. As an interim arrangement, Dyfed Edwards, who was fulfilling a 0.5 role, took on the full time role from 1 July 2018. Following a successful recruitment exercise, Dyfed was appointed to a substantive full time post from 3 December 2019. This appointment resulted in a job-share vacancy for the Local Authority role (which Dyfed had previously filled).

Shantini Paranjothy, Non-Executive Director (University) completed her term of office on the 31 March 2020.

Professor Stephen Palmer has continued as Non-Executive Director on an interim basis to cover the vacant position (Public Health). This interim arrangement will remain in place until a substantive post holder is appointed.

On 23 March 2020, the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of suspension, a recruitment process was in progress to recruit the three positions:

- University Role (Vacant as of 31 March 2020)
- Local Authority 0.5 role (Vacant as of 3 December 2019)
- Public Health Portfolio (Stephen Palmer continues to fill on an interim basis)

The recruitment for the University and Public Health portfolio posts are planned to recommence in July 2020, pending approval from the Minister responsible for Public Appointments. The Local Authority 0.5 post will recommence at a later stage; this will kept under review as the public health response to COVID-19 develops.

### 2.5.2 Board Succession Planning

Succession planning has been actively considered during the year and following the review of Board skills, skills required for the future and appointment terms, the recruitment campaign as referred to above was launched.

We have a clear timetable of appointment terms and actively monitor this on an ongoing basis to ensure the Board has the appropriate skills and appointments in place as required to meet the needs of the strategic direction of the organisation as well as comply with our Standing Orders and Regulations.

### 2.5.3 Senior Staff Appointments and Departures

The current Executive Team structure has been in place since 1 April 2019. There have been the following changes in post holders during the year:

#### Executive Director of Health and Well-being

Jyoti Atri was appointed as Interim Executive Director of Health and Well-being from 25 February 2019 for a 6-month period pending recruitment of a permanent Executive Director for this position.

Following an unsuccessful recruitment campaign to the Director post, Jyoti Atri has continued to fulfil this role on an interim basis. The permanent Director role will be re-advertised at a later date taking into account the current pandemic.

#### **Transitional Director of Knowledge**

Sian Bolton was appointed Transition Director – Knowledge in April 2019.

Following an unsuccessful recruitment campaign to the Director post, Sian Bolton has continued to fulfil this role on an interim basis. The permanent Director role will be re-advertised at a later date taking into account the current pandemic.

#### **Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru**

As at 1 April 2019, John Boulton was the Interim Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service until 31 August 2019 on secondment from Aneurin Bevan University Health Board.

On 1 September 2019, John Boulton was appointed as the substantive Director for NHS Quality Improvement and Patient Safety/ Director Improvement Service / Improvement Cymru following a recruitment campaign.

#### **2.5.4 Staff Representation at Board and Committee Meetings**

Union representatives are invited to all Board, Board Development and relevant Committee meetings throughout the year. Union representatives are encouraged to play a full and active role in Board discussions, the Board recognises the important role of Unions in contributing to our organisation.

We have continued to engage with all Unions and representatives on the Staff Partnership Forum to encourage greater staff representation at Board and Board Committee meetings.

#### **2.5.5 Board Diversity**

The Board recognises the importance of ensuring a diverse range of backgrounds, skills and experiences to add value to the Board discussions and decisions.

For the 2019/20 period, the Board had a gender balance of 66% female, 34% male. 17% of members were from a Black and Ethnic Minority background, 0% declared a disability. One Board member is a fluent Welsh speaker and further two are advanced learners.

The Board is very committed to enhancing diversity and ensuring an appropriate range of skills and experiences to fulfil its role, more work will be undertaken in 2020/21 to consider how our diversity can be further enhanced.

### **2.6 Board Committees**

During 2019/20 five standing Board Committees were in operation, chaired by Non-Executive Directors. The Committee have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

The Board established the Knowledge, Research and Information Committee during 2018/19, with its first meeting held in April 2019.

With the exception of the Remuneration and Terms of Service Committee, papers and minutes for each meeting are published on our [website](#). Private sessions of the Committees are held as required to receive and discuss sensitive or protected information.

The Committee Chairs report to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention.

Each committee 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. They also provide an additional opportunity to raise any areas that require the Board's attention.

We have not established a Charitable Funds Committee, as we do not have our own charity. We do 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.

### 2.6.1 Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee met five times during 2019/20 and was quorate on all five 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 2019/20**

Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Annual Quality Statement				
Annual Quality Statement				✓
Environmental Sustainability Report				✓
Quality and Impact Framework			✓	
Declarations of Interest			✓	
Freedom of Information				✓
Performance Management, Monitoring and Reporting				✓
Welsh Risk Pool				✓
Management of Contracts			✓	
Management of Alerts		✓		
Management of Vacancies			✓	
Personal Development / My Contribution		✓		
Board and Committees				✓
IT Review - Datastore			✓	
Risk Management			✓	
Core Financials				✓
Long Term Planning			✓	

In 2018/19, there were no limited assurance reports, as such there were no follow up reports in 2019/20.

During 2019/20, there were two limited assurance reports issued relating to the Management of Alerts and Personal Development/ My Contribution. Management Actions have been accepted for both reports with internal action plans being put in place. The actions will be followed up and reviewed in 2020/21 by both Internal Auditors and the Audit and Corporate Governance Committee.

All internal audit reports, including the two limited reports can be viewed on our website within the [Audit and Corporate Governance Committee section](#). Internal Audit Reports are contained within individual Committee meetings.

Internal audit work was planned but not started in the following areas, due to the relevant staff being mobilised to support the response to COVID-19:

- Workforce Planning
- Directorate Review (Diabetic Eye Screening Wales)
- Incident Reporting.

NHS Wales Shared Services Partnership carried out a number of functions on behalf of Public Health Wales. Including the internal audit function, procurement support, people and organisational development activities and legal advice.

The Audit and Corporate Governance Committee received reports from the internal audit function, which provide it with assurance that these functions are efficient and cost effective. We also have 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 Committee also receive reports relating to procurement services to assure the Committee that it was operating in line with the requirements of the Standing Financial Instructions.

Audit Wales (AW) provided the Committee with regular progress reports on external audits and monitored progress against recommendations:

#### **Audit Wales Structured Assessment**

The Committee considered the Structured Assessment report from Audit Wales (AW), noting the positive report with no recommendations for improvements made.

#### **Financial Statements Memorandum**

The Committee received the Financial Statements Memorandum from AW, noting that the organisation had an effective closedown process, which resulted in an unqualified opinion on the Financial Statements.

#### **AW Annual Report 2019**

The Committee received the AW Annual Report for 2019 summarising the audit work undertaken during 2019, and noted that it was a positive report.

#### **AW Implementing of the Wellbeing of Future Generations Act**

The Committee received the AW Implementing of the Wellbeing of Future Generations Act, noting it was a positive report that outlined the positive ways in which we have changed our ways of working.

The Committee also received the following **standing items**:

- From August 2019, the Committee agreed to receive a quarterly update on the **Financial Performance** of the Organisation, discussing and reviewing the achievement of efficiency savings
- **Procurement report** and **Losses and Special Payments** to assure the Committee that these was taken in line with the requirements of the Standing Financial Instructions (SFIs)
- **Counter Fraud Progress Report**
- The Committee received briefings on the **Impact of leaving the European Union** on the organisation, and the preparedness work to mitigate potential business continuity / and or emergency planning incidents that may occur. The Committee reviewed the priority areas of work, and received assurance that individual risks would be managed via the organisation's risk register.

A report on the **Joint Working Framework** from the Board Business Unit provided assurance that effective progress was being made to ensure that all memoranda and agreements were being developed in line with this framework.

The Committee considered a paper providing assurance on the implementation of the **Declarations of Interest, Gifts, Hospitality and Sponsorship Policy and Procedure**.

The Committee considered a report providing assurance of the organisations compliance against

the **Corporate Governance in Central Governance Departments: Code of Practice 2017**.

In addition to the Quarterly update on **Counter Fraud**, the Committee also received the following Counter Fraud Reports:

- Annual report 2018-20
- Counter Fraud Self Review Tool 2018-19
- Counter Fraud Work Plan 2019-20.

The Committee also approved the Reporting damage or loss to personal property **Policy and Procedure**.

The Committee received the **Strategic Risk Register (SRR)** at meetings and has oversight of those elements of the SRR falling under the remit of the Committee. It also received the SRR and **Corporate Risk Register** in its entirety in order to seek assurances that the risks are being effectively managed and that the controls that are in place are adequate and fit for purpose. The Committee discharged its role to scrutinise 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 last meeting of the year was held on 19 March 2020. Due to the ongoing issues for the organisation in responding to the COVID-19 outbreak, the meeting was held electronically.

### 2.6.2 Quality, Safety and Improvement Committee

The Quality, Safety and Improvement Committee met four times during 2019/20 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. Following the implementation of the new Committee Structure in April 2019, Information Governance and Information Security were no longer within the remit of this Committee, transferring to the newly established Knowledge, Research and Information Committee.

At each meeting, the Committee received a **service user experience 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.

In November 2019, the Committee approved the **Quality and Clinical Audit Plan 2019/20**, following improvements identified by the Committee on its first consideration of the plan in August 2019, relating to increasing the representation of audits across the breadth of the organisation. 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 undertook further scrutiny of the following areas during 2019/20:

- Update on the **Flu Campaign**, receiving assurance on the delivery of the 2018/19 campaign, noting the take up rates exceeded the Welsh Government target of 60%, and that there was a robust programme evaluation in place which would continue to improve on this success
- The **Annual Quality Statement** report, recommending it to the Board for approval
- The **Quality and Engagement (Wales) Bill** – contributing to the feedback that was submitted on behalf of the organisation to the Welsh Government
- **Microbiology Stabilisation** update – making recommendations to the Board that it consider the vision statement, model proposed and risks and benefits in more detail
- **Bi-Annual Review of Policies** – it is within the Committees remit to receive assurance on the prioritisation and progress being made to review policies, procedures and other written control documents
- **Audit of Lessons Learnt from Complaints** Report - noting that further progress was underway to ensure the effectiveness of the management of complaints which would be further considered by the Committee
- **Update on the Quality and Impact Framework** - focusing on the work underway to deliver improvements on the Quality and Impact framework, requesting further clarity on the complexity of the relationships between the organisation's work streams on outcomes, transformation and quality, which was to be provided to the Board

- **Update on the arrangements for Medical Devices** - focusing the discussion on the work to strengthen arrangements for the management of medical devices as part of the improvement work on integrated governance arrangements more broadly
- **Draft Quality and Improvement Outline Plan** - consideration of the plans in place to develop the next Quality and Improvement Strategy
- The **framework for assuring service user experience** - noting the further planned work to meet the aspirations of the organisation for service user experience to be embedded more and routinely collected as a matter of course.

The Committee also received the following **Deep Dives and Service User Experience Stories**:

- **Health Protection Deep Dive** receiving assurance that the Acute Health Protection response services were being delivered safely and effectively and to expected quality standards
- **Cervical Screening Deep Dive and Service User Experience story** - The focus was on the methods to improve engagement and uptake of screening services within the community, including social media campaigns and service user engagement and feedback
- A deep dive and service user experience update on the **First 1000 Days** programme
- A deep dive service user experience on **Bowel Screening Wales**, noting the levels of screening uptake, seeking assurance that the service had plans in place to actively improve uptake
- A deep dive and progress update on the **Wales Abdominal Aortic Aneurysm Screening Programme**, with the focus on their key achievements, challenges, risks and future progression within the service. Alongside this was a service user experience story from within the programme
- A deep dive and progress update on the **Welsh Network of Healthy School Schemes**. Alongside this was a service user experience story from within the Programme. The Committee noted its concerns in relation to how value for money could be demonstrated without robust evaluation in place.

