

# WORKING TO ACHIEVE A HEALTHIER FUTURE FOR WALES



Annual Report  
2018/19



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



# CONTENTS

Some of our year in numbers	4
Chair's foreword	6
Chief Executive's introduction	8
1. What we delivered	10
2. How we delivered our well-being objectives	61
3. Our Sustainability Report	72
4. Our Accountability Report	90
5. Our Financial Statements	159

# SOME OF OUR YEAR IN NUMBERS

Increase in  
smokers signing  
up for Help Me  
Quit support in  
Q1 2019

**Screening  
invitations**  
offered to  
the eligible  
population

Dental practices  
registered with the  
**General Dental  
Service Reform  
Programme**

Over  
20%

900,000

94

**12-13 year old  
ambassadors  
trained in schools  
through the Just  
B smoke free  
programme**

**Staff who  
are working  
to achieve  
a healthier  
future for  
Wales**

**Health  
protection  
cases, enquiries  
and incidents  
dealt with**





# CHAIR'S FOREWORD

I am now into my second year as chair of Public Health Wales and my sense of privilege simply increases as time goes on. 2018/19 saw us publish our 2018-30 Long Term Strategy, with seven strategic priorities that place Public Health Wales at the heart of “Building a Healthier Wales” – the culmination of work through the year, with health and social care colleagues, on a suite of evidence-based prevention priorities to drive improvements in health and well-being.

A Health and Social Care Leadership Conference on 12 March 2019 endorsed the priorities and we were delighted to secure Ministerial support. The coming year will see an overarching coordinating group set up to oversee delivery.

This is an example of Public Health Wales consolidating and strengthening its role as the public health institute in Wales; further examples can be found in the activities of our World Health Organization (WHO) Collaborating Centre for Investment in Health and Well-being, and, particularly, in our ground breaking Health Impact Assessment on the public health implications of exiting the European Union. This formed part of the significant governmental and system wide support the organisation supplied throughout the year, acknowledged as making a significant contribution to national level preparedness.

Public Health Wales continued to build and sustain effective partnerships, with notable successes including our work through Cymru Well Wales and with Community Housing Cymru. We strengthened further our partnership with policing and criminal justice partners to tackle the root causes of crime and vulnerability and were privileged to join the Home Office Taskforce on Serious Violence. We also made the decision to invest in a Violence Prevention Unit, which will be up and running in 2019.

Public Health Wales always balances its focus on system-wide leadership and breadth of international activities with an internal focus on operational delivery. 2018/19 again saw the organisation deliver against the bulk of the in-year plan, with specific attention paid to meeting challenges facing microbiology and screening services, and to modelling a national health protection/infection service that will be resilient in the decades to come.

This year saw us demonstrably increase our focus on staff health and well-being; we gained the Silver Corporate Health Standard, significantly improved our position in the Stonewall Workplace Index, introduced the “Time to Move” initiative and held the first Equality and Diversity Week. Board members join with me in congratulating everyone involved in this crucial area of work.

I continued to delight in my meetings with staff and service users, one of the greatest pleasures of my role. Wherever I visit, I am always impressed by the talent we have right across the organisation – our staff have knowledge, expertise and experience in abundance; they also have the passion and commitment to make a difference and that is always heart-warming and humbling to witness.

The Board continued on its journey to high performance and high impact, overseeing strategy implementation, in-year delivery against plans, keeping an eye on strategic risks and concentrating on setting the tone and culture that we want to see across the organisation – one of trust and openness, in which staff are fully engaged and feel safe in raising concerns. I am indebted to all Board members for their support, advice and guidance to me as chair, and for discharging our collective Unitary Board responsibilities with diligence, trust and respect. I look forward to working with Board colleagues this coming year.

Public Health Wales' track record of achievement and continuous improvement owes much to its executive leadership, and I would like to commend executive colleagues again this year. In Tracey Cooper, we have an inspirational and visionary chief executive, who exemplifies our values and works tirelessly to improve public health in Wales.

My congratulations to her on an exceptional year of achievement.

Public Health Wales' system leadership role was much in evidence this year, with significant cross-sector working and some ground-breaking work in policy support. There was evidence, too, of the team building on its reputation at a UK and International level, with the opportunity to position Wales at the forefront of the international drive around health equity and health inequalities' reduction.

I am confident that the coming year will see Public Health Wales continue to develop our people, increase our focus on the quality and impact of our work and help drive positive improvement across all the determinants of health and well-being in Wales, building on the 2018/19 successes as set out in this report.

**Jan Williams OBE FRSPH**  
Chair  
Public Health Wales



***"This is an example of Public Health Wales consolidating and strengthening its role as the public health institute in Wales."***

# CHIEF EXECUTIVE'S INTRODUCTION

I am honoured to introduce our new Annual Report. This is more than just an account of our performance and achievements over the last year. It is the first Annual Report since the introduction of our ambitious new Long Term Strategy – a determined plan to transform the health and well-being of our nation, underpinned by the sustainable development principles of the Well-being of Future Generations Act.

This is also the first Annual Report to feature our progress against an entirely new set of strategic priorities – priorities that are unified with our well-being objectives.

There is so much to reflect on here, and I'd urge you to read on through these pages to take in the breadth and scope of work going on across our great Organization.

Read about our Brexit Health Impact Assessment on page 15, where we examined the potential effects of the UK's planned departure from the European Union on the short, medium and long-term health of people living in Wales. This publication has made a valuable evidence-based contribution to one of the most contentious issues of our times, and was welcomed across party groups in plenary at the National Assembly for Wales.

Find out about the great work we have been doing with policing and criminal justice partners on page 18. Our work through the Early Action Together programme and the new ACE Hub to improve understanding of the impact of Adverse Childhood Experiences (ACEs) has made an enormous contribution to our key objective of ensuring an ACE-informed criminal justice system in Wales.

We have embraced new and emerging technology, not only with the development of our brand new Public Health Wales website, but also in our programmes. Turn to page 20 to find out how our Help Me Quit service is using an innovative new targeted social marketing approach through digital channels to get more and more smokers to seek help.

Find out how our Screening division has been working hard to introduce a new primary test into the Cervical Screening Wales programme. The test looks first for high-risk strains of the Human Papillomavirus (HPV), which cause 99.8 per cent of cervical cancers. With the introduction of this new test, we have made a significant contribution to improving population health, as well as making Wales the first country in the UK to implement HPV as the first test done on cervical screening samples. We have also started phased implementation of the improved faecal immunochemical (FIT) test into Bowel Screening Wales, which is easier to complete than the current test kit, and better at detecting bowel cancers early.



We have reconfirmed our commitment to helping Wales to stay an outward looking nation with a role to play on the international stage. Our Pathogen Genomics Unit in Wales was one of the first to contribute Whole Genome Sequencing sample results to the WHO Influenza surveillance programme. Turn to page 38 for an account of how our policy team has been helping Wales to play its part on the World stage through our exciting new designation as a World Health Organization (WHO) Collaborating Centre.

None of this could have been achieved were it not for the dedicated hard work and passion of our amazing employees, our Board, and our excellent partner organisations across Wales.

By working together in a purposeful partnership, we have made real progress towards building the kind of radical change we need in the health of our population.

When I look at our accomplishments in the last year, I am more reassured than ever that we have the skills, the passion and the talent to achieve a healthier future for Wales.

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



***“By working together in a purposeful partnership, we have made real progress towards building the kind of radical change we need in the health of our population.”***



# WHAT WE DELIVERED

This part of our Annual Report outlines what we have delivered during the year 2018/19, showing how we have made an impact. Here we report our achievements against seven priority areas of work, which are:

1

Influencing the wider determinants of health

2

Improving mental well-being and resilience

3

Promoting healthy behaviours

4

Securing a healthy future for the next generation

5

Protecting the public from infection and environmental threats to health

6

Supporting the development of a sustainable health and care system focused on prevention and early intervention

7

Building and mobilising knowledge and skills to improve health and well-being across Wales



# Strategic Priority 1

## Influencing the wider determinants of health

***"We will collaborate with others to understand and improve factors that impact on everyone's health."***

**If we can improve the wider determinants of health and well-being – which include education and skills, good work, money and resources, housing and our surroundings – we will make the greatest difference to the healthy life expectancy of the Welsh population.**

We know that these are the things have a much bigger impact on healthy life expectancy than the health service.

This has been a developing area of work for us. The focus of work over the last year has been on understanding and prioritising what action is needed in each of these areas, and working with the Welsh Government, local government, housing and other sectors on where action is needed.

Our work is constantly evolving, but our major successes have included:

- Contributing to the Welsh Government's new curriculum development process, including providing evidence and insight on health and well-being, and supporting pioneer schools as they develop the Health and Well-being Area of Learning and Experience
- Preparing a paper on the effects of precarious employment on health and well-being
- Working with others to help reduce air pollution, risks and inequalities by providing services to assess, communicate and protect public health – such as our work to plan, prepare and manage risks from acute environmental incidents such as large fires
- Completing an assessment of the public health implications of Brexit, and publication of the associated Health Impact Assessment report in January 2019. The report has helped inform planning and policy responses in the short, medium and long term

- Developing a Health Impact Assessment (HIA) Training Strategy with a supporting Knowledge and Skills Framework to mobilise and build capacity and competence for HIA in preparation for the Public Act (Wales) Act 2017
- Developing a suite of briefings on the Wider Determinants of Health, covering taxation, transport, education, advice services, children, young people and families

We have also worked to address the wider determinants directly through our Healthy Working Wales programme. In this way we have supported 91 organisations to achieve a workplace health award during the last year, with 34 gaining the Corporate Health Standard and 57 attaining the Small Workplace Health Award.











91

**number of organisation  
supported to achieve a  
workplace health award**

Work has also included the development of a logic model and related indicator framework to inform a new delivery model for Healthy Working Wales that will expand its reach to more small and medium sized employers (SMEs) and provide a needs based offer to employers. A qualitative survey of 700 employers was undertaken to inform development of the delivery model, provide a baseline for future evaluation, and also support the development of resources. We have worked with the Cardiff University to develop new online tools that will help employers self-assess their health and well-being needs, identify priority areas for action, and measure improvements over time.

We have established a partnership with Business Wales and the Health and Safety Executive to take forward initiatives targeted at SMEs, with a particular emphasis on mental well-being. Significant work has taken place to promote the proactive use of fit notes by GPs and employers through training modules hosted on the Royal College of General Practitioners website and the Business Wales website.



# CASE STUDY:

## Wide-ranging Brexit impact on health and well-being in Wales

In January 2019 we published a Health Impact Assessment on Brexit in Wales that found that Brexit could have a wide ranging and long lasting impact on health and well-being, with the effects felt more acutely in disadvantaged communities. The report identified a range of potential positive and negative effects on health and well-being arising from Brexit in Wales, and recommended immediate action to mitigate adverse impacts.

Positive effects identified included the opportunity to work with the UK government to restructure future funding models for Wales. A negative impact on the supply of workers to the health and social care sector in Wales for more than a decade was one of the more adverse effects identified.

### Other potential impacts identified included:

- Reduced or delayed access to medicines, clinical trials and devices due to the UK leaving key regulatory and coordinating bodies
- Reduced health protection capacity due to the UK no longer participating in key public health coordinating systems and evidence sharing mechanisms
- Disruption to food safety and standards systems and supply chains
- Possible opportunities to review agriculture policy to focus on sustainability, with the potential to increase local sustainable food production and supply and decrease Wales's carbon footprint, although there was immediate uncertainty over a future agricultural payments model
- Increased cost of food, arising from inflation, which will particularly impact on people on low incomes
- Standards of social, workplace, equality, employment and environmental protections could be impacted on through future trade agreements or policy changes
- Loss of jurisdiction of the European Union Charter of Fundamental Rights for UK citizens
- Potential for increased unemployment in sectors highly exposed to export markets due to changes in tariffs, non-tariff barriers and customs regulations
- Loss or reduced access to future EU funding for research and development, infrastructure, tackling inequalities and poverty and economic development
- Possibility of new opportunities for people in Wales around employment, skills and training
- Impact on mental health and well-being through uncertainty about the future, strained family and community relationships, economic decline, levels of community resilience to major change, and reduced community cohesion and tolerance

The report also highlighted a probable major impact on health and well-being for people on low incomes, including those living in food and fuel poverty, as well as for people at risk of unemployment or who are already unemployed. It advised that immediate action is needed in areas including access to health and social care, and food safety standards and access.

Commenting on the report, Professor Mark Bellis, Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being, said:

*"Predicting health outcomes is complex and difficult, even more so in the context of the shifting sands of the Brexit process. Nevertheless, this report will provide plenty to think about for organisations in Wales. It highlights the need for action to maximise any potential opportunities for improving health and well-being in Wales following Brexit, as well as mitigating or preventing any possible negative impacts or unintended consequences."*

## Strategic Priority 2

### Improving mental well-being and building resilience

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*“We will help everybody realise their full potential and be better able to cope with the challenges that life throws at us.”*





## **Our work to improve mental well-being and build resilience is wide-ranging and far-reaching.**

Our key achievements have included collaborating with the World Health Organization, developing a cross-organisational programme to promote mental health and well-being, working with schools and young people, supporting employers to build resilience, and extensive partnership working with police and criminal justice organisations to establish the infrastructure required to tackle the root causes of vulnerability and related crime.

