

## Annex 1 – Draft Public Health Wales Directors’ Report 2019/20

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

Requirement	Cross-Reference
1. The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Annex 1 in the 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 <a href="#">Data Breaches</a> section (page 64) of this the Annual Governance Statement.
6. Information on environmental, social and community issues.	See the Annual Sustainability Report 2019/20 of information on environmental issues.  See the Annual Report and Wellbeing of Future Generations report for

Requirement	Cross-Reference
	information on Social and Community issues
<b>7.</b> As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

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## **Annex 2 - 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 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

\_\_\_\_\_

Date: \_\_\_\_\_

### **Annex 3 - 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:	Date: 25 June 2020
Chief Executive:	Date: 25 June 2020
Director of Finance:	Date: 25 June 2020



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# 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 (FRoM), 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 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 the 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:

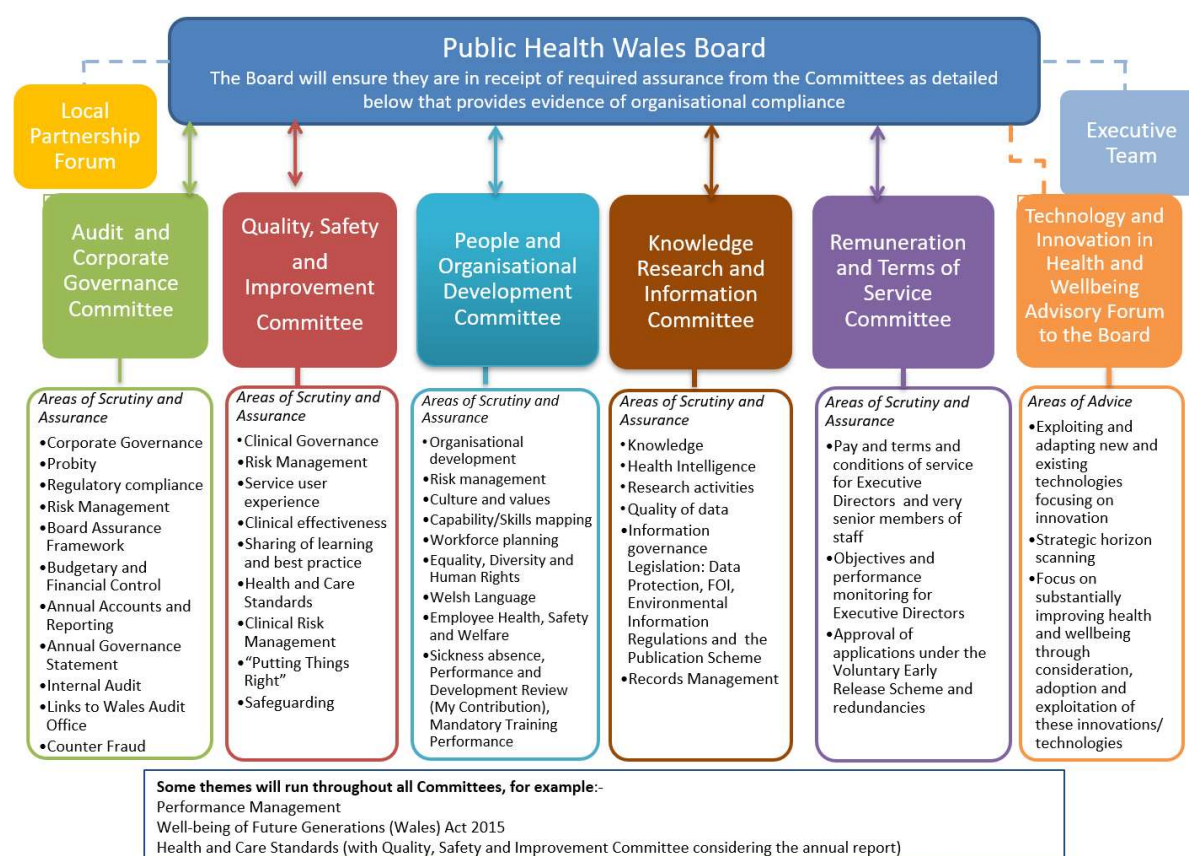
- Ensuring strategic oversight of the 'bigger picture' issues and horizon scanning; this has included a number of key partners attending Board meetings
- Tracking delivering against strategic milestones
- Enhancing the Board Committee roles
- Realigning internal resource allocation.

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).

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



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).

## 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 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 have 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

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<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.*



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.

### **2.1.3 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 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.

- The 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 would will 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 of this discussion included the following.

- ensuring 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 promoting 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.
- clarification of 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.

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



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 two (Impact of Coronavirus) for further details.

### **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 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 sciences 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 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 professionals and individual 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*, and 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 Boards 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 vacancy for Non-Executive Director (Generalist). As an interim arrangement, Dyfed Edwards, 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 intention is to recommence the recruitment campaigns later in 2020; however, this will be 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, that have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, an assessment of current risks and performance monitoring.

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 bring to the 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				✓
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 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 the Audit Wales (AW), noting the positive report with no recommendations for improvements made.

### **Financial Statements Memorandum**

The Committee received the Financial Statements Memorandum from the 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 were 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 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 on the Draft Quality Assurance Dashboard which would develop the level of assurance and information provided to the Committee in the future once fully developed
- 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 **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**
Board Development sessions	25 Apr	27 June	22 Aug	31 Oct	12 Dec	20 Feb				
Audit and Corporate Governance	1 May	29 May	25 Sept	15 Jan	19 Mar					
Knowledge, Research and Information	17 Apr	24 July	9 Oct	6 Feb						
Quality, Safety and Improvement	16 Apr	6 Aug	12 Nov	11 Feb						
People and Organisational Development	24 Apr	3 July	2 Oct	27 Feb						
Remuneration and Terms of Service	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**

<b>Strategic Risk</b>	<b>Risk Score*Max Score 20</b>
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. 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 provided 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's responsibility is 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 optimise 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 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 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 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 by the Minister of the IMTP for 2020-23, 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. As an organisation, we are also particularly keen to promote equality through positive action ensuring that what we do as part of our everyday business is fair, fully accessible and inclusive to all populations and individuals, including those who are protected from discrimination under the Equality Act 2010.

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. The organisation is 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 *Iaith 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 CO<sub>2</sub>.

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:

<b>Reasonable Assurance Rating</b>	 Yellow	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.
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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. The AW undertakes the external auditor role for Public Health Wales on behalf of the Auditor General.

The 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”.*

*\*The Audit Wales has changed its name 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 time line 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:** \_\_\_\_\_ **Date:** XXXXX

**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***	CHAMPION ROLES +
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	Veterans  Raising concerns (staff)
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***	CHAMPION ROLES +
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 <i>1 April 2019 – 31 August 2019 -</i> Secondment from Aneurin Bevan University Health Board)  Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service / Improvement Cymru	<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***	CHAMPION ROLES +
	<i>(1 September 2019 to 31 March 2020)</i>			
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	Welsh Language
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	Mental Health
Dyfed Edwards	Non-Executive Director  <i>(Local Authority 1 April 2019 to 3 December 2019 - 0.5 appointment. Acting full time from 1 April 2019 to 3 December 2019. )</i>  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***	CHAMPION ROLES +
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	Fire Safety
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	Service user experience
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	Equality  Older persons
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	<i>Caldicott guardian</i>  <i>Emergency planning</i>
Alison Ward	Non-Executive Director <i>(Local Authority - 0.5 appointment)</i>	<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.*