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

- **Putting Things Right Report** - an analysis of incidents, complaints, claims and compliments to identify trends, themes and lessons learnt. At its meeting in February, the Committee considered a presentation of the Draft Quality Assurance Dashboard which would develop the level of assurance and information provided to the Committee in the future
- An update on **claims** was received in private sessions of the Committee due to the sensitivity of the information
- Updates on the **alerts management system**, receiving assurance that the system was effective and working appropriately. The Quality, Safety and Improvement Committee received the alerts management system paper at its meeting in February 2020 for the 2019/20 period. Since then, the final report of the Internal Audit review into the Management of Alerts was issued, and received a limited assurance rating. This Internal Audit Final report was reported to the Audit and Corporate Governance Committee at its meeting on 19 March 2020 and will be received and considered by the Quality, Safety and Improvement Committee in May 2020. All management responses have been completed other than one, which is due to be completed in June 2020.

The Committee received **Annual Reports** covering the following areas: Corporate Safeguarding; Putting Things Right; and Infection, Prevention and Control. The Committee also received the Healthcare Inspectorate Wales Annual Report, referring to the specific section for Public Health Wales.

All **serious incidents** reported within Public Health Wales were reviewed by the Committee. For each serious incident, the Committee queried what lessons had been learnt and reviewed the action plan, which detailed the improvements made consequently. *(Further information on serious incidents are provided in section 9.3 of this report)*

The Committee approved the Infection, Prevention and Control **Policy** and Decontamination **Policy and Procedure**.

The Committee received the relevant extract of **Strategic Risk Register (SRR)** at meetings in addition to the relevant extract of the Corporate

Risk Register. The Committee recognised the importance of the SRR and agreed that it be reviewed earlier on the agenda of each meeting in order that members could highlight any areas that require additional information in order to gain appropriate assurance.

### 2.6.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2019/20 and was quorate on all four occasions.

The People and Organisational Development Committee assists the Board in discharging its functions in meeting its responsibilities with regard to workforce issues. The Committee is responsible for seeking assurances on all aspects of this including people strategies and plans, workforce planning, organisational development implications, culture, health safety and welfare, equality, diversity and human rights and Welsh language provision.

A summary of the key items received by the Committee in 2019/20 included:

- Staff Experience Story from the Staff Flu Campaign 2018/19
- Progress updates on **staff engagement** and an action plan of priority areas in response to 2018 Staff Survey
- Reviewed the **Health and Safety Group Terms of Reference** and took assurance that appropriate governance and operations measures were in place to ensure the effective functioning of the Health and Safety Group, which reported into the Committee
- **Managing Attendance at work** update, and the effective management of this in line with the new All Wales Managing Attendance at Work Policy
- **Partnership Forum Update** and adopted the Partnership Forum's Terms of Reference following review
- Support for higher-level learning and the **Quality and Career Framework** for health care support workers. The Committee received assurance on the variety of training options for new and existing staff and that learning and development of staff was a priority
- The achievement of the Gold Health, Well-being and Corporate Health Standard
- Endorsed the work being undertaken relating to **'Becoming an Organisation of Sanctuary'**
- **Training and Development** update report
- Bi-Annual updates on progress with the implementation of the **People Strategy**
- An update on the Task and Finish Group activity in response to the Audit Wales Report on **'Collaborative Arrangements for Managing Local Public Health Resources'**, and received assurance on the continued people activity in response to the Audit Wales Report.

### Audit Wales Reports

The Committee was remitted oversight of the embedded framework and consultant engagement resulting from the Audit Wales **Review of Consult Contracts** in January 2019. The Committee received the update against the action plan, noting challenges around job planning, and a summary of activities.

The Committee receives People and Organisational Development **updates from directorates** on a rolling programme:

- **Health and Wellbeing Directorate** – discussed talent succession planning, Masters level progress and the funding resources available, and the Audit Wales review into collaborative arrangements for managing local public health resources action plan
- **Operations and Finance Directorate** update along with a **staff experience story**, focusing on the different methods of engagement and feedback within the Directorate, and the reflections of a new starter in the service area
- **Public Health Services Directorate** update, alongside a Staff Experience Story from the **Environmental Health Protection Team**;
- **Staff Experience Story** 'My Journey to Public Health' from a member of staff from the Health Foundation Project, provided insight into her initial experience of joining Public Health Wales, including integration of new starters into the multifunctional workspace
- **Staff Experience Story** from the Staff Flu Campaign 2018/19, the Committee recognising the added engagement and inclusion of staff across office sites.

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

- **Health and Safety Report** – the Committee received quarterly updates from the Health and Safety Group and received assurance on progress against the Health and Safety NHS Executive Action Plan. This report was supplemented by the Health and Safety Risk Register (*Further information on Health and Safety is contained section 6 of this report*)
- **Welsh Language Standards** (Healthcare) update – this update focused on implementation progress against the standards. (*Further information on the Welsh Language is contained section 9.2 of this report*)

The Committee has 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 and approved the Strategic Equality annual report 2018/19. The Committee also considered improvements to Public Health Wales' position in the Stonewall Equality Index. The Committee also considered the draft Strategic Equality Plan and Objectives 2020-2024 and recommended to the Board for approval. (*Further information on equality is provided in section 9.1 of this report*)

The Committee approved or adopted the following **policies and procedures** during 2019/20: Flexible Working Policy and amendments to the All Wales Managing Attendance at Work Policy.

The Committee received an update on staff **disciplinary cases** and the lessons learnt during private sessions of the Committee.

The Committee received **Annual reports** covering:

- Health and Safety Annual Report including the Health and Safety Risk Register
- Revalidation and Appraisal annual report: Public Health Wales consultants, nurses and allied health professionals
- Annual Equality Report 2018-19
- Approved the Gender Pay Gap Annual report
- Registration of Public Health Wales Nurses.

The Committee received the relevant extract of the **Strategic Risk Register** (SRR) at each meeting in addition to the **Corporate Risk Register**.

## 2.6.4 Knowledge, Research and Information Board Committee

In order to effectively discharge its responsibilities in overseeing the implementation of the new Long Term Strategy, 2018 – 2030 (and associated new strategic priorities), the Board approved the establishment of a new Knowledge, Research and Information Committee. The new Knowledge Directorate was established from 1 April 2019.

The role of this Committee is to provide advice and assurance to the Board in relation to the quality and impact of our knowledge, health intelligence and research activities and the data quality and information governance arrangements in the organisation. This Committee therefore took over the scrutiny and assurance of the information governance aspects previously received in the Quality, Safety and Improvement Committee.

The Knowledge, Research and Information Committee met four times during 2019/20 and was quorate on all four occasions.

Some of the key items received by the Committee in 2019/20 included:

- **Official Statistics update report**, providing assurance on the organisations management of statistics, and approved a voluntary compliance statement for statistical products not yet released as official statistics
- **Research and Evaluation Strategy**, including its implementation plan, agreeing how the Committee would review the achievement of key milestones and targets within the three year strategy
- Report on the **Research Governance** for Public Health Wales
- Research and Evaluation Annual Highlights report
- Outcomes of the independent Audit on compliance within the **process for applying for research permissions** within Public Health Wales
- **Evaluation and Impact** Annual Update, providing a good baseline understanding of evaluation and impact across the organisation.

The Committee also received the **Information Governance Performance Report** on a quarterly basis, providing a consolidated view of the performance of the Information Governance Management System, reflecting the breadth and

depth of information governance issues across the organisation.

The Committee also received the following **Deep Dives and Service User Experience Stories**:

- **World Health Organisation Collaborating Centre** – detailed consideration of the governance structures of the centre, the progression of activities providing assurance on the establishment and progression of this in line with organisational strategic priorities and objectives
- **Knowledge Mobilisation (Evidence Guide)** deep dive and Service User Experience Story from the Health Improvement division, recommended to the Board to adopt the principles within the evidence guides to govern evidence reviews and used within the organisation
- **Health Intelligence deep dive** into the evidence service, identifying the need to develop the organisations matrix working approach to progress integrated working
- **Health Experiences of Asylum Seekers** Service User Experience Story providing insight programme with Swansea University. Focus of the discussion was on the collaborative approach with the third sector partners, and how impact was measured
- **Research Partnerships Fund** Deep Dive, the consideration was focused on the management of the fund, its relationship with the wider organisation and alignment with strategic priorities
- **Data Quality Management** deep dive for understanding, highlighting the organisations dependence on accurate data and the need to undertake a baseline audit
- **Academic Relations** deep dive for understanding, focusing on the organisational wide approach being taken to build and embed staff research capability to the heart of the new People Strategy, and the development of a revised model of honorary contracts
- **Clinical Research Time Awards** Service User Experience Story, noting the positive and practical outcomes for public Health and service users in the examples discussed, and highlighting the excellent work carried out through these awards.

The Committee approved the Research and Misconduct **Policy and Procedure**.

The Committee received the **Cyber Security Annual Report**.

The Committee received the relevant extract of **Strategic Risk Framework (SRR)** at each meeting in addition to the relevant extract of the **Corporate Risk Register**.

### 2.6.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met seven times during 2019/20 and was quorate on six of those seven occasions. On the one occasion the committee was not quorate, the decisions taken were ratified at its next meeting and by the Board.

The role of the Committee is to approve, and provide assurance to the Board on matters relating to the appointment, termination, remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government in accordance with the scheme of delegation.

The Committee also approved proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

The matters approved by the Committee were ratified by the full Board up to and including the Board meeting on the 30 November 2019. At the November Board, the terms of reference for the Committee were amended meaning a number of decisions made by the Committee in the future, would not require Board ratification. The Remuneration Report provides relevant information regarding the matters considered by the Committee during 2019/20.

### 2.6.6 Board and Committee meetings held during 2019/20

Figure 4 outlines the dates of Board and Committee meetings held during 2019/20. With the exception of one Remuneration and Terms of Service Committee meeting, all of our Board and Committee meetings were quorate during this period. Escalation arrangements are in place to ensure that, in the event of a committee not being quorate, any matters of significant concern are brought to the attention of the Chair of the Board.

**Figure 4: Board and Committee Meetings 2019/20**

<b>Board/Committee</b>										
<b>Board meetings</b>	29 May*	30 May	22 Aug	25 July	26 Sept	28 Nov	23 Jan	20 Feb (Private Session)	28 Feb (Private Session)	26 Mar**
<b>Board Development sessions</b>	25 Apr	27 June	22 Aug	31 Oct	12 Dec	20 Feb				
<b>Audit and Corporate Governance</b>	1 May	29 May	25 Sept	15 Jan	19 Mar					
<b>Knowledge, Research and Information</b>	17 Apr	24 July	9 Oct	6 Feb						
<b>Quality, Safety and Improvement</b>	16 Apr	6 Aug	12 Nov	11 Feb						
<b>People and Organisational Development</b>	24 Apr	3 July	2 Oct	27 Feb						
<b>Remuneration and Terms of Service</b>	27 June	22 Aug	31 Oct	12 Dec	23 Jan	27 Jan	26 Mar			

\* Extra-ordinary meeting held to approve the Welsh Language Standards submission

\*\* This meeting was an open meeting of the Board, however due to COVID-19, it was not possible to allow the public to attend meetings of our Board and Committees from mid-March 2020.

### 3. 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 2020 and up to the date of approval of the annual report and accounts.

We use a Strategic Risk Register (SRR) system and process to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the Board and its committees.

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.