Our summary achievements include the following:

- We are now the first World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being. As part of this work a literature review of individual and community resilience and evidence based programmes for action was completed and will soon be published. The WHO Collaborating Centre has been working on the social return on investment for actions that develop resilience
- Developing a cross-organisational Mental Health and Well-being programme, which will drive forward our priorities to promote mental health and well-being across the population. This will be agreed with stakeholders as part of a systems response going forward
- Building a whole school approach to mental well-being and resilience, including the creation of guidance and tools to support and disseminate the materials to schools and develop further work with partners including the Welsh Government
- Leading a Healthy and Well Communities workshop at the Community Health Exchange (CHEx) Scotland annual conference, where we presented the principles of community engagement for empowerment



# 3,000

**number of police and partners trained in Early Action Together Adverse Childhood Experiences (ACEs) and trauma informed practice**

Furthermore, we have worked to establish the infrastructure required for the Public Health Policing and Criminal Justice Early Action Together (EAT) Programme. EAT has involved our working with Policing and Criminal Justice partners throughout Wales, third sector organisations, local authority and health services to take a public health approach to identifying the interventions needed to tackle the root causes of vulnerability related crime. So far the EAT programme has:

- Trained over 3,000 Police and wider statutory and third sector partners in Adverse Childhood Experiences (ACEs) and trauma informed practice
- Provided early help trauma informed systems and processes, which are being tested in partnership with local authorities. Advanced work is in progress with Flintshire and Bridgend County Council
- Developed partnership work on public health approaches to prevention of serious violence, police and criminal justice workforce well-being, social prescribing and the relationship of policing with schools

- Completed and published ACE prison research to inform the creation of trauma informed prisons and community offending programmes (including an ACE recovery toolkit)
- Created an online national learning network, hosted by the Royal Society of Public Health, to share knowledge and best practice to ensure sustainability of the work
- Attracted 160 UK and international delegates to a conference representing Policing and Criminal Justice, statutory services and third sector agencies
- The outcomes of the EAT programme so far include influence on Policing and Home Office policy for example the programme is referenced in the UK Government Serious Violence Strategy, improved well-being of the workforce and better sharing of information and learning on how to implement Early Help Multisector Response Centres
- An increase of a collaborative early help approach is already seeing a reduction on police and partner demand i.e. less repeat calls from the same individuals and families to police as they have the right support in place from the right organisations.

In addition, Public Health Wales in collaboration with its partners in Cymru Well Wales, has established an ACE Hub. The Hub has launched a skills and knowledge framework for organisations, alongside an ACE Training Prospectus, with a view to developing an organisational toolkit and suite of resources. The Hub also supported the development of inclusive trauma informed schools, training 309 ACE ambassadors, 140 Estyn Inspectors and 95 train the trainers.







# CASE STUDY:

## The Welsh Network of Healthy Schools Schemes: What does a mental health resilient school look like?

Now more than a decade old, the Welsh Network of Healthy Schools Schemes supports schools throughout Wales to develop a whole school approach to health and well-being.

Over the last two years we have worked to refresh and renew our offer to ensure that it is best placed to support the development of the new curriculum and our aspiration to produce healthy and confident individuals.

Given the focus of Strategic Priority 2 is on mental health and well-being, we prioritised this strand as the first for development. Working with partner organisations including the Children's Commissioner's Office, Directors of Education, and Estyn, we ensured the selection of appropriate criteria and minimised duplication of effort.

Perhaps most importantly, we held focus groups with children and young people to get their perspective on what a mentally healthy school should look like.

Our work identified a range of themes to address, some of which we had anticipated – such as support required during stressful periods such as examinations – and others that help build our understanding of the wide range of other factors that support mental well-being, such as allowing time and space to relax and get some exercise.

The work has been used to assist drafting revised criteria for the National Quality Award, and will be shared with the Ministerial Task and Finish Group on the Whole School Approach.

## Strategic Priority 3

### Promoting healthy behaviours

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#### Working to promote healthy behaviours

We are working to reduce the burden of disease, and help narrow the gap in health inequalities arising from long term health conditions, by making the healthy choices the easy choices. Our priorities for greatest impact are on reducing smoking prevalence, promoting healthy weight, increasing physical activity, and preventing harm from drug and alcohol use.

#### Smoking

We increased the number of smokers seeking help from NHS quit services in Wales in the last quarter of 2018/19 by 20 per cent compared with the same time in the previous year, with the number of treated smokers up 17.7 per cent in the same period where data is available. This was achieved with a focused social marketing programme, exploring new approaches such as hyperlocal and geo-targeting to reach people in defined areas. The development of a new Help Me Quit Hub improved access to telephone quit support for smokers unable or unwilling to access face-to-face services.

We continued to increase our understanding of existing and new patterns of smoking behaviour with a new online interactive resource developed by our Observatory.

We continued to build our partnership working to strengthen our programme, such as with the UK Centre for Tobacco and Alcohol Studies and Cardiff University. We also worked closely with Directors of Public Health to develop further the Help Me Quit system.



# 14,000

**smokers who contacted  
the Help Me Quit Hub  
and accepted an offer  
of support**







### Obesity prevention and nutrition

We supported the Welsh Government in developing and launching their 'Healthy Weight: Healthy Wales' strategy for consultation, contributing specialist public health advice, the evidence base, and behaviour change science. A suite of data collated and interpreted by our Observatory highlighted the urgent need for action, with almost a quarter of adults self-reporting as obese. We have also focussed on consulting parents about recognising a healthy weight in children, and trained health visitors across Wales.

### Physical activity

Our work with partners including Natural Resources Wales, Sport Wales and the Welsh Government continued to develop a sustainable approach to promote physical activity. In particular, we contributed to the delivery of the Healthy and Active Fund Project, aiming to improve people's mental and physical health by enabling active lifestyles.

We also completed the Hand's Up To School Survey validation study with primary schools to help them promote active travel.

### Substance misuse prevention

In prioritising action to prevent harm from substance use, we developed a better understanding of the impact of drug use on the health of the population, and the ways in which we can support the system to make the greatest impact.

Our Observatory developed online interactive resources to support our understanding of patterns of behaviour relating to alcohol. We also identified stakeholders' priorities for alcohol misuse prevention, and will be working with key partners to develop a new programme of work.

### Behaviour change

To develop the capacity to understand behaviour and behaviour change across the specialist public health workforce, we have begun developing a knowledge and skills framework.

We have also developed a tool to support behavioural science in marketing campaigns, and incorporated behavioural science in one of the quality improvement qualifications adopted across the NHS.



## CASE STUDY:

### Becoming Breastfeeding Friendly

In 2018/19, Public Health Wales and key partners in Wales gathered a comprehensive range of data using the Becoming Breastfeeding Friendly (BBF) toolkit to produce a complete picture of breastfeeding in Wales.

The BBF toolkit was developed through a highly structured technical and academic collaboration led by Yale University. In the short term, it provides an evidence-based tool to guide countries in assessing their breastfeeding status, and their readiness to scale up. In the long term, it supports countries to identify the concrete measures they can take to increase breastfeeding rates sustainably, based on data-driven recommendations. We coordinated an all-Wales approach to applying the BBF process alongside Scotland and England, overseen by the University of Kent.

The BBF Wales committee was established in April 2018 and included representation from the Welsh Government, Public Health Wales, the NHS, Swansea, Bangor

and Cardiff universities, the Royal College of Paediatrics and Child Health, and Unicef UK. We acted as the in-country coordinator, and chaired the Wales BBF Committee supported by the University of Kent team.

In following the process and concentrating on eight conditions which sustain breastfeeding, the BBF Wales team made assessments against 54 benchmarks using document and social media searches, and collaborative reviews and interviews to document existing policy, practice and gaps from the previous 12 months. The team produced a final set of scores for each benchmark to deliver the picture of the state of action on breastfeeding in Wales.

The year-long process resulted in a final report including a set of recommendations across six key themes focusing on mothers, babies and families which will be used to inform an all-Wales action plan in 2019/20.



## Strategic Priority 4

### Securing a healthy future for the next generation

**The early years are a critical period for parents, carers and their children, which lay the foundations for healthy happy childhood and leading to better health and well-being in adulthood.**

We are working with increased emphasis on the early years, where we know we can make the biggest difference, through initiatives like the Cymru Well Wales programme, the 'First 1000 Days'.

The First 1000 Days Programme is bringing together partners drawn from across public services, third sector organisations and the public, to support and challenge each other in thinking and working together differently.

2018/19 saw the development of a 'First 1000 Days System' of key factors to help stakeholders in Wales ensure children reach their developmental milestones. This is based on evidence reviews of factors affecting achievement of the milestones and exposure to Adverse Childhood Experiences (ACEs) in the first 1000 days, and supports work to increase awareness of the factors that have the greatest impact on improving the health and well-being of children.

A case for action to develop a strategic framework for infant mental health in Wales has been made through a series of technical reports highlighting the infant mental health need in Wales, evidence of what works to improve infant mental health, and where we are now with regard to the current policy and practice landscape in Wales. A series of workshops with practitioners across Wales have also been undertaken, and the reports and workshop findings are now informing the development of a strategic framework to promote infant mental health and support the workforce in the First 1000 Days in taking preventive action.



# 11

**the number of Public  
Services Boards actively  
engaged in the First 1000  
Days programme**





Participation by local partnerships in the First 1000 Days programme has increased, and 11 of the 19 Public Services Boards in Wales are now actively engaged in the programme. In addition eight of the 11 are pathfinders in Welsh Government's Early Years Integration Programme, and the First 1000 Days programme is working closely with the Welsh Government to develop the focus on the first 1000 days within their Early Years Integration programme.

An evaluation of the pilot First 1000 Days IQT Silver training has been undertaken, and recommendations for future action produced to increase awareness of the most effective approaches to improve health and well-being in the first 1000 days.

During this year, we also established a new research collaboration leading to an ambitious new funding proposal. It is hoped the proposal will enable the development of an approach to supporting mental well-being and resilience of expectant and new mothers.





Led by the Research and Development Division in collaboration with the First 1000 Days Team, Aneurin Bevan Health Board and Cardiff University, the proposal was submitted to Health and Care Research Wales to support an 18-month research programme on Listening and Responding to Parents and Enabling Maternal Resilience in Antenatal Care. The proposal has reached the second stage of shortlisting and if awarded will commence in October. The submission was informed by evidence reviews and a scoping study supported by the Research and Development Division and First 1000 Days programme.

### **Introducing *Lift the Lip* into health visiting**

By the age of five, 42.2 per cent of children living in the most deprived areas in Wales have experienced dental decay, compared to 22.3 per cent of children living in the least deprived areas. Despite having the greatest need, attendance to dental practices is poorest in deprived groups.

In 2018/19, the Dental Public Health Team conducted a pilot to explore the feasibility and acceptability of using *Lift the Lip* - a simple dental health assessment tool - within the Healthy Child Wales programme, with the aim to facilitate early dental attendance and intervention, and contribute to efforts to reduce hospital admissions for severe decay.

Fifteen health visitors within Abertawe Bro Morgannwg and Betsi Cadwaladr health boards received training, and then introduced *Lift the Lip* during their visits with children from 15 months to 3.5 years. It was found that *Lift the Lip* not only supported identifying children with concerns of dental caries, but also was a vehicle to provide enhanced oral health advice.

The Dental Public Health Team, in collaboration with *Designed to Smile*, is now commencing national roll-out of *Lift the Lip* training, provision of resources and support to improve care pathways.

***Lift the Lip not only supported identifying children with concerns of dental caries, but also was a vehicle to provide enhanced oral health advice.***

# CASE STUDY:

## Information for parents

With many factors influencing a child's life chances and progression in the early years, it is important that pregnant women and parents of children in the early years have easy access to the information they need when they need it to support them in being a parent and giving their child the best start in life.

Research from the Health Improvement Division has shown that the current health and well-being information for parents provided across Wales could be more effective:

- It is difficult for parents to discern which is the critical information from a trusted source
- There is too much information provided, and it is commercially driven
- The quality of health and well-being information provision is variable, with much information still in circulation having become out of date
- There is significant variation in information volume and messages between areas of Wales
- There is a mismatch in content, formats and platforms between what parents think is important and what is currently provided

- Lack of information for fathers
- Information provision is untimely for parents and professionals in Wales

The Health Improvement Division, working with key stakeholders in child and family well-being and health across Wales, has established a stakeholder board chaired by Deputy Chief Medical Officer. The board provides a mechanism for system leadership and governance on the production and use of new information resources for parents across Wales, improving quality and access and reducing duplication.

To make the new parental information resources relevant to parents they need to meet:

- Parental needs for information - they cover the right topics at the right time, and are written from an easy-read, engaging and parental perspective
- Parental expectations for how and where they would access such information, the formats the information is produced in and the channels by which it is disseminated

Engaging with parents to ensure their input throughout the development of the new parent information resources is crucial if the resources are to meet the needs and expectations of parents and eventually become a trusted primary source of well-being and health information for parents in Wales.

Health and well-being information can have the biggest impact when used as part of a conversation between professionals and parents. Any new information resources for parents also need to meet the needs of professionals who use them to supplement important conversations with parents within their routine contacts across the Healthy Child Wales programme.