#### 3.1 Capacity to Handle Risk

As part of the planning process and development of the Long Term Strategy, which included full engagement with stakeholders, seven strategic risks were identified. Stakeholders continue to be engaged in managing these risks through performance review meetings with Welsh Government and Executive-to-Executive meetings with Public Health Wales and health boards. In March 2019, the Board approved the strategic risks that faced the organisation for 2019/20. In December 2019, an eighth strategic risk around data quality management was also identified this is currently in development.

The Board approved the Risk Management Policy in June 2017 and a supporting Risk Management Procedure in March 2018, which includes the requirement for an Annual Statement of Risk Appetite. The Statement for Risk Appetite was included in the [Annual Plan](#) for 2018-19. The Policy and Procedure are currently under review for re-issue in 2020/21.

Figure 5 outlines the key strategic risks together with the assessed risk scores (once existing risk control measures have been taken into account.)

**Figure 5: Public Health Wales Key Strategic Risks 2019/20**

Strategic Risk	Risk Score* Max Score 20
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 5x5 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 one to five, and then the two scores are multiplied to arrive at the final risk score (between one and 25 with one being the lowest). Further information can be found in the Public Health Wales [Risk Management Procedure](#).

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

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 offered to all senior managers who are expected to take on the responsibilities of risk owners. 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.

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 receive scrutiny at the Senior Leadership Team meetings on a rotational basis every month.

The Executive Team reviews the Corporate Risk Register at its regular business meeting, and the Strategic Risk Register (SRR) is also reviewed monthly in readiness for consideration at formal Board meetings.

The SRR is published on our [website](#) with the Board papers for Board meetings.

In January 2020, we received a reasonable assurance report from internal audit following an audit of the risk management system.

As the COVID-19 emergency developed and Public Health Wales moved into its enhanced emergency response level, the organisation moved swiftly to identify both strategic and operational risks. Ten new operational risks were added to the Corporate Risk Register and are currently under active management by Executive risk owners. These risks are primarily around delivering an effective response to the emergency, temporarily stopping existing activities and the welfare and availability of our workforce.

In addition, much discussion has been had at Board level on strategic risks, but with the evolving situation these have been kept under

constant review. There are two strategic risks that broadly cover our response to the emergency and our recovery from it. It is anticipated that the final versions of these risks with all of the requisite management details will be presented to the formal Board meeting in May for approval.

Another strand of risk management has evolved in the development of the Public Health Protection Response Plan. A comprehensive threat assessment was carried out and as a result one strategic and 10 operational risks have been identified. These are under active management on their own risk register as part of the programme approach to the delivery of the plan and are underpinned by a series of work-stream risk registers, where operational risks to the achievement of plan delivery milestones are managed.

The Board and Executive recognise that the risks that existed pre-COVID-19 still threaten the organisation and these are given appropriate management treatment, bearing in mind the need to prioritise activities and put appropriate resource into managing those risks that present the greatest threat.

## **4. Quality Governance Arrangements**

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

### **4.1 Quality, Nursing and Allied Health Professionals Directorate**

From the 1 April 2019, the Quality, Nursing and Allied Health Professionals (AHP) Directorate took over responsibility for integrated governance. This includes clinical, information and corporate governance. The team works closely with the Board Secretary and Head of the Board Business Unit who has responsibility to support the Board governance elements for the organisation. The directorate went through a re-structure during 2019/20 to reflect these new changes and is responsible for the following functions:

- Quality and Standards
- Risk Management and Information Governance
- Putting Things Right (incidents, complaints and claims)
- Integrated governance
- Service User Engagement

- Infection, Prevention and Control (internal-facing)
- Safeguarding (internal facing)
- National Safeguarding Team (external-facing)
- Leadership and support to the all Wales NHS agenda for Equality and Human Rights (external facing)
- Professional Oversight for Nursing/Midwifery, Health Care Scientists, AHP's and Healthcare support workers.

The Executive Director for Quality, Nursing and Allied Health Professionals (AHP) has the responsibility to lead, drive and continuously improve our systems, processes and arrangements for quality and elements of governance across the organisation. Also accountable for the professional oversight arrangements for nurses and midwives, Health Care Scientists, AHP's and Health Care Support Workers. 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 arrangements across the organisation.

Building on the work of the Quality and Impact Framework implemented between 2016 and 2019, and in light of the *Quality and Engagement (Wales) Bill* which is being progressed we are seeking to go to the next level of maturity in our approach to quality and improvement, through the development and implementation of a new Quality and Improvement Strategy. This will aim to support us in becoming a high performing organisation that achieves its strategic aims and optimises the quality of our services, functions and programmes.

We are in the process of developing our new set of Key Performance Indicators for 20/21 aligned to our strategic outcomes and will be refreshing our performance metrics considered through recognised domains of quality.

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.

These include:

- Service User Experience and Learning Panel
- Safeguarding Group
- Infection, Prevention and Control Group.

*(Further information on the Committees can be found in section 2.2.4 of this report.)*

As part of our development work in integrated governance, we will be reviewing the current arrangements and mechanisms which exist, to see how we can strengthen, improve and better integrate our approach in supporting the quality agenda going forward.

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 AQS 2019/20 will be published on our website no later than 30 September 2020.

For the second year running, we have supported the publication of a young person's AQS which led to the organisation holding a number of young person's residential events. We also extended our support for the Youth Summit by introducing a North Wales event. The North and South Wales Youth Summits were held and attracted over 160 young people aged between 11 to 23 years. The geographic representation was pan Wales.

Further work was undertaken to support seldom heard young people to attend and representation included young people from the following groups:

- LGBT, young carers
- Learning disability
- Looked after children
- Asylum seekers and refugees.

The Youth Summit offered the young people an opportunity to support developments in a range of Public Health agendas.

We also acknowledge that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements and over the coming year we will be focusing more on how we develop our integrated governance systems, processes and culture within the organisation.

## 4.2 Information Governance

We have 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. During 2019/20 the Knowledge, Research and Information Committee assumed responsibility on behalf of the Board for receiving assurances that the Information Governance system was operating effectively and having oversight of 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 Health Services/Medical Director performs this role.

The Senior Information Risk Office (SIRO) is the Executive Director for Quality, Nursing and Allied Health Professionals. 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 organisation to achieve a consistent and comprehensive approach to information risk assessment.

The Chief Risk Officer is also the Head of Information Governance and holds the formal position of Data Protection Officer as required by the General Data Protection Regulation 2016 (GDPR). This role has responsibility for implementing the management system that delivers our Information Governance requirements, and for ensuring compliance 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 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.

We have made great strides towards compliance with the requirements of the GDPR, which came into effect in the UK in May 2018 along with the new Data Protection Act 2018.

## 5. Health and Care Standards

The Welsh Government *Health and Care Standards* are the framework by which all NHS Wales organisations form the basis by which we can identify strengths and areas for improvement within the organisation. Our approach to the Health and Care Standards has been the subject of an Internal Audit report, for which we received a 'substantial' level of assurance. *(Further information on the Internal Audit Reports can be found in section 2.4.1 of this report)*

The processes are well embedded with Directorates/ Divisions undertaking 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 Directorate/Divisional self assessments and representatives of Internal Audit attended this event to observe the process being followed as part of their audit of the arrangements for Health and Care Standards. Directorates/ Divisions are expected to demonstrate that the standards are being applied and are met or exceeded on a continuous basis.

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 through the organisational performance arrangements. A collective organisational self-assessment report based on returns from the nine Directorates along with their self-assessment reports will be reported in due course. This has been delayed this year due to the impact of COVID-19.

## 6. Health and Safety

The Health and Safety Group is a sub-group of the People and Organisational Development Committee. The group provides advice and assurance to the People and Organisational Development Committee, the Board and the Accountable Officer. This includes whether effective arrangements are in place to ensure organisational wide compliance with the Public Health Wales Health and Safety Policy, approving and monitoring delivery against the Health and Safety action plan and ensuring compliance with the relevant Health and Care Standards for Wales. The group receives a single estates and health and safety report covering compliance,

risks, incidents and health and safety issues. This enables the group to concentrate on key issues or challenges and to identify any organisational risks that require escalating to the Corporate Health and Safety Risk Register.

In 2018/19 a number of actions were undertaken to strengthen the governance of health and safety issues. These have been implemented and further developed during 2019/20 including:

- Closing down the original Health and Safety Action Plan and establishing a rolling 5 year action plan that is monitored through the Health and Safety Group on a quarterly basis
- The Health and Safety Risk Register has been continuously monitored to ensure all risks on the register are reviewed and updated
- Maintenance of 100% compliance across our estate; asbestos; gas safety; legionella; fire and fixed wiring (5 yearly certificate)
- Works completed in Microbiology following capital funding being secured to improve microbiology laboratory environments, providing better welfare facilities for staff
- Health, Safety and Welfare approach developed for Public Health Wales.

Executive oversight is the responsibility of the Deputy Chief Executive/Executive Director Operations and Finance. At an operational level, the Head of Estates (Facilities) and the Health and Safety Team 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.

## 7. Long Term Strategy

Since the launch of our Long Term Strategy in 2018, we have been embedding new arrangements for managing our priorities. These have been developed to support our organisational transformation with a focus on improving how we collaborate across the organisation and work with partners. Each of our strategic priorities has a lead Executive Director and strategic priority groups are chaired by a member of the Senior Leadership Team. This is in line with our direction of travel towards a matrix style of working supported by mature governance and oversight mechanisms as well as monitoring the Public Health Outcomes

Framework measures we are seeking to influence. The overarching aim of each strategic priority group is to consider whether the work is on track to deliver the outcomes in the Long Term Strategy. The arrangements include responsibility for governing, and delegating our main priorities from our Executive Team to the strategic priority groups.

In summer 2018, we launched our Long Term Strategy '*Working to achieve a healthier future for Wales*'. We have undertaken significant work during 2019/20 to continue our 2030 Vision (Long Term Strategy). This has allowed us to focus on how we can best work with our partners to have the greatest effect on improving health and well-being and reducing health inequalities in Wales.

To achieve an overall transformational improvement in population health and well-being that we need in Wales, we recognised we need to move away from short-term thinking and have a longer-term strategic approach to how we will tackle public health issues effectively.

Our longer-term approach will:

- Deliver the most we can for the people of Wales
- Meet and exceed the requirements of the 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.

During 2019, we have continued our work to deliver on the seven priorities that were identified in the development of our Long Term Strategy. For 2020/21, we have committed to a programme to transform our enabling functions. We have identified eight areas where we intend to make improvements; underpinned by both Quality and our planned Quality and Improvement Strategy.

Our Quality and Improvement strategy will reinforce our organisational approach to delivering quality through new ways of working and transforming our enablers. This will enable continuous improvement across all areas of the organisation to achieve improved outcomes and impact, which is key to delivering our Long Term Strategy.

Over and above these improvement processes, we have drawn out three inter-related themes that are transformational:

- Adopting new ways of working
- Smart delivery using information and knowledge
- Prioritising our digital offer to improve outcomes.

In 2020, the organisation received a reasonable assurance rating from Internal Audit following a review of the Long Term Planning Process. *(Further information on the Internal Audit Reports can be found in section 2.4.1 of this report)*

For more information, the Long Term Strategy is available in [English](#) or [Welsh](#).

## 8. Our Strategic Plan (Integrated Medium Term Plan)

In January 2020, the Board approved our Integrated Medium Term Plan (IMTP) 2020-23 that was subsequently submitted to the Minister for Health and Social Services in March 2020 for approval.

Following a robust assessment, the IMTP was considered to be approvable, which stands us in good stead for the future and provides a baseline for future planning discussions. However, in light of the current COVID-19 challenges, the decision has been taken to pause the IMTP processes and allow all resources to be redirected to sustaining key services.

Until further review of the IMTP for 2020-23 by the Minister, the IMTP for 2019-22 remains in place, therefore satisfying the statutory duty for us to have an approved plan in place.