There are a number of ways in which parents and professionals are helping us co-produce the new resources:

- Informing the priority content included in the resources
- Guiding the formats the information is carried in
- Directly contributing their stories for content
- Testing and refining iterations of products

The Health Improvement Division is working strategically with partners who have strong relationships with existing groups of professionals and parents from a broad demographic range within which participants have established relationships.

There have also been a number of bespoke focussed workshops and other mechanisms including social media organised by the Health Improvement Division to bring parents and professionals together to contribute to the new resource development.

We have worked with over 100 professionals in Wales who have specific expertise in topics which contribute to protecting and promoting the health and well-being of children in the first 1000 days and early years. Representative of national professional bodies or regional or local teams, the professionals worked together to develop and prioritise the most important accurate up-to-date information which should be universally accessible at relevant times in parenthood and child development and matching the Healthy Child Wales schedule of contacts.





We have held three focussed workshops with fathers in Swansea, and six with mixed parental groups in New Tredegar and Caerphilly. We are part way through six scheduled focussed workshops in North Wales through the medium of Welsh and a further three in Cardiff.

Parents have worked together through robust and engaging methods to help us understand the topics and content which are important to them, particularly within the social determinants of health and well-being and the transition to parenthood. Future valuable contributions from parents, alongside the evidence, will help us develop new formats which parents would be more likely to use to access information on different aspects of health and well-being.

Parents are working with us to contribute their parenting stories which are illustrative of some of the universally important information to create engaging, authentic material told by a relevant messenger.

The parents and professionals engaged so far have committed to helping us test and refine iterations of messaging, content, design and formats to ensure that the work is easy to access and engage with. Parents and professionals are testing the resources digitally via Facebook groups and email.

Co-developing high quality public information for parents will result in more accurate and relevant information which is more easily accessible by parents and professionals alike, and will have a better chance of contributing to better health and well-being for children in Wales.

## Strategic Priority 5

### Protecting the public from infection and environmental threats to health

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**We have a responsibility to prepare for and respond to current and future challenges in relation to protecting the health of the public. These include communicable disease control, environmental public health services and emergency preparedness and response, together with laboratory, clinical and public health microbiology services to the whole population in Wales.**

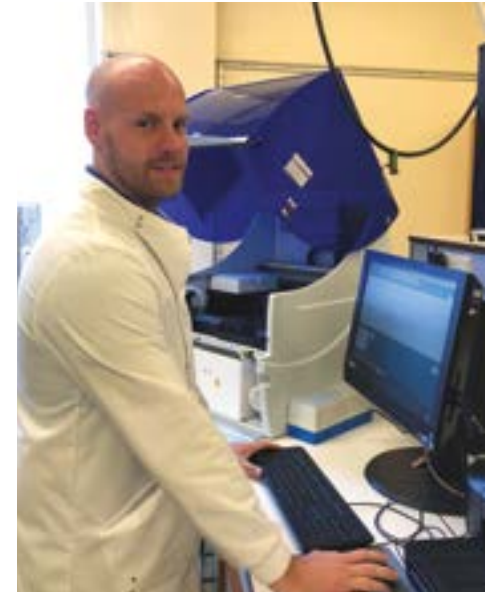
Events in 2018/19, including incidents in Salisbury and Aylesbury, a number of incidents involving emerging high consequence infections such as Monkey Pox, and preparations for the UK leaving the European Union, continued to highlight the importance of this area of public health protection.

Within the framework of 'A Healthier Wales' strategy, preventing infection and reducing the burden of disease from infection remains a key focus for us. During 2018/19, we have successfully progressed a range of actions in relation to the key themes of this strategic priority.

Extensive work has been undertaken to stabilise and provide resilience to areas of our Microbiology services. Supporting this a detailed advisory report and proposals for the future strengthening of National Health Protection Services was prepared for Welsh Government. This has resulted in additional national funding being allocated to this important area and detailed proposals will be taken forward in partnership with NHS Wales and other stakeholders during 2019/20 to transform services for the future.

Our Microbiology services achieved International Organization for Standardization (ISO) re-accreditation for our diagnostic laboratory services, maintaining our high quality service specification for the 1.4 million samples that are analysed across our eight laboratory sites. Work to introduce enteric molecular diagnostic services was completed, and working with health boards, our teams introduced rapid respiratory testing services into all acute hospitals across Wales in time to support the winter influenza season.

Clinical microbiology teams supporting health boards further developed their joint work with hospital teams in managing individual patient infection and preventing wider population impacts.



Our specialist teams further developed our work on Whole Genome Sequencing (WGS), hosting national scientific events, and the Pathogen Genomics Unit in Wales was one of the first to contribute WGS sample results to the WHO Influenza surveillance programme which informs future vaccine preparation.

Maintaining our determination to support the reduction of risks from Healthcare Associated Infection and Anti-Microbial Resistance, we have continued to deliver our national surveillance programmes and provided system leadership and education programmes to national Anti-Microbial Stewardship and Infection Prevention and Control Forums.





In particular, we supported the NHS in Wales with the implementation of ICNet, a case management system for Infection Prevention and Control. This system will improve the efficiency of local services, provide new tools and further enhance national surveillance. Collaborating with public health organisations across the UK our specialist teams also assisted with the development and publication of a refreshed UK Anti-Microbial Resistance Strategy and National Action Plan (2019 – 2024), which is now being implemented across Wales.

Our Health Protection teams supported the NHS in Wales to respond to key challenges.



During a year which saw the introduction of new vaccines for influenza, our teams including the Vaccine Preventable Disease Programme supported the NHS in Wales to deliver the highest number of flu vaccines to the population and respond to outbreaks of community and hospital infection.

Detailed work was completed on a national review of sexual health services, and work commenced on a national re-engagement process for patients with Hepatitis C. Work continued on supporting the reduction of infection and other harm in vulnerable populations, including offender health and substance misuse, with the publication of key guidance and reports.

Our communicable disease teams worked tirelessly with partners in local government and health boards to control infectious disease incidents and outbreaks including food borne infection, measles, E.coli 0157 and Tuberculosis. Our Environmental Public Health team, supported by colleagues in Public Health England, reactively responded to over 500 incidents, enquiries and permit applications and proactively supported Welsh Government in the development of a new Clean Air Programme for Wales.



# 1.4m

numbers of samples  
for microbiology  
processed every year  
across our eight sites

***This work will continue and the lessons learnt will be used to further enhance our business continuity and emergency response plans.***

### **We have a key role in Emergency Planning and Response**

During the year, our teams have worked with other Category One responders to revise the Communicable Disease Outbreak Plan for Wales to ensure it remains fit for purpose and to test our plans for responding to Chemical, Biological, Radiation and Nuclear (CBRN) incidents. Internally, our organisation has reviewed and adopted new Emergency Response Plan arrangements and

undertaken training and testing to ensure organisational wide skills and resilience. In response to the need to plan for the UK leaving the European Union, we have participated and provided leadership in all-Wales and UK wide arrangements. This work will continue and the lessons learnt will be used to further enhance our business continuity and emergency response plans.



# CASE STUDY:

## Implementation of Rapid Respiratory Diagnostic Services across Wales

Protecting the public from the health effects of pathogens is a statutory responsibility for Public Health Wales and is a key priority in the organisation's long-term strategy.

Public Health Wales was asked by Welsh Government to introduce a system of rapid testing for common respiratory pathogens including Influenza. Such testing supports health boards to improve patient care and help manage patient flows within acute hospitals, particularly during winter (flu) season, and supports wider infection prevention and control through safe discharge, cohort or isolation of patients based on a rapid and definitive test.

During 2017/18, the Microbiology Service completed an audit of initial trial results and used these to undertake market engagement, development of a national specification and a procurement tender. This work was developed in collaboration with internal colleagues and representatives of all health boards across Wales.

During 2018, the Microbiology Service then led on developments to improve the timeliness of influenza virus laboratory confirmation in hospital patients across Wales. The service implemented systems that allowed for a 'sample to answer' result for all respiratory pathogens including Influenza (flu).

These rapid diagnostic systems were then deployed, in time for the winter (Influenza) season, to all the Microbiology laboratories within the Public Health Wales Network supporting acute hospital sites (Cardiff, Swansea, Carmarthen, Aberystwyth, Rhyl, Bangor and Wrexham) and also to the Microbiology laboratories supporting the Royal Gwent and Royal Glamorgan acute hospitals.

### Outcomes achieved:

- ✓ From December 2018 to April 2019 nearly 3000 patient tests were analysed across Wales using this new rapid approach
- ✓ The new rapid test decreased sample result turnaround time from 1-5 days to four hours
- ✓ The systems were used to rapidly confirm infection allowing for appropriate implementation of infection management and rational antiviral use, contributing to better patient care, better infection control and better management of hospital beds and patient flow
- ✓ By ensuring capture of all testing data utilising the all Wales Laboratory Information Management system (LIMS), this 'close to patient' service also augmented the central testing service surveillance data provided by the Wales Specialist Virology Centre in Cardiff regarding the circulation of influenza and its impact throughout the season across Wales
- ✓ This example contributes to the 'Healthier Wales' strategic focus on 'Prevention'. During 2019, this offer is being extended to all acute receiving hospital sites, with the testing platform available in areas such as Medical Assessment Units and Emergency Departments rather than just in the Microbiology laboratories



## Strategic Priority 6

Supporting the  
development  
of a sustainable  
health and care  
system focused  
on prevention  
and early  
intervention

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**We work alongside our partners to support the development of a sustainable and accessible health and care system focused on prevention and early intervention. This priority encompasses a broad range of our work and functions.**

This includes a focus on national population-based screening where we became the first in the UK to fully implement the more effective Human Papillomavirus test as the primary test in the cervical screening programme. Phased implementation of the improved faecal immunochemical test also began for bowel screening. A new pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome screening now includes the offer of a non-invasive prenatal test to pregnant women with a higher chance screening result who have taken up the screening offer.

Continued progress to reduce variation in care and harm resulted in successful completion of the Obstetric Bleeding Strategy for Wales, which has standardised care and reduced morbidity and mortality rates associated with excessive bleeding after childbirth. We launched the Emergency Laparotomy Cymru collaborative which aims to improve the care of patients undergoing emergency bowel surgery. We have also continued our support for the Wales Cancer Network, which this year saw the launch of the Single Cancer Pathway in Wales. Improvement support for mental health and learning disability services delivered national guidance for perinatal mental health services, a national plan for delivery of psychological therapies and the launch of the Mental Health Nursing Framework for Wales.

Public Health Wales, health boards and Cancer Research UK have raised awareness of bowel screening with a 'Be Clear on Cancer campaign' funded by Cancer Research UK. A new training resource has been developed with partners for 'English as a Second Language' tutors.

***Our work has focussed on system transformation, leadership, networks, and skills development, and providing quality information and intelligence products.***





The Safeguarding Maturity Matrix (SMM) is a tool designed to enable services within the NHS in Wales to self-assess their safeguarding arrangements. A successful pilot saw health boards and trusts complete their self-assessments before a peer review process enabled stakeholders to consider their improvement plans in a collaborative, transparent manner.

We have developed a collective approach to chronic disease prevention. A draft 'strategic framework for prevention in clinical settings' has been written in conceptual form and will be tested in 2019/20.

We have continued to coordinate the national support to health boards and clusters in the delivery and maturity of cluster working across Wales. Our work has focussed on system transformation, leadership, networks, and skills development, and providing quality information and intelligence products.

We continue to work closely with the Chief Dental Officer's office and health boards to deliver the General Dental Service Reform Programme for Wales. By April 2019, 94 dental practices will be registered.





# CASE STUDY:

## Implementation of Human Papillomavirus as the primary screening test in the Cervical Screening Programme in Wales

### BACKGROUND

Cervical Screening Wales is one of seven population based screening programmes we deliver. The aim of cervical screening is to reduce the incidence and mortality from cervical cancer. Women between the ages of 25-49 are invited every three years and women between 50 and 64 are invited every five years. In 2018/19, Cervical Screening Wales invited 210,800 women for screening and 140,100 samples were screened.

In 2016, the UK National Screening Committee recommended testing for high risk Human Papillomavirus (HPV) as the primary test. Evidence showed that this test is more sensitive at detecting cell changes and that a negative HPV test is more accurate.

This recommendation was endorsed by the Welsh Government, and planning began for full rollout of HPV Primary Screening in Wales. In March 2017, the Welsh Government approved full rollout of high risk HPV Primary Screening from October 2018.

### PROJECT

Cervical Screening Wales has lead the project to implement primary HPV screening and there has been close and effective working with the health board laboratories and health professionals undertaking cervical screening.

#### Key milestones:

- Human papillomavirus (HPV) Test of Cure (ToC) and triage was fully implemented by 2016
- An expression of interest letter was sent out to explore if any of the laboratories wanted to take on the HPV testing. As no health board laboratories expressed an interest, the Public Health Wales laboratory was nominated, and the other three laboratories ceased their cytology services from October 2018
- An implementation study of primary HPV screening started in April 2017 with 20 per cent of screening participants then receiving primary screening with HPV testing. The formal evaluation of the study concluded in May 2018 to allow for learning to be implemented. The robust evaluation was both qualitative

and quantitative, and included test performance and feedback from women and staff

- Additional GP practices were converted to HPV primary screening between May and August 2018 to mitigate for the loss of health board screening staff transitioning to other roles

### IMPLEMENTATION

Full rollout of HPV Primary Screening was implemented on 17 September 2018 and was a very smooth implementation. Wales is the first country in the UK to implement HPV as the primary screening test for cervical screening.

Waiting times for results within four weeks have remained well above target since full rollout. Waiting time performance was very challenging with the previous test due to capacity of specialist staff.

The campaign #loveyourcervix was launched on 12 March 2019 to promote awareness and encourage uptake of cervical screening. This social media campaign focused on younger women to encourage them to attend for screening and address barriers.



# 16

**number of Care Homes  
recruited to the pilot  
phase of the new Wales  
Care Home Improvement  
Network**

# Strategic Priority 7

## Building and mobilising knowledge and skills to improve the health and well-being across Wales

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**We have been working hard to develop the skills, policy, evidence-based knowledge to help us and our partners improve health and well-being. This is a key priority for us.**

In 2018 our Policy Research and International Development Directorate was designated an official Collaborating Centre on Investment for Health and Well-being by the World Health Organization (WHO). The designation recognises our international role in supporting investment in people's health and well-being and driving sustainable development. Delivering on this, we developed our first WHO Collaborating Centre product – How to Make the Case for Sustainable Investment in Well-being and Health Equity: A Practical Guide.

Work began on a cross-organisational programme of work – the Extended Balance Sheet – to capture the social value and return on investment of our services and interventions. We also undertook a cross-organisational evaluation appraisal and development of the ACE Support Hub Evaluation Framework.

We carried out extensive engagement when refreshing our Research and Evaluation Strategy, and when developing the International Health Strategy Implementation Plan and Action Plan for 2018/22.

Our Research and Evaluation Team secured a number of grants, including a European Transition Fund, in collaboration with Mental Health Foundation, to develop an evidence-informed framework to support the mental well-being of farmers within the context of Brexit. Funding was also secured from the Health Foundation to pilot the 'Community Assets, Participation, Integration: Taking Action Locally (CAPITAL)' project as an approach to building social capital and integration in seldom-heard communities.

We carried out two population surveys during the year: Nursing, Midwifery and Health Visitors Health and Well-being survey for Wales, in collaboration with the Royal College of Nursing and Royal College of Midwives; and Digital Technology and Health. Our Health Experiences of Asylum Seekers and Refugees in Wales report launched – the most comprehensive study to date on this topic in Wales.

A number of academic papers were published, including Making a Difference: Investing in sustainable solutions can make a difference to air pollution; and Living well for longer: The economic argument for investing the health and well-being of older people in Wales (Bangor University).

Across the organisation, we led and co-produced a range of events, including Shaping our Future in Wales; and the Wales for Africa Health Links Annual Conference.

We continue to support colleagues within the organisation, and across NHS Wales, with learning and development opportunities. The delivery of the first Institute for Healthcare Improvement's Improvement Advisor course in NHS Wales resulted in 22 expert projects with demonstrable outcomes. 1000 Lives Improvement has also partnered with the Health Foundation to recruit 200 people to the Wales Q Community, which provides a learning network for health board and trust improvement experts.



**700**

the number of articles  
screened to inform the  
evidence review of what  
works in dissemination and  
use of knowledge



# CASE STUDY:

## World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being



In June 2018 our Policy Research and International Development Directorate was designated an official Collaborating Centre by the World Health Organization. The Collaborating Centre is the first and only one in the field of 'investment for health and well-being' in the world and joins a network of more than 800 Collaborating Centres in more than 80 countries globally.

This landmark achievement positions our organisation as a world leading authority on supporting investment in people's health and well-being, driving sustainable development and promoting prosperity for all. It is also a nation's success, acknowledged as "a huge milestone and recognition for the whole of Wales" by the Minister for Health and Social Services, Vaughan Gething, AM.

The Collaborating Centre is developing, gathering and sharing knowledge, information and practical tools on how to best invest in order to improve health and well-being, reduce inequities, build stronger communities and resilient systems within and beyond Welsh borders.

Professor Mark Bellis, Director of the Collaborating Centre, said:

*"Working with world leading experts in the WHO will help us understand which public health policies and interventions work best for the people of Wales, and how to make our country an even better place to live, work and raise a family."*

Becoming a WHO Collaborating Centre brings numerous benefits to the organisation and Wales, including enhancing our international visibility, reputation and impact; developing and applying innovative approaches in public health policy, research and practice; and opening opportunities for income generation and staff development. This is particularly valuable in the current Brexit climate, strengthening our European partnerships.

The designation shows our global and national responsibility and commitment to achieving better health, well-being and prosperity for all in Wales, Europe and worldwide, enabling and driving a sustainable and fair economy, society and healthier planet and people.

# ENABLING US TO BE THE BEST WE CAN BE

**Our enabling functions are centred around the Operations and Finance, People and Organisational Development, and Quality Nursing and Allied Health Professionals directorates. Between them they provide a range of services to the organisation that enable us to achieve our strategic objectives.**

2018/19 has been a successful year for the enabling functions. Thanks to the efforts of our Planning and Performance Team, our Strategic Plan – representing the next three years of our 10 year strategy - was approved by the Welsh Government in March 2019.

The planning team also worked in close collaboration with another enabling function – the Communications Team - to launch our Long Term Strategy, which will help our dedicated employees all to pull in the same direction to improve health and well-being in Wales.

Our enabling functions have been working hard to ensure our staff are healthy and happy too. The team in People and Organisational Development has been continuing to use the Welsh Government's Corporate Health Standard as a development framework, in conjunction with our ongoing vision for employee well-being. This approach has enabled us to successfully deliver planned actions and led to our achievement of the Silver level of the award in July 2018.

We underwent a mock assessment for the Gold level of the award in March 2019 and were provided with very positive feedback. This leaves us in an excellent position when we are assessed for Gold, which is currently scheduled to take place in early July, across the three regions of Wales.

Our enabling functions helped us to gain other forms of recognition in 2018 - this time in the Stonewall Workplace Equality Index benchmarking exercise. The index is the definitive benchmarking tool for employers to

measure their progress on lesbian, gay, bisexual and transgender inclusion in the workplace.

We were delighted to learn that we were placed 173 out of 445 organisations that took part – a jump of 165 places from last year, and a clear indication of how the organisation is improving and becoming more inclusive. Work continues on this agenda as our staff network and Allies continues to grow and develop.

In support of diversity, we also held our very first 'Diversity and Inclusion Week' between the 7-11 January. The week was designed to raise awareness and celebrate our diverse workforce, and also the communities we serve.

In addition to a range of speaking events, we held marketplace events to raise awareness of our staff diversity networks, held cake sales in Cardiff and Bangor, which raised over £230 for the Welsh Charity 'LGBT Cymru Helpline' and gave out rainbow lanyards and laces to staff in all of our locations across Wales.

The week achieved its aim of getting people talking and raising awareness. Many members of staff commented on how much they learned and enjoyed the events, and how they are seeing our organisational values in action. More events will take place through the year, with Diversity and Inclusion week becoming an annual event.

Our enabling functions have been working hard to engage with all our communities. During November and December 2018, our Service User Engagement team built on the success of the 2017 Youth Summit with two further Public Health Youth Summits in North and South Wales in collaboration with Children in Wales. The events attracted over 160 young people aged 11-24 years from varied geographic and socio economic backgrounds. Working with and gaining the views of children and young people is extremely important as they are our future generations who have most to gain from improving the health of the nation.

# Planed Iach, Cymru Iach Healthy Planet, Healthy Wales

Cynhadledd Iechyd Cyhoeddus Cymru 2018  
Welsh Public Health Conference 2018

#CICC18  
#WPHC18





The Communications Team also developed a brand new Public Health Wales website throughout the year, following extensive stakeholder and service user engagement. The website will be the main channel to issue public health advice and information to the public, supported by our growing social media presence.

The team worked with colleagues in the voluntary sector to empower and support young people from seldom heard groups to attend the event and these included looked after children, young carers, asylum seekers and refugees. A number of young person's residential development days were also held to support the Young Persons Annual Quality Statement, Public Health Youth Summits and our wider work.



Our Communications Team also planned and delivered a key event in 2018 - the Welsh Public Health Conference. 800 delegates representing stakeholders from

across Wales shared learning around improving population health and well-being, as well as championing sustainable event management during the two day event.

The communications team also continued to engage with another key stakeholder in 2018 - the Welsh and UK media. In August, we worked with media partners and secured front page coverage for the Policy, Research and International Development Division's 'Futures for Wales' report, using the media to communicate to key policy makers across Wales about the need for better forward planning to address long-term challenges to health and well-being.

Similarly, the team helped to generate over 500,000 opportunities for the public to see messages relating to the welcome decline in antibacterial prescribing rates in Wales, including on BBC and ITV Wales television news, and BBC Radio Wales.

Our Information Technology team are an important enabling function within the organisation, and they were busy in 2018/19 too. For the first time ever, parents of babies in Wales are receiving blood spot test results directly thanks to changes to the blood spot IT system pioneered by our Information Technology team.

The team also delivered significant improvements to our cyber defences, putting in place new firewalls to actively block external threats.

Our Facilities Team have also made a huge contribution as one of our enabling functions in 2018/19, and you can find out about their great work in helping us to be a sustainable organisation in Our Sustainability Report on page 72. The team made a significant contribution to ensuring we remain and grow as a sustainable organisation with a number of important activities in 2018/19. They delivered a clear reduction in plastic use across the organisation, and bike racks were also installed at the Capital Quarter site in Cardiff in response to increased demand for cycle parking. The team also introduced food recycling at Capital Quarter, continuing our work to reduce our waste, and to enable staff to reduce their own food waste.

Our Finance Team are a key enabling function, and you can read Our Financial Statements on page 159 of this Annual Report. The team worked hard during 2018/19 to ensure that we met our key statutory financial targets, but also went above and beyond to secure additional capital funding in year for Microbiology automation.

# OUR AWARDS

**Many of our brilliant employees were recognised throughout the year with awards and accreditations. Here is just a flavour of how some of our gifted people were recognised for their talent and hard work.**

In May 2018 our Deputy Chief Executive, Huw George, was named a finalist in the Institute of Director (IoD) Wales Director of the Year Awards.

The awards celebrate business achievements and inspirational leaders across Wales, bringing all sectors of the business community together. Huw was shortlisted in the Public / Third Sector Director of the Year category.

In June, the Schools Health Research Network (SHRN) - a partnership between Cardiff University, Welsh Government Public Health Wales and Cancer Research UK - won the Innovation in Healthcare Award at this year's Cardiff University Innovation and Impact Awards.

The award winners included Public Health Wales' Director of Health Improvement, Julie Bishop, who was recognised alongside colleagues from Cardiff University and the Welsh Government.

Public Health Wales won the prestigious Health Service Journal Value Award for 'Improving value through innovative financial management or procurement' in June. The award recognised the innovative way we fitted out our new offices using the 'circular economy' approach of remanufacturing - used furniture and using a social enterprise which offers job opportunities to the long term unemployed.

Nerys Edmonds, a Senior Health Promotion Practitioner in the Health Improvement Division was also awarded in June. She was presented with an award for "Trustee of the Year" by the Wales Council for Voluntary Action at their Annual Volunteer of the Year Awards in Cardiff.

Public Health Wales gained the Armed Forces Covenant Bronze Level Defence Employer Recognition Scheme Award.

The recognition acknowledged the support the organisation has given the armed forces community by going above and beyond our covenant pledges.

In the summer, Biomedical Scientist Robert Barry in Microbiology graduated from Cardiff Metropolitan University with the Royal Society of Biology's Accredited Top Project Award. The award is given to the Healthcare Science student with the highest mark for their final year project.

Gail Lusardi, consultant nurse working for Public Health Wales, won a Cavell Star Award in November. Gail was nominated by colleagues for going above and beyond for her patients. One of our Diabetic Screeners, Sharon Davis, also won a Cavell Star Award for her safeguarding knowledge and quick action to manage a safeguarding issue. And our Transition Director Sian Bolton also won a Cavell Star Award for demonstrating exceptional care towards her colleagues.

Dr Stephanie Perret, Lead Health Protection Nurse for Health and Justice at Public Health Wales, was presented with a prestigious RCN in



Wales Nurse of the Year Award at a glittering ceremony held in Cardiff in November. Stephanie was presented with the award for Improving Individual and Population Health.

Colleagues responsible for the staff flu vaccine campaign saw their efforts recognised with a special achievement award at the 2018/19 Beat Flu Awards. The Beat Flu Health Board and Trust Achievement Award is awarded based on national flu vaccine uptake data in the staff of all NHS Wales organisations.

In December, NHS Wales Shared Services Partnership (Shared Services) and Public Health Wales won the 'Working Together' category in the Shared Services Staff Awards. The award was recognition for Facilities Manager Cath Thomas's partnership work with the Shared Services Estates Team in managing a difficult estates issue. The award recognised an individual or team who could demonstrate outstanding commitment to partnership working, internally or external to the organisation.

We were successfully shortlisted for two awards in the finals of the Patient Experience Network National Awards (PENNA) in March 2019. Sarah Morgan, Diversity and Inclusion Manager, was nominated for the work done on Staff Engagement and Improving Staff Experience. Our Lead for Service User Experience, Junaid Iqbal was nominated in partnership with Pobl Group and residents of Parc Penrhiw for work relating to improving health and well-being. PENNA are the first and only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK.