During the pandemic, we have developed implementation plans that focus on our role for COVID-19. The stage one plan covered the period May to June 2020, Stage 2 will cover June to August 2020.

Our refreshed plan is the final year in the current three-year planning cycle to deliver our new Long Term Strategy, which spans from 2018 to 2030. Building on a successful second year, it details the actions we will take over the next three years to continue our work towards the delivery of our new Long Term Strategy and how we intend to achieve our purpose of 'Working to achieve a healthier future for Wales'. Framed in the context of A Healthier Wales, the national

IMTP and Ministerial Priorities, it demonstrates how we will focus our efforts, through the delivery of our seven strategic priorities, on making the maximum difference to the health and well-being of our present and future generations.

Financial performance was in line with the approved IMTP and Public Health Wales NHS Trust has continued to meet its statutory financial duty to break-even during 2019-20.

Our Strategic Plan is refreshed on an annual basis through our business and strategic planning processes. Our new governance arrangements for managing our strategic priorities have been continuing to evolve and develop. This includes responsibility for governing and leading priorities being delegated from the Executive Team to ensure we remain on track with delivering our Long Term Strategy and planning for the future. A Strategic Priority Coordination Group has been created to provide collective oversight between the Strategic Priority groups and agree changes to the plan.

Draft versions of the Strategic Plan were discussed with the Executive Team and Board as part of the development process. The Strategic Priority groups have focussed on developing a set of outcome measures for their areas facilitated discussions and this process will continue during 2020 with the involvement of Non-Executive Directors. The Board also considered the financial position and budget strategy and reviewed the organisations strategic risks at a Board development session in January 2020. The Strategic Plan was formally approved by the Board in January 2020.

The Board actively managed our progress in delivering our plans as part of our performance management arrangements. During 2019/20, we continued to develop our integrated performance report which provides key information on our operational, people, quality and financial performance and now reflects our Strategic Priorities. 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 on the services that we deliver and that progress was being made against actions included in the Integrated Medium Term Plan. Further assurance has been gained from feedback of the Joint Executive Team

meeting between Public Health Wales and Welsh Government held at the mid year point.

We have identified performance as a key strand of our internal transformation to help ensure that we effectively deliver our long-term strategy. The vision of moving towards more timely and granular integrated performance information, subjected to robust analysis, is seen as key in enabling us to make effective decisions.

During 2019/20, we established a programme of work to help us implement our Performance Framework. This is focused around producing our monthly Integrated Performance Report utilising business intelligence tools and developing a small number of key performance indicators, which we will report to the Executive Team and Board.

This will provide us with more integrated and joined-up information that allows us to make effective decisions and understand how we are delivering against our Strategy and Plans.

As part of taking forward our Strategy a number of areas were identified including governance, planning, performance management, communication and engagement and organisational design. Based on the early work to progress these themes we recognised that this is moving us towards a programme of transformation. This will be a key element of our work for 2020/21.

The impacts of COVID-19, and the organisation's response to manage the incident, has meant that not all aspects of the Strategic Plan have been delivered from the end of February 2020. This is likely to continue well into 2020/21.

On the 28 February, the Board took the decision to approve the rapid mobilisation of staff across the organisation in support of the COVID-19 response. With the exception of maintaining microbiology and health protection services, screening services, communications and infrastructure services, responding to COVID-19 will be the sole priority for the organisation until further notice.

A revised performance report has been developed and was presented to the Board in April 2020 providing a summary of our performance in key areas of activity. The development of the organisational recovery plan will assist us in planning when and how those services that are either on hold or not fully active, will be resumed.

## 9. Mandatory Disclosures

### 9.1 Equality, Diversity and Human Rights

We are 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.

We have continued to fulfil the existing equality objectives set out in our Strategic Equality Plan 2016 - 2020 which was published in March 2016, but also have been out to consultation with staff and the public to identify and develop a new set of strategic equality objectives for the period April 2020 – March 2024. This will be published in 2020/21. 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.

In order to support the revised Strategic Equality Plan, an implementation plan is being developed. A Stakeholder Reference Group made up of external organisations who represent the different protected characteristics has also been set up to monitor and oversee progress being made towards achieving the objectives. Corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee. Progress against the actions in the Strategic Equality Plan are reported to the People and Organisational Development Committee regularly. *(Further information on the Committees can be found in section 2.2.3 of this report.)*

In delivering against this plan, a firm commitment was 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, we are about to publish our 2018-19 report highlighting progress so far. We have published a separate report 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.

We recognise that we need to continue 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. Work must also continue, to reduce inequalities. We are engaging more with people from protected communities to inform our work. In adopting this practice, we will develop strong partnerships with people from protected communities and learn from them and with them. We are committed to a number of workforce related initiatives and achieved Disability Confident Leader status in July 2019, and we are currently working on an assessment of our inclusion for Black, Asian and Minority Ethnic (BAME) staff. We are also a member of the Stonewall Diversity Champion Scheme, and were placed 100th out of 502 organisations taking part in the Workplace Equality Index; an increase of 73 places from our position last year, and saw us entering the Top 100 Employers in the UK list for the first time. This has shown extensive improvement, with further work planned to continue on our journey of inclusivity. Supporting such initiatives will move us forward as an organisation in terms of workforce diversity.

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

## 9.2 Welsh Language

We acknowledge that care provision and language go hand in hand. The quality of care provision, patient safety, dignity and respect may 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.

Over the past decade, we have worked hard to improve the availability, accessibility, quality and equality of our Welsh medium services by implementing our Welsh Language Scheme and *'More Than Just Words'*, the Welsh Government's strategic framework for Welsh language services in health, social services and social care. Our work to promote and develop the use of the Welsh language supports the Welsh Government aim to have 1 million Welsh speakers by 2050. We have reported progress internally to our Welsh Language Group, Executive Team, People and Organisational Development Committee

and Board. Externally, we have submitted Welsh Language Scheme Annual Monitoring Reports to the Welsh Language Commissioner and *'More Than Just Words'* progress reports to the Welsh Government's Department of Health and Social Services as part of our NHS Delivery Framework submission.

Our monitoring activities and reports have led us to the conclusion that there is still much to do to ensure that service users can access a full range of Welsh medium services without delay wherever they live in Wales. We have been subject to Welsh Language Standards (No. 7) Regulations since 30 May 2019. The standards, which have replaced our Welsh Language Scheme, have provided new impetus, focus and momentum to achieve our Welsh language obligations. We have a growing Welsh language team, a range of action plans, and *'Hwb'* - our Welsh language section on our staff intranet containing a variety of advice, guidance and practical tools. These support the implementation of the standards as do initiatives such as our new language preference database, access to translation services and online Welsh language training classes, and our Welsh learners' network. Our Executive Team and Board have monitored progress closely throughout the implementation of the standards. They have received regular compliance reports that demonstrate good progress and highlight practical challenges. Risks and challenges in relation to implementing the standards are recorded in our Risk Register. In October 2020, we will present our first Welsh Language Standards Annual Report to the Board's People and Organisational Development Committee and it will be available on our website.

Supporting the compliance aspects of our work is our stance that the Welsh language is an important element of our organisational culture. We want the Welsh language to be a natural and integral part of what we do every day. We acknowledge that there is a need for a culture shift and we expect our first Policy and Procedure on the use of the Welsh language within our internal administration to help in that respect. In addition, we launched an internal Welsh Language Promotion Programme in September 2019 with our first ever Welsh Language Week and our monthly Welsh language newsletter *laith Pawb*.

### 9.3 Handling Complaints and Concerns

We have arrangements in place to enable us 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. *(Further information on the Committees consideration of complaints can be found in section 2.2.4 of this report)*

In 2019/20, eight Screening Division Serious Incidents were reported to the Welsh Government. In addition, 49 formal complaints were received for the period of which 86% were responded to within 30 working days.

A review of the claims reimbursement process within Public Health Wales was also undertaken by Internal Audit in line with the 2019-2020 Internal Audit Plan, for which a 'substantial' assurance rating was provided. *(Further information on the Committees consideration of claims can be found in section 2.2.4 of this report).*

### 9.4 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 2019/20, we received 107 requests for information by the end of March 2020.

102 of these were answered within the 20-day target, with three being responded to outside of the deadline. One was due to a delay in receiving the information from the service/department that held it, the second was a complex enquiry linked to a subject access request. One response is on hold and one is due to be sent shortly, these FOIs are COVID-19 queries of which there has been an expected rise in information requests and will continue into the next quarter.

In 2019, the organisation received a 'substantial' assurance rating from internal audit on our compliance with handling Freedom of Information requests. *(Further information on the Internal Audit Reports can be found in section 2.4.1 of this report)*

### 9.5 Subject Access Requests

In 2019/20, we received 11 subject access requests. Seven of these were answered within the target of one calendar month. Of the remaining four, one was caused by difficulties in getting hold of the enquirer once the information was found, one was caused by a delay in getting the request to the Risk and Information Governance team for action and two were caused by delays in getting the information required from NWIS.

### 9.6 Sustainability and Carbon Reduction Delivery Plan

We are committed to embedding 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 well-being. We recognise 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.

There are a number of UK and EU legislative drivers for decarbonisation. First among them was the '*UK Climate Change Act 2008*', and in 2010 the Welsh Government published '*One Wales: One Planet*', their first climate change strategy. In Wales, two specific pieces of legislation are used to drive decarbonisation activity; the '*Environment (Wales) Act 2016*' and the '*Well-being of Future Generations (Wales) Act 2015*'.

The Environment Act commits the Welsh Government to reducing Wales' carbon emissions by at least 80% by 2050, against a 1990 baseline. We monitor the organisation's carbon footprint using 2016/17 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do.

We have committed to matching the targets set down by Welsh Government in the Climate Change Strategy, who have set a 3% year on year reduction target in greenhouse gas emissions and an overall emissions target of 40% by 2020. We continue to remain on target to achieve this having reduced greenhouse gas emissions by 5% in 2016/17, 17.14% in 2017/18 and 56.22% in 2018/19.

We are committed to environmental sustainability through:

- Our Long Term Strategy 2018-30 is committed to dealing with the effects of climate change as measure of its success
- Working towards a platinum level Corporate Health Standard
- Working towards the internationally recognised BS EN ISO 14001:2015, which is included in our Strategic Plan
- Alignment to the Well Being of Future Generations (Wales) Act 2015, particularly the goal of being a 'resilient' and 'globally responsible' Wales.

We have two main programmes addressing this issue – our Environmental Sustainability Programme, who are focused internally, and the Health and Sustainability Hub who support sustainability as a way of working across Wales. In addition to this, we are also conducting work on circular economy approaches.

#### **a) Environmental Sustainability Programme**

We established an Environmental Sustainability Group in 2017. The group has representation from the Health and Sustainability Hub, Environmental Health, and is made up of volunteers from across the organisation. This is now a formal programme, with co-ordination over the five dedicated work streams:

- Plastics Reduction
- Green Travel
- Estates, buildings and waste
- Monitoring and Evaluation
- Leadership, Engagement and Learning

These work streams have been working to address behavioural change within the organisation and make some quick-wins. Further work is needed to embed a culture of sustainable working in everything we do, and reduce our carbon emissions.

The annual internal audit review of the Environmental Sustainability Report for 2018/19 was undertaken in line with the Internal Audit Plan, for which a substantial assurance rating was provided. *(Further information on the Internal Audit Reports can be found in section 2.4.1 of this report)*

#### **b) Circular economy and decarbonisation**

A circular economy is based on three principles: designing out waste and pollution; regenerating natural systems; and keeping products and materials in use. In 2017, we used a circular economy approach to refurbish three sites. By remanufacturing our office furniture using local social enterprise businesses, multiple co-benefits were secured:

- Decarbonisation, reduced landfill waste, and reduced use of virgin resources
- Training and employment for disabled people
- Furthering social objectives of social businesses.