## Diolch! Awards

The winners of the first Public Health Wales staff awards were announced at our staff conference on 21 June. Across three categories, nearly 70 nominations were received from colleagues working across our directorates.

### The winners were:

**Working Together Award:** Mary Wilson, Consultant in Dental Health

**Making A Difference Team Award:** The Making Every Contact Count (MECC) team in Aneurin Bevan local team

**Making A Difference Individual Award:** Breast Test Wales Radiographer Alison Sweeney, and Senior Public Health Practitioner Kathryn Cross from Aneurin Bevan local team

**Living the Values Award:** Quality Manager Anne Thomas from Microbiology

**Chair and Chief Executive Award:** Zoe Couzens from Cervical Screening Wales



# PERFORMANCE ANALYSIS

**Public Health Wales has formal performance management arrangements in place in order to monitor and measure our performance against our strategic plan and the key services that we deliver.**

This provides our Board with a comprehensive picture of our organisation's performance. It also highlights any emerging issues and risks that may require remedial action, to ensure that we are doing everything we can to achieve a healthier future for Wales.

We met all of our statutory duties in 2018/19, including achieving a breakeven position and having an approved Integrated Medium Term Plan. In addition, to continue to develop as an organisation and build resilience across our functions, we again managed to create an internal investment fund to drive improvements in everything that we do.

These key achievements, amongst several others, were recently highlighted in our bi-annual Joint Executive Team performance review with the Welsh Government, which forms part of our formal accountability arrangements.

We continued to mature our performance management and reporting arrangements during 2018/19 so that we are better equipped to monitor our progress against our strategic priorities and key performance measures. Progress against delivery of our plan was captured as part of our actions within our annual plan, and reported to our Board and the Welsh Government on a quarterly basis. At the end of 2018/19, good progress was made against our annual plan, with over 79 per cent of actions (275 actions) being completed. Fifteen per cent of actions (52) were behind schedule and not completed within agreed timescales, and 6 per cent of actions (22) were delayed due to reasons outside of Public Health Wales' control.

Most progress was made against *Supporting the development of a sustainable health and care system focused on prevention and early intervention* (priority 6), with 87 per cent of actions completed within agreed timescales (66 of 76 actions). The strategic priorities *Securing a healthy future for the next generation* (priority 4), *Protecting the public from infection and environmental threats to health* (priority 5) and *Building and mobilising knowledge and skills to improve health and well-being across Wales* (priority 7) all completed at least 80 per cent of their actions. Less progress was made against *Promoting healthy behaviours* (priority 3) with over a third of actions (39 per cent) not completed within the agreed timescales. A significant proportion of these were due to delays relating to a lack of capacity and not being able to recruit to key roles. Action plans are being put in place to expedite these issues for the forthcoming year and performance will be monitored as part of our ongoing accountability arrangements.

A full progress report at the end of 2018/19 including further information on actions not completed are included in the **March 2019 Integrated Performance Report** (pp. 22-53).



 **GIG Cymru NHS Wales** | **Gwobrau GIG Cymru NHS Wales Awards**

## 2018/19 Strategic Priorities

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

Figure 1: Overall progress across all plans

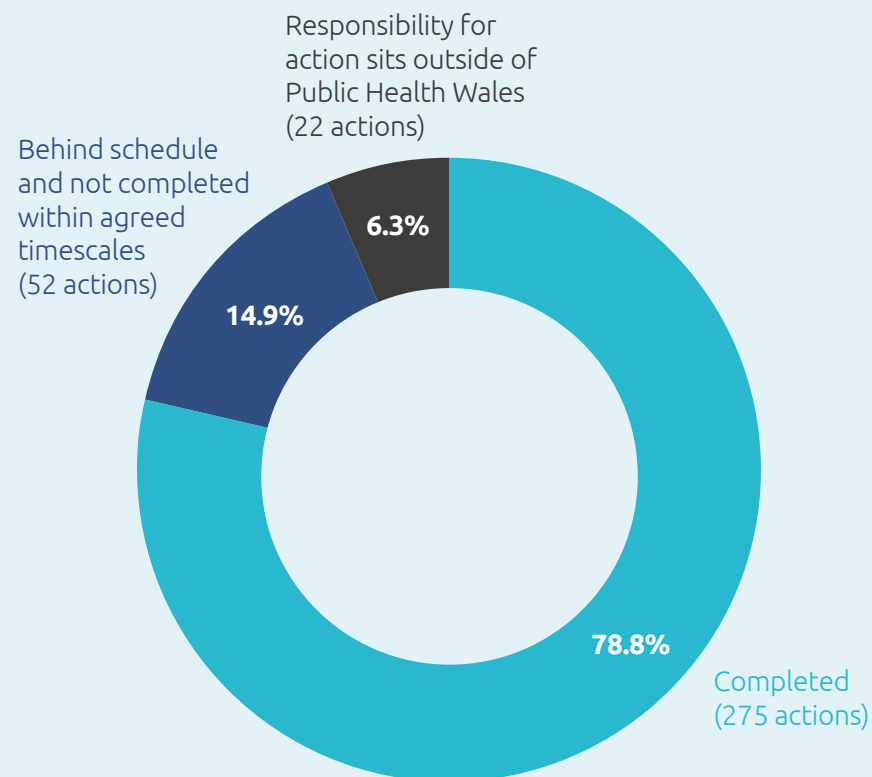
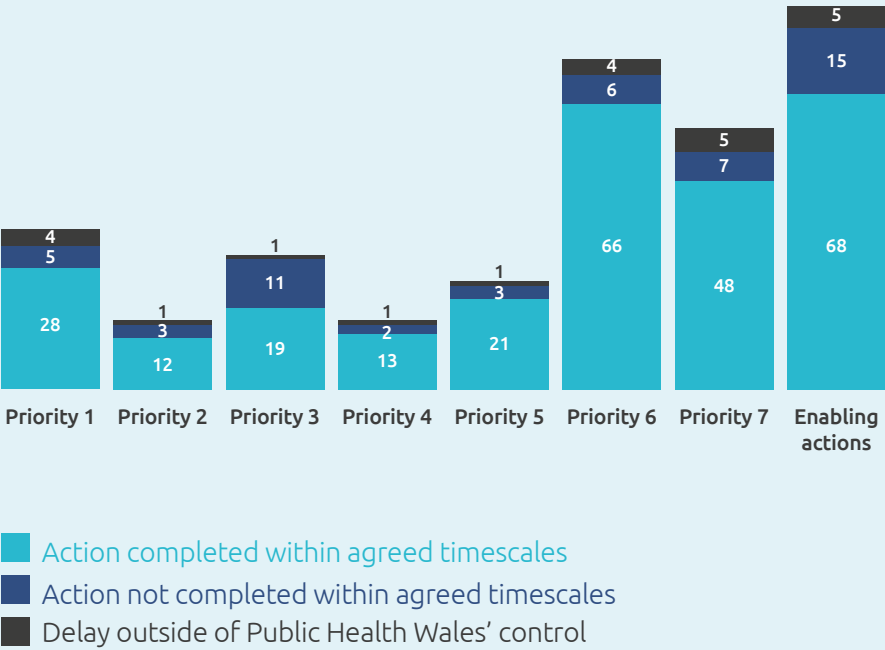




Figure 2: Progress against Strategic Priorities



This section provides an overview against a selection of our key performance measures. To help support improvements in each of our services, we set a number of ambitious targets in our Strategic Plan to ensure we deliver the most effective and efficient services that we can. These performance measures were reported as part of an integrated performance report which provides key information on our operational, people, quality and financial performance to highlight improvements in performance as well as areas where we need to improve. This information is scrutinised by our Executive Team on a monthly basis and by our Board on a bi-monthly basis at each formal Board meeting.

A narrative overview is provided for each area, which highlights our latest performance and any key achievements and challenges we've experienced within each. This is supported by supplementary data tables which summarises our performance in 2018/19, along with comparator data for the previous two years (where available).

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





## Smoking cessation

Tobacco ranks as the single highest risk factor for premature death and disability in the UK. It causes nearly one in five of all deaths and around one third of the inequality in mortality between the most and least deprived areas in Wales. Helping to reduce the number of people smoking in Wales continues to be a key element of our work alongside our partners, as we aim to reach the Welsh Government target of reducing smoking rates to 16 per cent by 2020.

Our Help Me Quit service provides smokers with access to all NHS stop smoking services in Wales, making it easier for smokers to choose the best NHS stop smoking support for them in their local area. Latest available data for the percentage of adult smokers who make a quit attempt via smoking cessation services stood at 2.2 per cent at the end of quarter 3 2018/19, against a 5 per cent annual target. Whilst the system is not currently achieving target, there is evidence of a notable increase in smokers contacting Help me Quit, and accepting support. Compared to 2018, quarter 4 contacts were up by 20.5 per cent (total 4,455 smokers).

Latest figures for Stop Smoking Wales show that the percentage of smokers carbon monoxide validated as successful exceeded the 40 per cent target and stood at 46.8 per cent in 2018/19. Furthermore, the percentage of treated smokers that quit smoking at 4 weeks (self-reported) increased from 64 per cent to 66.5 per cent over the past year and remains above target levels. Although the average waiting time for an appointment increased slightly from eight to nine days over the same period, it remains significantly within target (14 days). The percentage of treated smokers who have a carbon monoxide reading at 4 weeks fell in 2018/19 (down 3.6 per cent to 70.3 per cent) and remains below the 80 per cent target. Performance remains in line with the expectations of the service with the introduction of Help Me Quit, and should also be considered against a background decline in attendance at stop smoking services across the United Kingdom.

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Help Me Quit*				
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% (Annual target)	Data unavailable	Data unavailable	2.2% (as at Quarter 3)
Per cent smokers CO validated as successful	40%	42.1%	48.9%	47%
Stop Smoking Wales				
Percentage of smokers carbon monoxide validated as successful	40%	48.9%	47%	46.8%
Average waiting time for an appointment in this month (days)	14 days	7	8	9
Percentage of treated smokers who have a carbon monoxide reading at 4 weeks	80%	80.5%	73.9%	70.3%
Percentage of treated smokers that quit smoking at 4 weeks (self-reported)	50%	61.9%	64%	66.5%
Smoking Prevention Programme				
Number of secondary school targeted	60	67	57	58

\* Help Me Quit is a new model for smoking cessation services in Wales, and focuses on the quality of service provided and outcomes rather than volume. Data for previous years is therefore not comparable





## Childhood overweight and obesity

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

At a national level there has been a 0.7 per cent improvement in the prevalence of children aged 4/5 who are classified as overweight or obese over the last year, with more than a quarter of children (26.4 per cent) in reception year classified as overweight or obese (down from 27.1 per cent during the previous year).

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Childhood overweight or obese <sup>2</sup>				
Percentage of reception class children (aged 4/5) classified as overweight or obese*	Reduction	27.1%	26.4%	Data unavailable

\* The 2019 release for the Child Measurement Programme for Wales relates to the findings from the measurements of children in reception year aged four to five during the academic year 2017-2018.



## National Exercise Referral Scheme

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

In 2018/19, over 32,600 referrals were made to the scheme, exceeding our target of just over 23,000 referrals for the last three years. Of these, over 19,300 individuals undertook a first consultation and over 10,200 completed the 16 week consultation, which again surpassed respective targets.

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Health Improvement Programmes				
National Exercise Referral Scheme – number of referrals	23,184	30,919	32,775	32,691
National Exercise Referral Scheme – number of 1st consultations	16,228	18,307	19,694	19,312
National Exercise Referral Scheme – number of 16 week consultations	6,492	8,927	9,509	10,284

## Healthy Working Wales

Healthy Working Wales supports people in Wales to return to work and remain in work for longer by promoting health and well-being, a good work-life balance and healthy lifestyles to help reduce sickness and absence. The programme is delivered in partnership by the Welsh Government, Public Health Wales and Cardiff University. Healthy Working Wales achieved 38 organisations completing a full assessment, against a revised target of 25 (previously 20).

While the number of organisations achieving a small workplace award saw an increase from 60 to 78, it fell short of achieving the revised target of 100 organisations (previously 80). It is anticipated that the implementation of new Healthy Working Wales delivery model which will include new ways of working will help to improve reach to small and medium organisations during 2019/20.

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Health Improvement Programmes				
Healthy Working Wales - organisations completing a Corporate Health Standard full assessment*	25	25	38	38
Healthy Working Wales - organisations achieving a Small Workplace Health Award*	100	57	60	78
Healthy Working Wales - Organisations completing a Corporate Health Standard mock assessment	25	21	25	30
Healthy Working Wales - Private sector organisations completing a mock assessment	15	8	12	15
Healthy Working Wales - Private sector organisations completing a full assessment	25	25	39	38

\* Targets for the Healthy Working Wales programme were revised following agreement with Welsh Government in 2018/19.

## Welsh Network of Healthy Schools

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

2018/19, 218 schools achieved the level 1-5 award, against a target of 180 schools. However, the number of schools undertaking the National Quality Award fell from 29 to 21 over the last year, against a target of 35 schools.

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Health Improvement Programmes <sup>3</sup>				
Welsh Network of Healthy Schools - Schools achieving level 1-5 award	180	228	225	218
Welsh Network of Healthy Schools - Schools undertaking National Quality Award	35	34	29	21

## National Health Protection Service

One of our key statutory functions is preparing for, responding to and effectively managing existing and new infectious and environmental threats to health. Our health protection and microbiology teams have had an exceptionally busy year responding to outbreaks (including Tuberculosis, E.coli, and Hepatitis A) and incidents as part of their core operational business whilst adopting new technologies to better respond to such threats.

Alongside our Microbiology laboratories achieving UKAS re-accreditation, we continue to provide a 24 hour, 365 days a year service to respond to infectious disease threats to the population of Wales. This requires a close working relationship between our Health Protection and Microbiology services.

We also established new emergency planning arrangements and refreshed our emergency plan, whilst leading the Public Health Wales preparedness for the impact of the United Kingdom leaving the European Union.

In recognition of the challenges of these threats to health, it is vital that we strengthen the resilience of Health Protection services in Wales. Public Health Wales has recognised that it needs to modernise and transform its infection service, and redefine the model of a National Health Protection Service (NHPS) for Wales. The right pace with the allocation of energies alongside new and existing resources are critical to securing change without destabilising current service delivery.

As part of this process we will need to review our key performance measures in these areas to ensure that we are able to monitor our progress whilst highlighting any potential issues.

		Performance		
Indicator	Standard/Target	16/17	17/18	18/19
Microbiology*				
UKAS status of accreditation to ISO 15189:2012 for Microbiology and ISO 17025:2005 for Food, Water and Environmental laboratories for a defined scope.	Accredited	Accredited	Accredited	Accredited

\* Microbiology laboratories accredited by Clinical Pathology Accreditation (UK) in 2016/17.



## Vaccination and Immunisation

Public Health Wales works to support health boards, through policy development, training and the provision of information, to achieve targets in relation to a number of key vaccination and immunisation indicators. Since last year, we have seen a varied picture across a number of our key performance measures.

The largest improvement was seen in the percentage of children who received two doses of the MMR vaccine by age 5 (2.7 per cent improvement), and uptake of all scheduled childhood vaccinations at age 4 (2.3 per cent improvement).

Whilst the percentage of children who received 3 doses of the '6 in 1' vaccine by age 1 saw a small decline against last year (down 0.5 per cent), it remains above national target levels. Although improvements in influenza vaccination uptake was seen for uptake among pregnant women (1.5 per cent improvement), performance across the other target groups declined in 2018/19.

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

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Vaccination and Immunisation				
Uptake of all scheduled childhood vaccinations at age 4	95%	84.6%	84.9%	87.2%
Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1	95%	96.3%	95.9%	95.4%
Percentage of children who received two doses of the MMR vaccine by age 5	95%	90.3%	89.5%	92.2%
Influenza vaccination uptake among those aged 65 and over	75%	66.7%	68.8%	68.3%
Influenza vaccination uptake among under 65s in high risk groups	55%	46.9%	48.5%	44.1%
Influenza vaccination uptake among pregnant women*	75%	76.8%	72.7%	74.2%
Influenza vaccination uptake among frontline healthcare workers	60%	51.5%	57.9%	55.5%

\* Latest data for influenza uptake among pregnant women only includes numerator data (i.e. numbers of pregnant women who have been immunised) and excludes denominator data due to it being potentially misleading

## Healthcare Associated Infections

Healthcare associated infections (HCAI) are infections that develop as a direct result of medical or surgical treatment or contact in a healthcare setting. They can occur in hospitals, health or social care settings in the community and can affect both patients and healthcare workers. Common HCAs include Clostridium difficile (C.difficile), Staphylococcus aureus (Staph aureus), and E.coli bacteraemia (E.coli).

In 2018/19, we monitored the number of these infections on a monthly basis for all health boards and NHS Trusts that treats inpatients in Wales. We continued to provide strategic leadership to the NHS in response to the challenges of HCAs. Examples of how we have supported the NHS include our establishment of a national Collaborative for HCAs, jointly led through our 1000 Lives Improvement Service and our Health Protection Team, and our support to the Chief Medical Officer in taking forward a national plan to address antimicrobial resistance. We will continue to work closely with health boards and trusts to provide the expert support and advice to reduce rates of healthcare associated infections in Wales.

Latest figures for Wales have shown reductions in C.difficile, Staph aureus and E.coli rates compared to last year, although they remain above the national reduction expectations for Wales. Improvements were particularly evident for C.difficile rates, which has reduced from 36.8 to 26.6 per 100,000 population between 2017/18 and 2018/19. E.coli rates also saw reductions, from 83.3 to 79.5 per 100,000, between 2017/18 and 2018/19. Staph aureus rates have remained more consistent over the same period (from 29.9 to 29.5 per 100,000).

More detailed information for each health board can be found at: [www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=95204](http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=95204)

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Healthcare Associated Infections				
Clostridium difficile rate (per 100,000 population)	≤26	33.6	36.8	26.6
Staph aureus rate (per 100,000 population)	≤20	27.1	29.9	29.5
E.Coli bacteraemia rate (per 100,000 population)	≤67	81.9	83.3	79.5





## Screening

One of our statutory functions is to provide population-based screening programmes. We deliver seven national screening programmes and coordinate the All-Wales managed clinical network for antenatal screening. Our programmes are either primary prevention with the aim of reducing incidence of disease (e.g. Cervical Screening) or secondary prevention with the aim of early diagnosis to reduce the impact of the disease (e.g. Breast Screening).

Over the last year we have made progress in successfully implementing Human Papilloma Virus as the primary testing for Cervical Screening programme – the first UK country to implement the UK National Screening Committee recommendation for the more accurate and sensitive test. We also undertook a phased implementation of the new test for Bowel Screening Wales in January 2019, and we have successfully completed quality assurance work for Breast Screening and Bowel Screening Programmes with very few concerns identified.

A key priority for us over the last few years has been to maintain or improve our performance within each of our programmes. This is set out within our Strategic Plan and is based on a series of performance measures, which

we refreshed in 2017/18, in order to actively monitor progress for each programme. Following the progress made over the past two years, latest figures show that there remain challenges to sustain or improve performance across our screening services. Modest improvements from last year can be seen for Breast Test Wales *normal results sent within 2 weeks of screen*, Cervical Screening waits for results within 4 weeks, Bowel Screening coverage, and for our Abdominal Aortic Aneurysm and Newborn Hearing screening indicators.

We continue to see challenges in our Bowel Screening programme with regards to waiting times for colonoscopy, with a 9 per cent reduction in performance from last year, and a 47.2 per cent decline against 2016/17 figures. Low medical staffing levels in certain health board areas continue to be a significant issue for the service, with concerted efforts being made to look at training additional medical staff and mentorship. Alongside the introduction of the new FIT test (Faecal Immunochemical Testing) in early 2019, continued engagement with health boards on colonoscopy has started to yield positive results with regards to timeliness which was particularly evident towards the end of 2018/19.



Following an improvement in newborn bloodspot screening avoidable repeat rate seen last year (4.8 per cent), latest data for 2018/19 shows a deterioration in performance at 7.3 per cent in 2018/19, against a standard of  $\leq 2$  per cent. Continued underperformance is due to issues obtaining good quality bloodspot samples, completing information on the card accurately and ensuring the card has not expired. Reducing avoidable repeat remains a focus for the programme, and we are conducting sample quality training sessions in health boards to drive improvements in this area.

Performance for our Diabetic Eye Screening Wales programme was reported to our Board for the first time in 2018/19, following its

transfer to us from Cardiff and Vale University Health Board. Whilst we acknowledge that there have been challenges, especially around letters printed within 3 weeks of screen date (35.2 per cent), focused work will be undertaken to improve our performance in 2019/20, following the implementation of a management restructure.

Our focus over the next year will be to build on the improvements that have been seen whilst supporting areas where challenges remain in order to improve outcomes for our service users. More detailed information on each programme's performance can be found at:

[www.screeningforlife.wales.nhs.uk](http://www.screeningforlife.wales.nhs.uk)

		Performance		
Indicator	Standard/Target	16/17	17/18	18/19
Screening*				
Breast screening: normal results sent within two weeks of screen	90%	98.0%	91.4%	92.3%
Breast screening: assessment appointments within three weeks of screen	90%	69.2%	65.1%	65.5%
Breast screening: per cent women invited within 36 months previous screen	90%	84.7%	88.6%	86.5%
Cervical screening coverage	80%	77.1%	76.3%	75.5%
Cervical screening waits for results: within four weeks	95%	94.8%	93.3%	93.9%
Bowel screening coverage	60%	52.0%	52.2%	53.6%
Bowel screening waiting time for colonoscopy	90%	85.7%	47.5%	38.5%
Abdominal aortic aneurysm surveillance uptake: small	90%	92.6%	91.0%	91.4%
Abdominal aortic aneurysm surveillance uptake: medium	90%	94.2%	90.9%	94.2%
Newborn hearing screening per cent completing the programme within four weeks	90%	98.7%	98.4%	98.6%
Newborn hearing screening per cent completing the assessment procedure by three months of age	85%	92.7%	89.8%	92.6%
Newborn bloodspot screening coverage	95%	94.2%	94.4%	93.2%
Newborn bloodspot screening avoidable repeat rate	≤2%	5.6%	4.8%	7.3%
Diabetic Eye Screening Coverage - Reported result in the last 12 months	80%	Data unavailable	Data unavailable	67.5%
Diabetic Eye Screening Results letters printed within 3 weeks of screen date	85%	Data unavailable	Data unavailable	35.2%

\* The screening programme figures presented for 2018/19 relate to operational performance of these programmes during the specified year. They represent a different cohort to those participants invited in that year, who require a length of time to complete any associated activity before the Official Statistics can be published

## Our staff and resources

During 2018/19, we continued to develop our approach to managing key workforce performance data across our organisation, including voluntarily reporting on our Gender Pay Gap in advance of the wider requirement to do so in Wales in 2019. This information, alongside performance indicators on sickness, statutory and mandatory training, turnover and appraisals, was reported to the Board on a monthly basis and included within the Integrated Performance Report.

Latest available data shows that we saw an improvement across the majority of our workforce figures. Our rolling sickness absence rate has improved over the last year, and currently stands at 3.87 per cent (down from 4.01 per cent last year), which is above the national target of 3.25 per cent. With stress, anxiety and depression being a significant factor in the organisation's absence rate, a task and finish group has been set up with the aim of looking at training and support for line managers and staff.

Our People and Organisational Development team are prioritising work in this area and will form the basis of continued activity to manage short and long term sickness absence rates.

Concerted effort to improve our staff Statutory and Mandatory training compliance has yielded increases in compliance rates for the third consecutive year, and is now above the all-Wales target at 91.8 per cent. In the same way, greater focus will be given in 2019/20 to improving the online recording of staff appraisals as latest figures are consistently below target at 55.8 per cent. The percentage of medical staff undertaking revalidation appraisal within the last 15 months remained at 100 per cent for 2018/19.

		Performance		
Indicator	Standard/ Target	16/17	17/18	18/19
Staff and Resources*				
Sickness absence rate (annual rolling)	≤3.25%	3.64%	4.01%	3.87%
Percentage compliance for all completed Level 1 competencies within the Core Skills & Training Framework	85%	64.8%	86.4%	91.8%
My Contribution appraisal compliance – recorded on ESR	90%	Data unavailable	55.8%	55.8%
Percentage of medical staff undertaking revalidation appraisal within the last 15 months	100%	100%	100%	100%
Percentage of staff who had a performance appraisal who agree it helps them improve how they do their job	Improvement	54%	58%	55%
Overall staff engagement score	Improvement	3.70	3.73	3.86
Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Improvement	60%	71%	76%

\* Workforce data has been reported using a combination of information from our Electronic Staff Record (ESR) and NHS Wales Staff Survey for 2013, 2016 and 2018.



## Concerns and complaints

Public Health Wales is committed to listening carefully and responding appropriately to the experience of service users, complaints, incidents and claims. This ensures that lessons are learned and the quality of service provided are improved. The Putting Things Right Guidance and Operational Policies and Procedures sets out the arrangements by which Public Health Wales will manage and respond to concerns (complaints, claims and incidents). The Policies and Procedures ensure we comply with the **NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011**, and provide redress when appropriate, so that the public can be clear about how to raise a concern or complaint.

Concerns provide valuable feedback which Public Health Wales is keen to learn from and they are seen as a positive agent for change.

The Executive Team and Quality, Safety and Improvement Committee review the quarterly Putting Things Right report. The purpose of this report is to identify issues and triangulate themes to support learning across the organisation. The Service User Experience and Learning Panel is the forum for ensuring that lessons are shared and scrutinised on an organisation-wide basis. Lessons learnt are therefore collated on a quarterly basis and presented to the Panel. This allows for discussion and scrutiny of actions to determine if they are appropriate, along with the wider sharing of lessons learned.

During 2018/19, Public Health Wales received 59 complaints, of which 89 per cent were acknowledged within two working days and 59 per cent were responded to within the 30 day target timescales.

The number of complaints saw a small increase from the 52 complaints received last year. A recent audit identified a number of reasons contributing to the delays encountered including:

- Clinical interval cancer reviews taking longer than 30 working days
- The improvement work undertaken within the Diabetic Eye Screening Wales programme and, in particular, the process for dealing with complaints (e.g. investigating and responding formally to a complaint when it was initially dealt with as an 'on the spot')
- Quality assurance of response letter sign off taking longer than 5 working days

Following the implementation of the audit recommendations and weekly monitoring of responses, timescales improved during the second half of the 2018/19 with 8 per cent (5) of concerns received breaching the 30 working day response target, compared to 18 concerns in the first half of the year.