Through using a circular economy approach in the procurement of our new central Cardiff office building, actions resulted in:

- 94% of refit items being re-used or remade
- 41 tonnes of waste being diverted from landfill
- Saving around 134 tonnes of CO2.

Through Welsh Government funding, we progressed a feasibility study between March and June 2019 that explored to what extent circularity could be harnessed across the Welsh public sector.

#### **c) The Health and Sustainability Hub**

The Health and Sustainability Hub supports us with its contribution towards Wales' well-being goals, the wider United Nations Sustainable Development Goals, and in applying the sustainable development principle. The Hub works closely with and in support of other public bodies and cross-sector stakeholder organisations to support system change and strengthen the impact of the Well-being of Future Generations (Wales) Act on public health, planetary health and environmental sustainability.

The Hub undertakes considerable staff engagement to raise awareness and understanding of the opportunities for supporting biodiversity, including:

- Presenting on environmental sustainability and carbon reduction at the staff induction event 'Welcome, Engage, Network, Develop', which take place three times a year
- Running awareness raising days and piloting 'mini-market' events to engage with colleagues across Wales

- Supporting the delivery of our environmental sustainability programme, including chairing the 'Leadership, Engagement and Learning' working group, as mentioned above.

The Hub has co-ordinated and published our Biodiversity Plan '*Making Space for Nature*' to maintain and enhance biodiversity and promote the resilience of ecosystems, which includes:

- Sustainable procurement, such as sourcing paper from sustainable forests, reducing paper use and printing, ensuring the purchase of biodegradable cleaning supplies, reducing the consumption of new goods where possible and supporting the circular economy by purchasing goods made from re-used / recycled materials, locally sourced where possible
- Supporting biodiversity by encouraging a diverse range of plants and wildflower habitats to attract pollinators and leaving areas of grass unmown to provide shelter and habitat for insects and other animals.

The Hub continues to support NHS Wales' Health Boards and Trusts to comply with the Biodiversity Duty in the Environment Act.

Furthermore, a Memorandum of Understanding has been developed between Natural Resources and ourselves to enable greater collaboration and to support a joint approach to the delivery of well-being objectives.

## 9.7 Emergency Planning/Civil Contingencies

We are 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), we have representation on all four Local Resilience Forums in Wales. This allows the establishment

and maintenance of effective multi-agency arrangements to respond to an 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. As a Category one responder, we are 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 was reviewed and agreed by the Board in September 2018.

Our 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 normal operations. We continue to engage in training and exercises both internally and externally. We also continue 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*.

We have an Emergency Planning and Business Continuity Group to co ordinate emergency planning activity within the organisation. The group has an established workplan which over a three year period aims to drive further improvements for planning and response.

As previously highlighted, the need to plan and respond to the COVID-19 pandemic presented us with a number of challenges. A number of new and emerging risks were identified. Whilst we did have a major incident and business continuity plan in place, as required by the *Civil Contingencies Act 2004*, the scale and impact of the pandemic has been unprecedented.

Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Groups. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the

organisation, although I am confident that all appropriate action is being taken. We continue to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

## 9.8 Business Continuity

The NHS needs to be able to plan and respond to a wide range of incidents and emergencies. We therefore need to ensure key services are maintained when faced with disruption.

Our 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.

To further develop and strengthen our business continuity arrangements, an Emergency Planning and Business Continuity workplan continues to be implemented and developed. The work plan includes actions and lessons identified through the testing and learning from incidents. The implementation of the work plan is overseen by the Emergency Planning and Business Continuity Group, which includes representation from all our services in Public Health Wales.

During the COVID-19 pandemic, our business continuity plans have been drawn upon to support the management of the emergency response.

## 9.9 Data Breaches

Information governance incidents and 'near misses' are reported through the organisation's incident management system. Since May 2018, personal data breaches (as defined in GDPR) are required to be risk assessed and in the most serious cases reported to the Information Commissioner's Office (ICO). All data breaches are reported quarterly to the Knowledge, Research and Information Committee. Where appropriate they are reported to the Welsh Government and full incident investigations are undertaken.

During 2019/2020, we recorded a total of three reportable data breaches, all of which were reported to both the Information Commissioner's Office (ICO) and Welsh Government. On all three, the ICO responded to say that they were satisfied with the action we had taken and that no further action was required on their part.

## 9.10 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 2017*.

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.

A report was provided to the Audit and Corporate Governance Committee at its meeting on 19 March 2020 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code. This assessment was completed before the outlined impact of the COVID-19 pandemic.

## 9.11 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.

## 9.12 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 2019/20, 1 Ministerial Direction (Non-Statutory Instruments) was issued by the Welsh Government that required action from Public Health Wales. The Ministerial Direction referred to Pension Tax Impacts for clinicians during 2019/20. We complied with the direction.

We have acted upon, and responded to all Welsh Health Circulars (WHCs) issued during 2019/20 which were applicable to Public Health Wales. Of the 31 issued, 20 of these were applicable to Public Health Wales. 15 required action, two were for information and three were for compliance.

## 10. Hosted Bodies

We have continued to host two bodies during 2019/20:

### 10.1 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 the:

- 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 the ten NHS Wales Chief Executives of Health Boards and NHS trusts and the Director of the Collaborative. The Collaborative has a clear reporting line upwards to the Collaborative Executive Group (Chief Executives meeting monthly) and, ultimately, to the 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 annually.

A hosting agreement has been in place since 2015, the current agreement was extended by the Board in March 2020, and runs to 31 March 2021. The agreement 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 2019/20 was received by the Audit and Corporate Governance Committee and Board in March 2020.

The Collaborative has its own risk management process (that is compliant with the relevant Public Health Wales policy and procedures) and risks from their Corporate Risk Register are escalated to the Public Health Wales Board as appropriate.

### 10.2 Finance Delivery Unit

The Finance Delivery Unit (the Unit) was formally established in January 2018, following an announcement by the Cabinet Secretary for Health and Social Services.

The purpose of the Unit is to enhance the capacity to:

- Monitor and manage financial risk in NHS Wales and to respond at pace where organisations are demonstrating evidence of potential financial failure
- To accelerate the uptake across Wales of best practice in financial management and technical and allocative efficiency.

The Unit is hosted by Public Health Wales under a formal hosting agreement signed by Public Health Wales, the Director of the Finance Delivery Unit and the Director of Finance, Health and Social Services Group, Welsh Government. The Unit is accountable to the Director of Finance, Health and Social Services Group at Welsh Government and the annual work programme is agreed and monitored through regular meetings with Welsh Government.

The Board receives assurance on compliance with the terms of the hosting agreement through the production of an Annual Assurance Statement and Report from the Unit. The Report for 2019/20 was received by the Audit and Corporate Governance Committee and Board in March 2020.

## 11. 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).

In 2019/20, the Local Partnership Forum considered the following matters:

- Staff Survey
- Mental Health
- NHS Wales Anti Violence
- Competency Framework
- Menopause
- Managers Induction
- Organisational Change Projects
- Welsh Language Standards
- People Strategy
- Workforce Planning
- Dying to Work Charter
- Fair Treatment Advisors
- Pay Progression

The Group has also had Occupational Health, Sickness and Facilities Time as standing agenda items at each meeting, and the Forum has also commented on and recommended several policies for approval.

The terms of reference for the Local Partnership Forum were reviewed in 2019/20, and were approved by the People and Organisational Development Committee on 2 October 2019. The Local Partnership Forum has met five times during 2019/20.

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 partnering mechanisms, we have a consultation process open to all staff for all new and revised organisational policies, an annual staff conference (including our Diolch! staff awards programme), staff engagement events, all of which are used to hold meaningful individual and group conversations with our colleagues. 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, including a Public Health Wales Staff Facebook group, whose membership now accounts for over half of the workforce. 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. The People and Organisational Development team also ran open forum sessions across the organisation to engage and involve staff in the development of our People Strategy 2030.

The NHS Wales Staff Survey 2018 provided an analysis of workforce engagement and some broader cultural indicators. Our response rate to the survey was 56%. Following the publication of the results in late 2018, we have held focus groups across Wales, providing an opportunity for people to clarify any ambiguous results, to celebrate positive results, to provide specific examples of concerns, as well as good practice and to suggest recommendations for change and improvement, which will have the most impact. The outputs from the focus groups have led to the development of an organisational staff survey action plan for 2019/2020, cross-referenced with our annual plan and both the Executive Team and our Board are updated on progress regularly. Furthermore, we have developed a draft approach to exploring, analysing, diagnosing and improving our culture, which we intended to discuss and finalise later in 2020.

## 12. 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 Strategic Risk Register is the mechanism for close monitoring of strategic risks and is scrutinised by the Board and Committees. 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 2019/20 via Committee Effectiveness workshops. There is an action plan following from this which will be reported to the Committee. The Audit and Corporate Governance Committee has completed a self-assessment questionnaire and will be considering the findings further at a workshop scheduled for 2020/21, where the Committee will also be reviewing its role and purpose of the Committee alongside the Strategic Priorities.

*(Further information on the Effectiveness cycle can be found in section 2.1.5 of this report)*

### 12.1 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:

Reasonable Assurance Rating
 <p>Yellow</p>
<p>In my opinion the Board can take <b>Reasonable assurance</b> 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.</p>

The audit work undertaken during 2019/20, was reported to the Audit and Corporate Governance Committee.

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 result of audit assignments that have been issued in draft to the organisation before the issue of this opinion, but have yet to be reported to the Audit and Corporate Governance Committee
- 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 organisation.

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.

The programme has been impacted by the need to respond to the COVID 19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The proposed review of workforce planning, incident reporting, and the directorate Review of Diabetic Eye Screening Wales, which was in the original plan and scheduled for quarter four, have been deferred.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

*(Further information on the Internal Audit Reports received by the Audit and Corporate Governance Committee see section 2.4.1 of this report)*

## 12.2 Counter Fraud

The Lead Local Counter Fraud Specialist (LCFS) for Public Health Wales was nominated to the post with effect from 1st April 2012. The Officer completed their Counter Fraud training in December 2000 and was accredited in January 2001.

During 2019/20 there have been three referrals to Counter Fraud which required further investigation. In summary,

- One case has been closed with no fraud identified and so no further action was required
- One case is near conclusion
- One case is currently being taken forward in conjunction with the organisations Workforce Department and NWSSP Payroll Services.

Advice about how to proceed is sought on each individual case from the NHS Counter Fraud Service (Wales) and once the investigation into the allegations has been concluded, legal opinion is also taken from the Specialist Fraud Division - Crown Prosecution Service as to whether there is sufficient evidence to warrant and support a criminal prosecution.

## 12.3 External Audit – Audit Wales (AW\*)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. AW undertakes the external auditor role for Public Health Wales on behalf of the Auditor General.

AW completed the Structured Assessment for 2019 and reported:

*“Our overall conclusion from 2019 structured assessment work is that the Trust is generally well led and well-governed and has made good progress adapting its processes and structures to better deliver its strategic priorities. The Trust has an ambitious programme of work planned for the rest of 2019-20 including revising the outcome measures in its long-term strategy, adapting its performance framework and developing a framework to measure value and impact. Going forward, we would expect the Trust to coordinate workstreams to ensure it makes relevant links and does not duplicate work. We will look to review progress in next years’ structured assessment.*

*The Trust is generally well-led and well-governed, and is identifying ways to improve data quality, incident management and cyber security. The Board continues to operate effectively and seek opportunities to improve. The Trust has effective performance and risk management arrangements and is identifying improvements where gaps or weaknesses exist. The Trust has made good progress aligning its structures and processes to its strategic priorities and is scrutinising parts of the business not typically covered by its Board and committees”.*

\*Audit Wales has changed its name from the Wales Audit Office to Audit Wales from 1 April 2020 but is referred to as Audit Wales throughout this document.