Seven serious incidents were reported to the Welsh Government in 2018/19. Due to complexity of the investigations, including extensive review and quality assurance of our databases, and the need to refer to archived records, 57 per cent of serious incident investigations were completed within the target timescales. This work continues to be taken extremely seriously and has been undertaken very promptly with the Welsh Government kept fully aware of the circumstances surrounding each investigation.

		Performance		
Indicator	Standard/Target	16/17	17/18	18/19
Quality				
Number of written concerns/complaints received	N/A	43	52	59
Written concerns/complaints responded to within target timescales	75%	72%	73%	59%
Number of serious untoward incidents (SUIs) reported	N/A	3	2	7
SUI investigations completed within target timescales	90%	100%	0%	57%

## Quality and Impact

During 2018/19 we reported for the first time a number of quality and impact indicators covering the five domains set out in our Quality and Impact Framework. The indicators have been developed in partnership with our teams and will help us to monitor the quality and impact of our work. The indicators will be reviewed annually, as they are important building blocks for the organisation in changing the culture and increasing the focus on quality and impact. Through the implementation of the Quality and Impact Framework we will ensure that the work we are doing is of high quality, has a positive impact on the health, well-being and the protection of the people of Wales, and is safe and reliable.

## Managing our risk

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

We continue to develop and strengthen our risk management arrangements at both a strategic and operational level. During 2018/19, we published our first Annual Statement of Risk Appetite. Work has been undertaken to embed risk management at all levels of the organisation, which includes the ongoing training of all risk owners.

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

## Developing our performance management arrangements

Our new Strategy will involve significant change to the way we work, what we do and how we allocate resources. To support the delivery of our new long term priorities, we have developed a new Performance Management Framework. This outlines our ambition to implement effective performance management arrangements to help support the delivery of our operational and strategic priorities through the timely management and monitoring of performance information. It describes the Board's commitment to create an effective system of performance delivery and control, with clear lines of reporting and accountability. This includes the intention that Committees will provide the Board key assurance on delivery targets. The Framework is designed to underpin the ongoing work to develop health outcome goals for the organisation, whilst supporting the cultural change required to deliver our long term priorities.

Whilst the structures and processes already established for performance management provide a strong foundation for us to judge the success of our activities, strengthening our performance management and reporting will enable us to better manage, and improve, the performance of our services and programmes. It also reflects our commitment towards an integrated approach to performance reporting across the full breadth of the organisation, utilising technological advances, our increased focus on demonstrating the value and impact of our work, and our pledge to embed the Well-being for Future Generations Act in the work that we do.





# HOW WE DELIVERED OUR WELL-BEING OBJECTIVES



## Purpose

To provide an end of year update on Public Health Wales' response to the Well-being of Future Generations (Wales) Act 2015 and organisational progress against well-being objectives.

## Background

The Well-being of Future Generations Act came into effect on 1 April 2016. In March 2018, Public Health Wales merged its strategic priorities and organisational well-being objectives within the context of the new Long Term Strategy and alongside a refreshed well-being statement<sup>1</sup>, which was subsequently highlighted as best practice by the Future Generations Commissioner.

## The Health and Sustainability Hub

The Health and Sustainability Hub supports Public Health Wales to meet its duties in the Act and to maximise opportunities afforded by the Act.

### Supporting an organisational response

#### Raising awareness and understanding

The Hub undertakes considerable staff engagement to raise awareness and understanding of the opportunities and challenges of implementing the Act, for example through 75 'engagements' in 2018/19 across all directorates; by working closely with corporate leads for support functions; by presenting at the 'Welcome, Engage, Network, Develop' events; and through piloting two 'health and sustainability mini-market' events to engage colleagues in Microbiology Laboratories (University Hospital of Wales and Singleton Hospital). Further sessions are planned across Wales after reflecting on feedback

### Improving environmental sustainability

The Hub is supporting the delivery of Public Health Wales' environmental sustainability programme, including chairing the 'Leadership, Engagement and Learning' working group (one of the five working groups to implement the programme). Going forward, the environmental sustainability programme will benefit from support available to the public sector outlined in the Welsh Government's low carbon delivery plan ('*Prosperity for All: A Low Carbon Wales*', published March 2019), including a decarbonisation dashboard and toolkit. *A Low Carbon Wales* requires organisations to work towards a range of proposals including changing fleet vehicles to ultra-low emission and separating recyclable waste to comply with forthcoming regulations.

### Spotlight on our environmental sustainability in 2018/19

- Creation of 'monitoring and evaluation' working group to report on baseline data and progress through initiatives
- Consolidation of energy suppliers from five companies to one provider, which will improve the collection of data and reporting
- 26 members of staff purchased bikes through the Cycle to Work Scheme (unchanged from 2017/18)

*Annex 1 provides some further examples of activity being progressed through the programme.*

<sup>1</sup> Public Health Wales' Well-being Statement (2018): [www.wales.nhs.uk/sitesplus/888/page/89658](http://www.wales.nhs.uk/sitesplus/888/page/89658)

Public Health Wales' well-being statement



## Public Health Wales' Biodiversity Plan

The Hub has drafted and co-ordinated Public Health Wales' Biodiversity Plan ('*Making Space for Nature*') to maintain and enhance biodiversity and promote the resilience of ecosystems, which was approved by the Senior Leadership Team in March 2019. The plan is a statutory requirement in the Environment (Wales) Act 2016, and its delivery and reporting will also be supported by the Hub (the first report is required by the end of 2019).

## Enabling a collaborative approach

### Memorandum of Understanding with Natural Resources Wales

A Memorandum of Understanding has been developed between Natural Resources Wales and Public Health Wales to enable greater collaboration and to add value to existing ways of working, to support a joint approach to the delivery of well-being objectives. Following Board approval in March 2019, a work plan is being developed by a bilateral steering group.

### Participating in wider networks

The Hub is participating in a range of networks to identify opportunities for working collaboratively to deliver shared outcomes, including Sustainable Development

Co-ordinators' Cymru (SDCC+), National Public Bodies Network, and Cynnal Cymru-Sustain Wales.

The Hub collaborated with the Office of the Future Generations Commissioner and Betsi Cadwaladr University Health Board on a 'Live Lab' programme of work to explore the practical implications of the Act and support innovation, transformation, and organisational culture change. The 'Live Lab' collaboration is now focusing on the theme of childhood obesity, with input from a range of colleagues from across different directorates in Public Health Wales.

## How has the Act made a difference?

The Health and Sustainability Hub supports Public Health Wales to meet its duties in the Act and to maximise opportunities afforded by the Act.

## Measuring our progress to date

Strengthening performance management and reporting arrangements has been identified as one of the key areas for development to support delivery of our long term priorities. The decision to align the well-being objectives with our strategic priorities represents our statement of intent of how

our organisation is responding to the public health challenges and opportunities that we face.

The stronger alignment allows our ongoing monitoring and reporting of the well-being objectives to show a clear link to how our organisation reflects its unique contribution to the seven well-being goals.

Figure 1 shows the latest performance against each of the well-being objectives/strategic priorities at the end of 2018/19. At least 80 per cent of actions were completed for the following well-being objectives: *Securing a healthy future*; *Protecting the public*; *Health and care system focused on prevention*; and *Building and mobilising knowledge and skills*. The proportion of actions completed ranged from 86 per cent (*Health and care system focused on prevention*) to 61 per cent (*Promoting healthy behaviours*).

We will continue to assess our progress in delivering our well-being objectives/strategic priorities as well as building on established organisational processes to strengthen our ability to reflect our contribution to the Well-being of Future Generations Act.

Through our internal performance review arrangements, emphasis continues to be placed on how directorates are embedding the 'five ways of working' in the Well-being of Future Generations Act. We also highlight the progress that we make at our bi-annual Joint Executive Team accountability meetings with the Welsh Government.

To strengthen our ability to report progress against the Well-being of Future Generations Act, work will be taken forward through our refreshed Performance Management Framework. This sets out our expectations for performance delivery as well as our vision for performance management and reporting aligned to our long term priorities.

## Case studies

Public Health Wales' end of year performance reviews have collected a number of case studies which provide examples of activities that contribute to embedding the sustainable development principle. These case studies are highlighted in Annex 2, alongside two more detailed examples (development of the 'National Infection Service for Wales' and the production of the 'Brexit Health Impact Assessment').

**Figure 1: Performance against well-being objectives, 2018/19**

**Influencing the wider determinants of health**



76% 14% 11%  
37 actions

**Improving mental well-being and resilience**



71% 21% 7%  
14 actions

**Promoting healthy behaviours**



61% 35% 3%  
31 actions

**Securing a healthy future**



81% 13% 6%  
16 actions

**Protecting the public**



84% 12% 4%  
25 actions

**Health and care system focused on prevention**



86% 7% 7%  
73 actions

**Building and mobilising knowledge and skills**



81% 9% 9%  
54 actions

Completed  
 Not completed within agreed timescales  
 Responsibility now sits with an external agency



## Looking forward – Embedding sustainable development: everybody's business

In addition to ongoing communications, collaborations and engagement work across the organisation to further raise awareness and understanding of the Act, examples of broader work underway or planned to embed sustainable development include:

### 'Be the Change' movement/campaign



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

The themes support the four pillars of sustainable development, and include a range of issues of both Welsh and global concern, with current products including:

#### e-guides

- **'Walking our talk'** – active and sustainable travel
- **'Reducing our waste measurements'** – reducing energy use and waste
- **'Creating inclusive workplaces'** – supporting diversity and inclusion
- **'Sustainability on the agenda'** – delivering sustainable meetings and events
- **'A healthy heritage'** – giving vibrancy to health and well-being through the arts, culture and Welsh language
- **'Cue card'** on the five sustainable ways of working

#### e-posters

- Procuring Fairtrade tea and coffee
- Consuming from reusable coffee cups
- 'Essentials' of Well-being of Future Generations (Wales) Act 2015
- Reducing/removing plastic items in the workplace

*Further resources will be produced in 2019-20, including an e-guide to encourage all staff to support the delivery of the organisation's biodiversity plan.*

### A selection of 'Be the Change' e-guides



The Hub has also co-organised some 'Action' events to provide staff with unique opportunities to model specific behaviours in the e-guides. Previous activities have covered multi-faith visits, British Sign Language introductory sessions, and group litter-picking for the 'Time to Move' physical activity initiative.

The team has also created the 'Well-being Goals Challenge', which challenges staff to seven days of modelling a sustainable behaviour, from a menu consisting of a low-carbon diet, reducing waste, green travel, and ethical consuming. Further events and challenges will be organised, following their popularity amongst teams across the organisation.

In light of the potential to reach the wider public sector workforce in Wales, the Hub is engaging other public bodies/organisations in this movement for individual-level behaviour change. The first 'Be the Change' collaboration has been formed with the Welsh Government and Natural Resources Wales to co-produce an e-guide on biodiversity, which will have a potential audience of over 200 public authorities in Wales through the Environment Act.

## SIFT tool



The Hub is continuing to develop the 'Sustainability Improvements for Teams' (SIFT) tool following nine tests to-date in Public Health Wales, Betsi Cadwaladr, Aneurin Bevan and Swansea Bay University Health Boards. One test, with Sport Wales, presented an opportunity to examine whether the tool is effective in facilitating change in another sector. The tool was presented at the NHS Wales long-term planning event in March. A session was also held in April 2019 with the International Futures Forum to pilot a set of prompt cards which will provide teams with additional stretch, particularly for dealing with complexity.

## Sustainable environments

In January, working with Natural Resources Wales, the Hub delivered a seminar at University Hospital Llandough around the opportunities for increasing access to green space on or near to NHS Wales land, for NHS Wales Directors of Planning, Directors of Public Health and Directors of Estates, alongside wider stakeholders. An e-guide has also been produced to support NHS

Wales' health boards and trusts to comply with the Biodiversity Duty in the Environment Act.

## Supporting 'long-term thinking and working'

A national conference, 'Shaping Our Future in Wales' was held in March 2019, in collaboration with Public Health Network Cymru, Office of the Future Generations Commissioner and the Welsh Government. The event was attended by decision makers in the public sector, with presentations including the Dutch National Institute for Public Health and the Environment, and the School of International Futures, alongside a series of workshops.

## Contributing to a healthy heritage

Together with Public Health Network Cymru and the Arts Council of Wales, a number of events are being organised for arts and cultural organisations to showcase their sustainable development work and the links to maximising physical and mental health and well-being (to be held in Quarter 1 2019-20).

## Literature Review

A literature review has been commissioned to provide a summary of the evidence and a guide for all public bodies within Wales, and any organisation internationally, seeking

to respond to the challenge of making the five sustainable ways of working a reality. The report is due to be published in Quarter 1 2018/19.

## Co-ordinating responses to Future Generations Commissioner

The Hub worked with the Strategy and Planning Team to complete the 'Self-Reflection Tool' to provide the Future Generations Commissioner with the organisation's progress towards meeting its well-being objectives, based on the 2017/18 Annual Report.