## 12.4 Quality of Data

The Board felt that the information it and its key committees received during 2019/20 generally supported scrutiny and assurance, although there were gaps in some areas.

The Knowledge, Research and Information Committee was established in April 2019. One of its key purposes is to provide advice and assurance to the Board in relation to data quality and information governance arrangements in the organisation.

At each Committee, members receive assurance on the risks assigned to the Committee (via the Strategic Risk Register and Corporate Risk Register) and Information Governance (via the Information Governance Performance Report).

Overall, the Committee gained assurance from their scrutiny of the various papers and presentations presented to them. A key area for development was identified as follows:

- Following a presentation and paper to the Committee in November 2019, regarding Data Quality Management, the Committee advised that given the organisation's dependence on accurate data, a revised timeline for implementation would be required once a baseline audit had been undertaken. The results of the baseline audit and a revised timeline will be presented to the Committee in 2020/21.

## 13. 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.

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response, which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.

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.

Signed:



Dr Tracey Cooper  
Date: 25 June 2020

**Dr Tracey Cooper**  
Chief Executive and Accountable Officer,  
Public Health Wales

## Annual Governance Statement - Annex 1: Board and Committee Membership/Attendance 2019/20

Name	Position	Board committee membership	Attendance at meetings 2019/20***
Jan Williams OBE	Chair	<ul style="list-style-type: none"> <li>• (Chair) Board</li> <li>• (Chair) Remuneration and Terms of Service Committee</li> <li>• Knowledge, Research and Information Committee</li> <li>• Board Development</li> </ul> <p>Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee and Knowledge, Research and Information Committee.</p> <p>Attendee:</p> <ul style="list-style-type: none"> <li>• Audit and Corporate Governance Committee**</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	10/10 7/7 2/4 6/6         2/5 2/4 0/4
Dr Tracey Cooper	Chief Executive	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee (1 November 2019 to 31 March 2020)</li> <li>• Remuneration and Terms of Service Committee** (1 April 2019 to 31 October 2019)</li> <li>• Audit and Corporate Governance Committee**</li> </ul> <p>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.</p> <p>The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p>	9/10 6/6    6/7   2/5
Jyoti Atri	Interim Executive Director of Health and Well-being	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	8/10 5/6 2/4

Name	Position	Board committee membership	Attendance at meetings 2019/20***
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	8/10 6/6 4/4 4/5 4/4
Professor Mark Bellis OBE	Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Board Development *</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	6/10 4/6 1/4
Sian Bolton	Transition Director of Knowledge	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Board Development *</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	8/10 6/6 4/4
Dr John Boulton	Interim Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service 1 April 2019 – 31 August 2019 - Secondment from Aneurin Bevan University Health Board)  Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service / Improvement Cymru (1 September 2019 to 31 March 2020)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Board Development *</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	9/10 6/6 1/4 0/4

Name	Position	Board committee membership	Attendance at meetings 2019/20***
Philip Bushby	Director of People and Organisational Development	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Board Development *</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	10/10 6/6 6/7 4/4
Helen Bushell	Board Secretary and Head of Board Business Unit	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Board Development *</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	10/10 6/6 7/7 5/5 4/4 2/4 3/4
Kate Eden	Vice Chair And Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• (Chair)Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	7/10 5/6 6/7 2/2 4/4 4/4
Dyfed Edwards	Non-Executive Director (Local Authority 1 April 2019 to 3 December 2019 - 0.5 appointment. Acting full time from 1 April 2019 to 3 December 2019. ) Appointed to full time Non Executive Director (Generalist) on 4 December 2019)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• (Chair) Audit and Corporate Governance Committee</li> <li>• Remuneration and Terms of Service Committee</li> <li>• People and Organisational Development Committee</li> </ul>	10/10 5/6 5/5 4/7 4/4

Name	Position	Board committee membership	Attendance at meetings 2019/20***
Huw George	Deputy Chief Executive and Executive Director of Operations and Finance	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	9/10 5/6 4/7 5/5 3/4
Professor Shantini Paranjothy	Non-Executive Director (University)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• (Chair) Knowledge, Research and Information Committee</li> <li>• Remuneration and Terms of Service</li> <li>• Quality, Safety and Improvement Committee</li> <li>• People and Organisational Development Committee</li> </ul>	6/10 5/6 4/4 3/7 2/2 2/2
Professor Stephen Palmer	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• Audit and Corporate Governance Committee</li> </ul>	5/10 5/6 6/7 4/4 4/5
Judith Rhys	Non-Executive Director (Third Sector)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• (Chair) People and Organisational Development Committee</li> <li>• Quality, Safety and Improvement Committee</li> </ul>	9/10 5/6 4/7 2/2 4/4 3/3
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	8/10 6/6 4/4 2/4 2/4

Name	Position	Board committee membership	Attendance at meetings 2019/20***
Alison Ward CBE	Non-Executive Director (Local Authority - 0.5 appointment)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Board Development</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> </ul>	5/10 5/6 3/7 1/3

\* 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 is under review, awaiting confirmation from Welsh Government.

Note – Executive Team Members may attend other Committees on request.

# Remuneration and Staff Report

## 1. Remuneration and Staff Report

- 1.1 The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales and other people-related matters.
- 1.2 The Pay Policy Statement (Annex 3) relates to Public Health Wales' strategic stance on senior manager remuneration and provides a clear statement of the principles underpinning decisions on the use of public funds.
- 1.3 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.'*
- 1.4 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. Although not formally a member of the Executive Team, the Board Secretary and Head of the Board Business Unit is also included within the definition of Senior Manager.

## 2. Remuneration and Terms of Service Committee

- 2.1 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.
- 2.2 The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme, redundancy payments and early retirements.
- 2.3 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.

- 2.4 During 2019/20 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:
  - Jan Williams OBE (Chair)
  - Dr Tracey Cooper (Chief Executive). The role of CEO was made a member of the committee from November 2019
  - Judith Rhys (Non-Executive Director)
  - Professor Shantini Paranjothy (Non-Executive Director)
  - Kate Eden (Vice Chair and Non-Executive Director)
  - Alison Ward (Non-Executive Director)
  - Dyfed Edwards (Non-Executive Director)
  - Professor Stephen Palmer (Non-Executive Director).
- 2.5 The 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.
- 2.6 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'.
- 2.7 During 2019/2020, the Public Health Wales Board noted that the roles of Executive Director of Health and Well-being and Director of Knowledge had not been recruited to despite extensive executive searches and approved the extension of the interim arrangements until the end of the year.
  - 25 July 2019 – approved the extension of Jyoti Atri as Interim Executive Director of Health and Well-being until the end of 2019.
  - 25 July 2019 – approved the extension of Sian Bolton as Transition Director, Knowledge until the end of 2019.

2.8 During 2019/20, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):

- 28 March 2019 - approved the change in salary for Dr Quentin Sandifer, noting adjustments to certain allowances relating to his Public Health leadership role and in particular concerning the change of payment from Clinical Excellence Award to Commitment Award. This resulted in a reduction in overall salary as noted in Annex 1a. Although these decisions were taken in the previous financial year, the material change did not take effect until 1 April 2019 and are therefore included in this report.
- 27 June 2019 – approved the appointment of Dr John Boulton as Director of NHS Quality Improvement and Patient Safety and Director of the 1000 Lives Improvement Service (Improvement Cymru) following a successful interview and assessment process on 24 June 2019, subject to agreement of salary and subsequent approval by Welsh Government.
- 22 August 2019 – approved the salary of Dr John Boulton, Director of NHS Quality Improvement and Patient Safety/Director of the 1000 Lives Improvement Service (Improvement Cymru).
- 27 January 2020 – approved the extension of Jyoti Atri as Interim Executive Director of Health and Well-being until 31 July 2020.
- 27 January 2020 - approved the extension of Sian Bolton as Transition Director, Knowledge until 31 July 2020.

Voluntary Early Release and Redundancy payments:

- Approval of four applications, totalling £130,348 under the Voluntary Early Release Scheme.
- Approval of one redundancy payment, totalling £40,889 and one redundancy payment of £7,434 which is fully funded through the Early Action Together (EAT) programme and authorised by the Finance, Risk and Internal Control Sub-Committee (FRICS). This is a collaborative programme that Public Health Wales is a member of alongside South Wales Police and other organisations.

### 3. Salary and Pension Disclosures

- 3.1 Details of salaries and pension benefits for Senior Managers captured within this report are given in Annexes 1 and 2.
- 3.2 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.
- 3.3 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.
- 3.4 There are no annual or long-term performance-related bonuses.
- 3.5 Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.
- 3.6 The value of pension-related benefits accrued during the year is calculated as the employee's real increase in pension multiplied by 20, plus any real increase in pension lump sum (for scheme members entitled to a lump sum), less the contributions made by the employee. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.
- 3.7 Annex 2 gives the total pension benefits for all Senior Managers. The inflationary rate applied to the 2018/19 figure is 2.4% as set out by the 2019/20 Greenbury guidance.

### 4. Remuneration Relationship

- 4.1 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.

## 5. 2019/20 Staff Report

### 5.1 Number of Senior Managers

As of 31 March 2020 there were 10 Senior Managers that made up the Executive Team (including the role of Board Secretary and Head of the Board Business Unit); they were also Board members or regular attendees. Their terms and conditions are broken down as follows:

Consultant (Medical and Dental):	1
Executive and Senior Posts pay scale:	6
Agenda for Change Wales:	3

### 5.2 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	2019/20 Total WTE	2018/19 Total WTE
Administrative, clerical and board members	981	22	41	1,044	940
Ambulance Staff	0	0	0	0	0
Medical and Dental	90	0	25	115	105
Nursing, Midwifery registered	56	0	6	62	58
Professional, scientific and technical staff	509	0	2	511	489
Additional Clinical Services	0	0	0	0	0
Allied Health Professionals	61	1	0	62	59
Healthcare Scientists	0	8	0	8	0
Estates and Ancillary	0	0	0	0	0
Students	0	0	0	0	0
<b>Total</b>	<b>1,697</b>	<b>31</b>	<b>74</b>	<b>1,802</b>	<b>1,651</b>

### 5.3 Staff Composition

The gender breakdown of the Senior Managers and other employees as of 31 March 2020 was as follows:

	Male	Female
Senior Managers	50%	50%
Other employees	23%	77%

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6 April 2017, which require employers in England and Wales with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

- 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 2019 was as follows:

Gender	Mean. Hourly Rate (£)	Median Hourly Rate (£)
Male	22.73	18.74
Female	17.98	15.07
Difference	4.75	3.67
Pay Gap %	20.89	19.57

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.

### 5.4 Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2018/19 and 2019/20:

	2019-2020 Number	2018-2019 Number
Days lost (long term)	15,316	15,467
Days lost (short term)	7,575	6,823
Total days lost	22,891	22,294
Total staff years	1,699	1,586
Average working days lost	898	880
Total staff employed in period (headcount)	1,866	1,786
Total staff employed in period with no absence (headcount)	848	837
Percentage staff with no sick leave	47.50%	46.27%

Sickness absence rates across Public Health Wales over 2019/2020 have seen a slight increase with number of days lost due to sickness absence up by 598 days from 2018/2019. The last few months of 2019/2020 saw an increase in sickness absence rates in comparison to 2018/2019 which is likely to be related to the Covid-19 pandemic.

There has however been a slight increase in the percentage of staff with no sickness absence.

Each long-term sickness case is managed by the Line Manager concerned, supported by a HR representative, and the number of days lost due to long-term sickness absence has fallen slightly (1%) since last year.

The All Wales Managing Attendance at Work Policy has been in place within Public Health Wales for just over a year (since December 2018) and the People and Organisational Development team are on schedule to deliver training on the new policy to all Line Managers within the agreed two-year timeframe.

## 5.5 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 are developed and reviewed with other NHS organisations on an "all Wales" basis and their adoption is mandatory. All other employment policies are developed and reviewed through policy workshops attended by various stakeholders from within the organisation.

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 personal situations and requirements, as well as an Occupational Health service who can advise on reasonable adjustments for those who require them. Our Recruitment Policy and candidate information promotes the use of inclusive and welcoming language and ensures 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 a guaranteed interview scheme 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 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.

In July 2019, we were assessed and awarded Disability Confident Leader Status; the second NHS Organisation in Wales to be awarded this. A lot of work was put into reviewing and improving processes, awareness and our environment to get us to this stage and the feedback from disabled staff has been positive. This also builds on our reputation as an inclusive employer, building confidence for staff and prospective job applicants.

The All Wales Managing Attendance at Work Policy which was introduced in December 2018 has a focus on managers knowing and understanding their staff, and working in partnership to support individuals in the workplace. The policy has an emphasis on wellbeing rather than managing absence and is designed to support individuals to remain in the workplace. The policy retains mechanisms for phased return to work, with no loss of pay and makes enhancements in support for appointments linked to underlying health concerns. There is a greater emphasis on access to advice and support (EAP, Occupational Health, GP, Physiotherapy, Counselling, etc.) to enable the organisation to facilitate a more rapid return to the workplace, along with greater support to remain in work. Where a return to an individual's role is not possible, redeployment to a suitable alternative role is explored with an expectation that the redeployment process will be supported across all NHS organisations, not just within Public Health Wales. A further emphasis is also made on temporary redeployment to an alternative role, which helps an individual to return to the workplace earlier, where they are currently not fit to return to their substantive role.

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 also runs a workplace mediation service for staff.

In July 2019, we were assessed and awarded the Gold level of the Corporate Health Standard Award, which required a multi-site, two-day assessment process. This required significant work from every part of the organisation, and would not have been possible without the work of our Employee well-being Group, and our network of well-being Links. The latter signpost

their colleagues to ongoing work to enable wellbeing and facilitate two way communication throughout all of our many sites and bases. We are continuing on our journey through the stages of the award system to the ultimate level of Platinum.

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 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.](#)

## 5.6 Other Employee Matters

Our Staff Diversity Networks continue to grow and embed themselves within the organisation. We now have networks for Women, Carers, LGBT+, Disabled and BAME Staff. Members of these networks have been actively involved in developing the Strategic Equality Plan for 2020 – 2024, which will be published during 2020.

We have continued to hold various awareness raising events throughout the year, and attended Pride events in Swansea, Llanelli and Cardiff. Once again we held "Diversity and Inclusion Week" in January, which involved a range of speakers, Intranet articles, "Rainbow Day" and opportunities for staff to celebrate difference. Many more staff were involved this year with attendance at each event averaging around 50 people across several sites.

We participated in the Stonewall Workplace Equality Index for the third time, and were placed 100th out of 502 organisations taking part, which sees us enter the Top 100 employers in the UK for the first time. This is an increase of 73 places from the previous year and a total advance of 238 since the start of our participation three years ago. This clearly shows the improvements made towards creating an inclusive culture and bringing our organisation's values to life.

## 5.7 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 2019/20, Public Health Wales' expenditure on consultancy was £448k compared to £359k in 2018/19.

## 5.8 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.](#)

## 5.9 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 are therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

<b>Table 1</b>	<b>2019-20</b>	<b>2019-20</b>	<b>2019-20</b>	<b>2019-20</b>	<b>2018-19</b>
<b>Exit packages cost band (including any special payment element)</b>	<b>Number of compulsory redundancies</b>	<b>Number of other departures</b>	<b>Total number of exit packages</b>	<b>Number of departures where special payments have been made</b>	<b>Total number of exit packages</b>
less than £10,000	1	1	2	0	4
£10,000 to £25,000	0	1	1	0	0
£25,000 to £50,000	1	1	2	0	1
£50,000 to £100,000	0	1	1	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
<b>Total</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>6</b>

Exit packages cost band (including any special payment element)	2019-20 Cost of compulsory redundancies £'s	2019-20 Cost of other departures £'s	2019-20 Total cost of exit packages £'s	2019-20 Cost of special element included in exit packages £'s	2018-19 Total cost of exit packages £'s
less than £10,000	7,434 <sup>1</sup>	7,524	14,958	0	10,878
£10,000 to £25,000	0	23,761	23,761	0	0
£25,000 to £50,000	40,889	43,772	84,661	0	43,772
£50,000 to £100,000	0	55,291	55,291	0	65,651
£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
<b>Total</b>	<b>48,323</b>	<b>130,348</b>	<b>178,671</b>	<b>0</b>	<b>120,301</b>

<sup>1</sup> Redundancy fully funded by EAT/FRICS see section 2.8

## 6. Statement of Assurance

- 6.1 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.

Signed:



Dr Tracey Cooper

Date: 25 June 2020

**Dr Tracey Cooper**

Chief Executive and Accountable Officer

Public Health Wales

## Annex 1a - Single Figure of Remuneration (2019/20)

(Audited)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	155-160	-	-	39	<b>195-200</b>
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance <sup>1</sup>	130-135	-	-	24	<b>150-155</b>
Dr Quentin Sandifer, Executive Director of Public Health Services and Medical Director	150-155	-	-	0	<b>150-155</b>
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals	105-110	-	-	17	<b>125-130</b>
Jyoti Atri, Interim Executive Director of Health and Well-being	120-125	-	-	23	<b>145-150</b>
Professor Mark Bellis OBE, Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being	120-125	-	-	26	<b>150-155</b>
Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives Improvement Service (Improvement Cymru) <sup>2</sup>	120-125	-	-	36	<b>155-160</b>
Philip Bushby, Director of People and Organisational Development <sup>3</sup>	100-105	-	4,500	25	<b>130-135</b>
Sian Bolton, Transition Director, Knowledge	105-110	-	-	0	<b>105-110</b>
Helen Bushell, Board Secretary and Head of Board Business Unit	70-75	-	-	20	<b>90-95</b>

**Annex 1a - Single Figure of Remuneration (2019/20)** (continued)

(Audited)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
<b>Non-Executive Directors:</b>					
Jan Williams OBE	40-45	-	-	0	<b>40-45</b>
Kate Eden	15-20	-	-	0	<b>15-20</b>
Judith Rhys	5-10	-	-	0	<b>5-10</b>
Professor Shantini Paranjothy	5-10	-	-	0	<b>5-10</b>
Dyfed Edwards	5-10	-	-	0	<b>5-10</b>
Professor Stephen Palmer	5-10	-	-	0	<b>5-10</b>
Alison Ward <sup>4</sup>	5-10	-	-	0	<b>5-10</b>

<sup>1</sup> Salary includes £575 sacrificed in respect of cycle to work scheme.

<sup>2</sup> Dr John Boulton's secondment to PHW from Aneurin Bevan ended on 31st August 2019 when he was appointed Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives Improvement Service (Improvement Cymru).

<sup>3</sup> Salary includes £3,895 sacrificed in respect of a personal lease car.

<sup>4</sup> Alison Ward receives no direct benefit as the above costs are paid directly to her employer.

## Annex 1b - Single Figure of Remuneration (2018/19)

(Audited)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	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	-	-	37	<b>190 – 195</b>
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	125 - 130	-	-	25	<b>150 – 155</b>
Dr Quentin Sandifer, Executive Director of Public Health Services <sup>1</sup>	160 - 165	-	-	21	<b>180 – 185</b>
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals <sup>2</sup>	15 - 20	-	-	11	<b>25 – 30</b>
Dr Christine Pickin, Executive Director of Health and Well-being <sup>3</sup>	120 - 125	65 - 70	-	28	<b>210 – 215</b>
Jyoti Atri, Interim Executive Director of Health and Well-being <sup>4</sup>	30 - 35	-	-	6	<b>35 – 40</b>
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality/ Director 1000 Lives <sup>5</sup>	40 - 45	-	-	26	<b>65 – 70</b>
Professor Mark Bellis, Director of Policy Research and International Development	120 - 125	-	-	25	<b>145 – 150</b>
Dr John Boulton, Interim Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives <sup>6</sup>	60 - 65	-	-	***	<b>60 – 65</b>
Philip Bushby, Director of People and Organisational Development <sup>1</sup>	100 - 105		-	25	<b>125 – 130</b>

**Annex 1b - Single Figure of Remuneration (2018/19)** (continued)

(Audited)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Sian Bolton, Acting Executive Director of Nursing and Quality <sup>7</sup>	85 - 90	-	-	129	215 – 220
Sian Bolton, Transition Director, Knowledge	15 - 20			25	40 - 45
Helen Bushell, Board Secretary <sup>8</sup>	0 - 5	-	-	0	0 – 5
Eleanor Higgins, Acting Board Secretary <sup>9</sup>	0 - 5	-	-	2	5 – 10
Catherine Steele, Acting Board Secretary <sup>10</sup>	20 - 25	-	-	***	20 – 25
Melanie Westlake, Board Secretary <sup>11</sup>	20 - 25		-	10	30 – 35
<b>Non Executive Directors:</b>					
Jan Williams	40 - 45	-	-	0	40 - 45
Terence Rose <sup>12</sup>	5 - 10	-	-	0	5 - 10
Kate Eden	15 - 20	-	-	0	15 - 20
Judith Rhys	5 - 10	-	-	0	5 - 10
Professor Shantini Paranjothy	5 - 10	-	-	0	5 - 10
Dyfed Edwards <sup>13</sup>	5 - 10	-	-	0	5 - 10
Professor Stephen Palmer <sup>14</sup>	0 - 5	-	-	0	0 - 5
Alison Ward <sup>15</sup>	0 - 5	-	-	0	0 - 5

- <sup>1</sup> Dr Quentin Sandifer and Philip Bushby moved pay bands due to pay increase (2%) that applied to all directors with effect of 01 April 2018
- <sup>2</sup> Rhianon Beaumont- Wood returned from secondment on 4 February 2019 from Powys Teaching Health Board
- <sup>3</sup> Dr Christine Pickin left the organisation on 24 February 2019
- <sup>4</sup> Jyoti Atri commenced the interim role on 25 February 2019 as Executive Director of Health and Wellbeing. She was acting up from 1 January 2019 to cover some planned annual leave at the beginning of the year for Dr Christine Pickin
- <sup>5</sup> Dr Aidan Fowler left the organisation on 15 July 2018
- <sup>6</sup> Dr John Boulton commenced a secondment on 01 August 2018. Reimbursement for all payroll costs are to Aneurin Bevan Health Board. There is no pension information available.
- <sup>7</sup> Sian Bolton finished acting up in the role on 4 February 2019 as Executive Director of Nursing and Quality and was appointed as Transition Director for the Knowledge Directorate on 5 February for a 6 month period
- <sup>8</sup> Helen Bushell was appointed on 11 March 2019 as Board Secretary
- <sup>9</sup> Eleanor Higgins acted up from 1 February 2019 to 10 March 2019 as Board Secretary
- <sup>10</sup> Cathie Steele was seconded from WHSSC from 12 July 2018 to 31 January 2019 as Board Secretary. There is no pension information available.
- <sup>11</sup> Melanie Westlake was seconded to Welsh Government on 11 July 2018
- <sup>12</sup> Terence Rose left the organisation on 31 October 2018
- <sup>13</sup> Dyfed Edwards was appointed on 1 May 2018
- <sup>14</sup> Stephen Palmer was appointed 1 September 2018
- <sup>15</sup> Alison Ward was appointed 1 April 2018. She receives no direct benefit as the above costs are paid directly to her employer.

## Annex 2 - Pension Benefits

(Audited)

Name and Title	Real increase in pension at pension age, (bands of £2,500) £'000	Real increase in pension lump sum at pension age, (bands of £2,500) £'000	Total accrued pension at pension age at 31 March 2020 (bands of £5,000) £'000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000	Cash Equivalent Transfer Value at 31 March 2019 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Dr Tracey Cooper, Chief Executive	2.5-5	(2.5)-0	35-40	55-60	648	580	31	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	0-2.5	(2.5)-0	45-50	105-110	934	866	29	0
Dr Quentin Sandifer, Executive Director of Public Health Services and Medical Director	(5)-(2.5)	(15)-(12.5)	50-55	160-165	1,347	1,384	0	0
Rhiannon Beaumont-Wood, Executive Director Quality, Nursing and Allied Health Professionals	0-2.5	0-2.5	25-30	75-80	616	562	26	0
Jyoti Atri, Interim Executive Director of Health and Wellbeing	0-2.5	(2.5)-0	35-40	70-75	632	581	19	0
Professor Mark Bellis OBE, Director of Policy and International Health, WHO Collaborating Centre and Investment for Health and Well-being	0-2.5	0	15-20	0	221	179	16	0
Dr John Boulton, Interim Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives Improvement Service	2.5-5	0	0-5	0	28	0	12	0
Philip Bushby, Director of People & Organisational Development	0-2.5	0	5-10	0	93	65	12	0
Sian Bolton, Transition Director, Knowledge	0-2.5	0-2.5	40-45	120-125	889	844	10	0
Helen Bushell, Board Secretary and Head of Board Business Unit	0-2.5	0	0-5	0	14	0	5	0

## Annex 3 – Pay Policy Statement 2019/20

### 1.0 Introduction and Purpose

- 1.1 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.
- 1.2 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
- 1.3 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.

### 2.0 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.

### 3.0 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 Improvement Cymru**

**Director of People and Organisational Development**

**Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being**

**Director of Knowledge**

- b) The "lowest-paid employees" within Public Health Wales are paid £17,652 per annum (£9.05 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 - £103,860  
Lowest point - £17,652
- 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 authorization for any payment to be made and;
  - 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

## 4.0 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 balance 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 20.6% 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.
- **Car Lease scheme** - The NHS Wales Shared services partnership scheme allows Public Health Wales staff to apply for a lease car, for business and personal use.

## 6.0 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.

# National Assembly for Wales Accountability and Audit Report

Expenditure is compliant with the relevant legislation. Charges for services provided by public sector organisations pass on the full cost of providing those services. We ensure public funds are used appropriately and to deliver the intended objectives.

Where we undertake activities that are not funded directly by the Welsh Government we receive income to cover our costs. Further detail of income received is published in the annual accounts; within note 4 headed 'other operating revenue'.

We confirm we have complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

We have been informed by our legal advisors that £3,613,000 of claims for alleged medical or employer negligence against us have been assessed as having a remote chance of succeeding. If the claims were to succeed against us, £3,463,000 of this figure would be recoverable from the Welsh Risk Pool. Therefore, the net liability to Public Health Wales NHS Trust is £150,000

# The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

## 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 2020 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 Taxpayers 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 2020 and of its 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.

### 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.

### Emphasis of matter

I draw attention to Note 24 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS Clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. The Trust has disclosed the existence of a contingent liability at 31 March 2020, and my opinion is not modified in respect of this matter.

### 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 12 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 Senedd 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 Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the 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 Accountability Report or the Annual Governance Statement.

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 set out on pages 6 and 7 of the Accountability Report, 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](http://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 Senedd and the financial transactions conform to the authorities which govern them.

Adrian Crompton  
Auditor General for Wales  
2 July 2020

24 Cathedral Road  
Cardiff  
CF11 9LJ

# Financial Statements 2019/20

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# Statement of Comprehensive Income

## for the year ended 31 March 2020

	Note	2019-20 £000	2018-19 £000
Revenue from patient care activities	3	105,300	94,334
Other operating revenue	4	47,611	41,047
Operating expenses	5.1	(152,952)	(135,403)
<b>Operating (deficit)/surplus</b>		<b>(41)</b>	<b>(22)</b>
Investment revenue	6	73	48
Other gains and losses	7	10	0
Finance costs	8	0	0
<b>Retained surplus</b>	2.1.1	<b>42</b>	<b>26</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant and equipment		46	40
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Impairments and reversals		0	0
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
<b>Sub total</b>		<b>46</b>	<b>40</b>
<b>Items that may be reclassified subsequently to net operating costs</b>			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
<b>Sub total</b>		<b>0</b>	<b>0</b>
<b>Total other comprehensive income for the year</b>		<b>46</b>	<b>40</b>
<b>Total comprehensive income for the year</b>		<b>88</b>	<b>66</b>

# Statement of Financial Position

## as at 31 March 2020

		Note	31 March 2020 £000	31 March 2019 £000
<b>Non-current assets</b>				
	Property, plant and equipment	13	<b>11,941</b>	11,352
	Intangible assets	14	<b>1,334</b>	913
	Trade and other receivables	17.1	<b>0</b>	327
	Other financial assets	18	<b>0</b>	0
	<b>Total non-current assets</b>		<b>13,275</b>	12,592
<b>Current assets</b>				
	Inventories	16.1	<b>866</b>	569
	Trade and other receivables	17.1	<b>14,379</b>	11,372
	Other financial assets	18	<b>0</b>	0
	Cash and cash equivalents	19	<b>8,819</b>	5,146
			<b>24,064</b>	17,087
	Non-current assets held for sale	13.2	<b>0</b>	0
	<b>Total current assets</b>		<b>24,064</b>	17,087
<b>Total assets</b>			<b>37,339</b>	29,679
<b>Current liabilities</b>				
	Trade and other payables	20	<b>(18,898)</b>	(12,219)
	Borrowings	21	<b>0</b>	0
	Other financial liabilities	22	<b>0</b>	0
	Provisions	23	<b>(1,206)</b>	(1,284)
	<b>Total current liabilities</b>		<b>(20,104)</b>	(13,503)
<b>Net current assets/(liabilities)</b>			<b>3,960</b>	3,584
<b>Total assets less current liabilities</b>			<b>17,235</b>	16,176
<b>Non-current liabilities</b>				
	Trade and other payables	20	<b>(1,381)</b>	(1,004)
	Borrowings	21	<b>0</b>	0
	Other financial liabilities	22	<b>0</b>	0
	Provisions	23	<b>(1,291)</b>	(1,672)
	<b>Total non-current liabilities</b>		<b>(2,672)</b>	(2,676)
<b>Total assets employed</b>			<b>14,563</b>	13,500
<b>Financed by Taxpayers' equity:</b>				
	Public dividend capital		<b>13,444</b>	12,469
	Retained earnings		<b>609</b>	567
	Revaluation reserve		<b>510</b>	464
	Other reserves		<b>0</b>	0
	<b>Total taxpayers' equity</b>		<b>14,563</b>	13,500

The financial statements were approved by the Board on 25th June 2020 and signed on behalf of the Board by:

Chief Executive and Accountable Officer



## Statement of Changes in Taxpayers' Equity 2019-20

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
<b>Changes in taxpayers' equity for 2019-20</b>				
<b>Balance at 1 April 2019</b>	12,469	567	464	<b>13,500</b>
Retained surplus/(deficit) for the year		42		<b>42</b>
Net gain/(loss) on revaluation of property, plant and equipment		0	46	<b>46</b>
Net gain/(loss) on revaluation of intangible assets		0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets		0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale		0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets held for sale		0	0	<b>0</b>
Impairments and reversals		0	0	<b>0</b>
Other reserve movement		0	0	<b>0</b>
Transfers between reserves		0	0	<b>0</b>
Reclassification adjustment on disposal of available for sale financial assets		0	0	<b>0</b>
Reserves eliminated on dissolution	0			<b>0</b>
Total in year movement	0	42	46	<b>88</b>
New Public Dividend Capital received	975			<b>975</b>
Public Dividend Capital repaid in year	0			<b>0</b>
Public Dividend Capital extinguished/written off	0			<b>0</b>
Other movements in PDC in year	0			<b>0</b>
<b>Balance at 31 March 2020</b>	<b>13,444</b>	<b>609</b>	<b>510</b>	<b>14,563</b>

## Statement of Changes in Taxpayers' Equity 2018-19

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
<b>Changes in taxpayers' equity for 2018-19</b>				
<b>Balance at 31 March 2018</b>	13,017	597	368	<b>13,982</b>
<b>Adjustment for Implementation of IFRS 9</b>	0	0	0	<b>0</b>
<b>Balance at 1 April 2018</b>	13,017	597	368	<b>13,982</b>
Retained surplus/(deficit) for the year		26		<b>26</b>
Net gain/(loss) on revaluation of property, plant and equipment		0	40	<b>40</b>
Net gain/(loss) on revaluation of intangible assets		0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets		0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale		0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets held for sale		0	0	<b>0</b>
Impairments and reversals		0	0	<b>0</b>
Other reserve movement		0	0	<b>0</b>
Transfers between reserves		(56)	56	<b>0</b>
Reclassification adjustment on disposal of available for sale financial assets		0	0	<b>0</b>
Reserves eliminated on dissolution	0			<b>0</b>
Total in year movement	0	(30)	96	<b>66</b>
New Public Dividend Capital received	0			<b>0</b>
Public Dividend Capital repaid in year	(548)			<b>(548)</b>
Public Dividend Capital extinguished/written off	0			<b>0</b>
Other movements in PDC in year	0			<b>0</b>
<b>Balance at 31 March 2019</b>	<b>12,469</b>	<b>567</b>	<b>464</b>	<b>13,500</b>

# Statement of Cash Flows

## for the year ended 31 March 2020

	Note	2019-20 £000	2018-19 £000
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit)	SOCI	(41)	(22)
Movements in working capital	30	3,926	179
Other cash flow adjustments	31	3,536	3,791
Provisions utilised		(999)	(2,897)
Interest paid		0	0
<b>Net cash inflow (outflow) from operating activities</b>		<b>6,422</b>	<b>1,051</b>
<b>Cash flows from investing activities</b>			
Interest received		73	48
(Payments) for property, plant and equipment		(3,048)	(1,398)
Proceeds from disposal of property, plant and equipment		10	0
(Payments) for intangible assets		(759)	(439)
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
<b>Net cash inflow (outflow) from investing activities</b>		<b>(3,724)</b>	<b>(1,789)</b>
<b>Net cash inflow (outflow) before financing</b>		<b>2,698</b>	<b>(738)</b>

	Note	2019-20 £000	2018-19 £000
<b>Cash flows from financing activities</b>			
Public Dividend Capital received		975	0
Public Dividend Capital repaid		0	(548)
Loans received from Welsh Government		0	0
Other loans received		0	0
Loans repaid to Welsh Government		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	0
Cash transferred (to)/from other NHS Wales bodies		0	0
<b>Net cash inflow (outflow) from financing activities</b>		<b>975</b>	<b>(548)</b>
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>3,673</b>	<b>(1,286)</b>
<b>Cash [and] cash equivalents</b>			
<b>at the beginning of the financial year</b>	19	<b>5,146</b>	6,432
<b>Cash [and] cash equivalents</b>			
<b>at the end of the financial year</b>	19	<b>8,819</b>	5,146