The Office of the Future Generations Commissioner's 'Art of the Possible' programme is a partnership approach to shining a light on work that is improving well-being in communities across Wales, and is divided into two main parts:

- 'Simple changes' which consist of an initial 80 steps that organisations should action
- 'Journey checkers' which set out the steps public bodies should take as they progress on their journey from the 'simple changes' above to 'being adventurous' to 'leading the way' (transformational change), applicable to each of the seven well-being goals and the 'involvement' way of working





The Hub has coordinated Public Health Wales' response to the consultation on the 'journey checkers', as well as providing an up-date on how the organisation is adopting the 'simple changes'. The team will continue to support Directorate Business Leads and the Strategy and Planning and Communication teams on 'Art of the Possible'. We consider that our 'Be the Change' e-resources complement 'Art of the Possible' in many ways and embrace the call for action at a number of levels, with a clear read across to our internal environmental sustainability programme.

### **Working with key stakeholders in Wales and Europe**

The Hub is working with a number of teams in the Welsh Government to share learning and resources in responding to the Act, including advocating the adoption of the SIFT Tool and 'Be the Change' by a wider audience. This work also includes contributing to the voluntary national review on implementing the United Nations Sustainable Development Goals.

### **Joint Action on Health Equity Europe Programme 2018-21**

Wales has committed to participating in the Joint Action on Health Equity Europe Programme over the next three years as part of its ongoing

commitment to international engagement on the health inequalities agenda. Wales is the only UK country participating, with the Welsh Government leading on Wales' input. Public Health Wales is contributing to two work packages, on 'Governance' (being led by the Hub) and 'Health and Migration'.

A total of 25 countries are participating in Joint Action on Health Equity Europe, which represents an important opportunity for countries to work jointly to address health inequalities and underlying wider determinants of health. The general objective of the project is to improve the health and well-being of EU citizens and achieve greater equity in health outcomes across all groups in society.

### **National Milestones consultation**

At the start of the Act, Welsh Ministers set national indicators to measure progress towards achieving the well-being goals. Ministers must also set national milestones to show expectations of what the indicators should show at certain points in the future. The Welsh Government conducted a consultation exercise on setting these milestones, which closed in April. Public Health Wales' Observatory coordinated the organisation's response.





## Annex 1: Examples of work in Public Health Wales' environmental sustainability programme

Working Groups are undertaking a range of activities including:

### **'Monitoring and Evaluation'**

Scoping work to report on three Public Health Wales measures (business miles, energy consumption and waste) in a user-friendly format for staff. The use of information technology to communicate regular updates (for example, Microsoft Surface Hubs) is being explored.

### **'Leadership, Engagement and Learning'**

Communicating the 'Be the Change' resources to teams across the organisation, including local public health teams. Over 30 staff took part in the first 'Well-being Goals Challenge'.

### **'Green Travel'**

Developed green travel Intranet pages which include communication of supporting policies/services for staff: cycle to work scheme, 20p cycle and 5p car-passenger reimbursements for business mileage, and interest-free loans to purchase annual bus/train tickets.

### **'Plastics reduction'**

Working to reduce single-use plastics in Public Health Wales through procurement initiatives and a focus on reducing, reusing and recycling.

### **'Buildings, Energy and Waste'**

Review and improve current systems including energy providers, waste and refuse generation and disposal, and future planning for estates.

Additionally, sustainable procurement is being progressed through the 'Procurement Champions' internal group. The work plan will include the sustainability of Public Health Wales' meetings and events.

## Annex 2: Case studies

### 1. National Infection Service for Wales (Public Health Services)



#### Long term

The work to stabilise and transform microbiology services is balancing the short-term needs to sustain the service with the long-term needs of the population of Wales. A new National Infection Service for Wales will address the infection and logistic challenges identified for the next decade, and deliver a world-class, exemplar, national service for the prevention, management and control of infection at individual patient, local community and all-Wales level.



#### Prevention

The key principles for an effective National Infection Service will be that it supports early and effective:

- Prevention (and early intervention) of infection
- Diagnosis of infection
- Treatment of infection
- Control of the spread of infection (including response to environmental public health hazards)



#### Integration

The new service will establish a national Infection Control Network integrating health protection and microbiology clinical services to deliver central and local support to health boards and local authorities. This will enhance the cross public service systems for the notification and control of infection. The service will also develop integrated teams responsible for infection prevention, infection management, infection control and surveillance.



#### Collaboration

The transformation will look to strengthen collaboration and joint-working across Wales, notably with local authority public protection, education and social services. The programme and its work streams will be collaborative in approach. As it develops, the Transformation Board will also include other stakeholders, including Trade Union representatives and a Welsh Government representative.



#### Involvement

Stakeholder engagement is a defined work stream within the programme. Stakeholder mapping is already underway and an engagement plan will be developed.

## 2. Brexit Health Impact Assessment (Policy, Research and International Development Directorate)



### Long term

The Health Impact Assessment identified areas that will be impacted both in the short and long term.



### Prevention

The aim of the Health Impact Assessment is to support the mitigation against negative impacts of 'Brexit' (as well as maximising opportunities).



### Integration

The Health Impact Assessment considers 'health' in the broadest sense, which includes all aspects of Wales' seven well-being goals.



### Collaboration

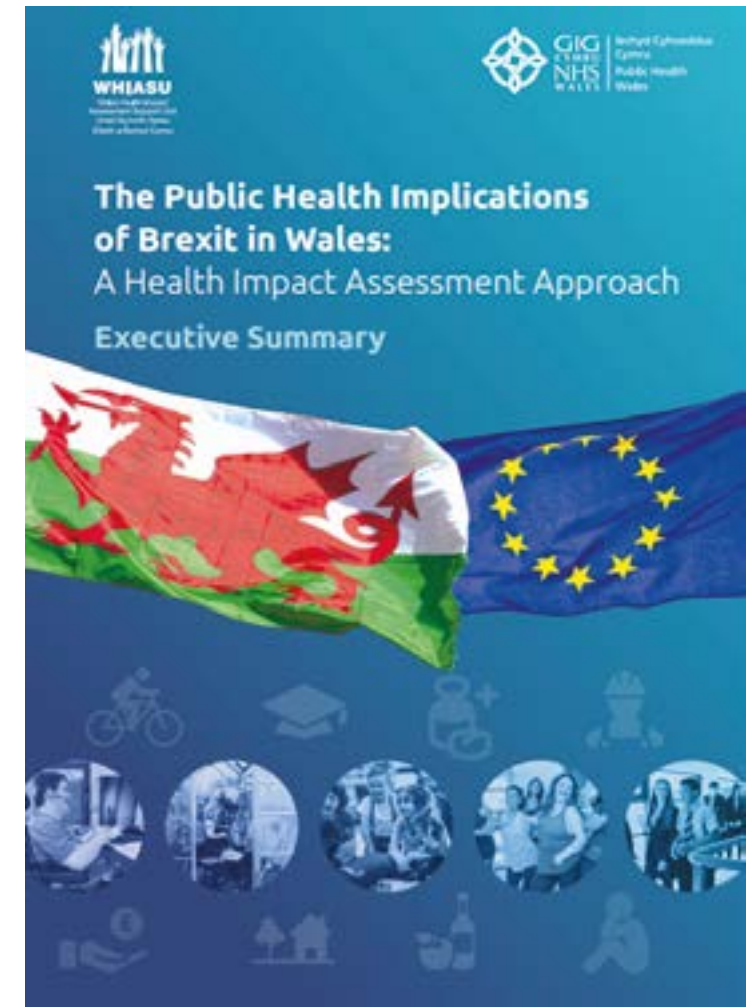
The Health Impact Assessment was developed through collaboration across the organisation. A Steering Group was convened with members from a number of stakeholder organisations, including the Welsh Government.



### Involvement

The Health Impact Assessment was participatory and included interviews with individuals, together with a workshop to obtain input from a range of wider stakeholders.

Further information is available at:  
[www.wales.nhs.uk/sitesplus/888/page/93592](http://www.wales.nhs.uk/sitesplus/888/page/93592)





### 3. Summary of cross-organisation case studies, from end of year performance reviews with Directorates

Our directorates have provided short case studies on embedding the five ways of working in their end of year performance reviews. The table below highlights some of these examples of work which are applying the sustainable development principle in the Well-being of Future Generations Act.

#### Public Health Services

1. Hepatitis C Re-Engagement Project
2. Implementation of Rapid Respiratory Diagnostic Service for Microbiology Services
3. Developing a fit for purpose National Health Protection Service workforce of the future

#### Policy, Research and International Development

1. Refresh of the Research Strategy
2. Development of a research proposal examining well-being in nurses and midwives currently working in Wales
3. Health and Housing

#### NHS Quality Improvement, Patient Safety and 1000 Lives Improvement

1. Self-Management Programme
2. Obstetric Bleeding Strategy Cymru
3. Emergency Laparotomy Collaborative

#### Quality, Nursing and Allied Health Professionals

1. Youth Summits and Youth Residential
2. Development of Risk Maturity Matrix
3. Piloting Level 1 British Sign Language Course for Public Health Wales staff

#### Health and Well-being

1. Tobacco Control – Help Me Quit
2. Primary Care – Integrated All Wales Primary Care Needs Assessment
3. First 1000 days

#### People and Organisational Development

1. Corporate Health Standard
2. Stonewall
3. Welsh Language Standards

#### Operations and Finance

1. Public Health Wales Website
2. Staff Survey Action Plan
3. Newborn Bloodspot Screening test results – IT changes



# OUR SUSTAINABILITY REPORT

## Introduction

The annual Sustainability Report provides a summary of the organisation's performance for the period 2018/19, including information on our key achievements. This reflects our ongoing commitment to embedding sustainable development and delivering real performance improvements within this area.

## Policy context

We have produced this report for 2018/19 to conform to the public sector requirements set out in the Government Financial Reporting Manual (FReM). This requires that entities falling within the scope of reporting under the Greening Government commitments and which are not exempted by de-minimis limit or other exemption under Greening Government (or other successor policies), shall produce a sustainability report to be included within the Management Commentary in accordance with HM Treasury issued Sustainability Reporting in the Public Sector guidance.

## Background and profile

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

We are an important service provider with an all-Wales reach. During 2018/19, we had an annual budget of £135m, and we are a significant public sector employer with 1,651 whole time equivalent employees. We exist to protect, improve health and well-being and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities, in the following areas:

- Health Improvement
- Health Intelligence
- Health Protection
- Microbiology
- NHS Quality Improvement and patient safety
- Primary, community and integrated care
- Safeguarding
- Screening Services
- Policy, research and international development

The Public Health Wales estate is located across Wales and currently comprises of 59 properties:

- 23 properties located in South East Wales
- 21 premises located in Mid and West Wales
- 15 premises located in North Wales

These premises are used to support the organisation as:

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

The current portfolio consists of properties that are owned (1), leased (19) or provided by/shared with other NHS Organisations (39). This creates a challenge in relation to the accurate reporting and availability of sustainability data. As a consequence of the current structure, financial and non-financial information is only available across 23 premises. Public Health Wales also has more data available across the premises the organisation has previously reported on, due to improved recording and collection of data, which is reflected in the information provided in this report.

The Environmental Management Governance is supported by:

- Energy, Waste and Water performance data is collated by the Compliance Officer and reported through the Facilities Management System
- The Compliance Officer provides regular updates to the Head of Estates and Health and Safety on Environmental Management and Sustainability and manages these areas on a day-to-day basis
- The Environmental Sustainability Group provides updates to the Senior Leadership Team on its Environmental Sustainability Action Plan to embed environmental sustainability across the organisation
- The Deputy Chief Executive/ Director of Operations and Finance who is the Lead for all Environmental Management matters within Public Health Wales. Any updates and issues are provided to the Board and Executive Team through a quarterly report



## Summary of Performance

### Environmental Sustainability Approach

In 2018, the Senior Leadership Team for Public Health Wales created the Environmental Sustainability Group with the aim to provide a detailed plan that seeks to implement the Environmental Sustainability Approach that was approved in July 2017. The aim of the group is to take forward the planning and immediate actions required to implement the organisation's vision to 'become an organisation where environmental sustainability is truly embedded through knowledge, collaboration, engagement and innovation. Our staff will understand the principles of environmental sustainability; which will be an integral part of how the organisation operates and will bring about positive, sustainable change for the future'.

To drive this forward, the Environmental Sustainability Approach identified three key themes:

Embedding environmental sustainability through collaboration and being a positive partner

Building knowledge and capacity about environmental sustainability

Making the most of our resources.

As a result of this, six work streams were identified and subsequently working groups created to develop individual actions plans that aligned with the aims of the Environmental Sustainability Approach. These working groups were:

- Buildings Energy and Waste
- Green Travel
- Consumption/Procurement
- Leadership and Engagement
- Monitoring and Evaluation
- Reducing Plastics

During the last year, each of these working groups have developed actions plans to help achieve the overarching aim of embedding environmental sustainability across the organisation.





### **Buildings, energy and waste**

One of the aims of this group was to improve energy usage and data collection throughout the Public Health Wales estate by continuing to explore ways to maximise opportunities to improve energy management across the estate portfolio and by implementing an Environmental Management System that complies with BS EN ISO 14001:2015.

With this remit in mind, the working group and the Welsh Government Energy Service undertook a scoping exercise across the estate to ascertain the potential long-term savings and reduction in energy usage from switching our existing lighting to LED.

In February 2019, site visits were carried out at the buildings occupied by Public Health Wales with the largest energy use. The existing lighting fixtures were surveyed and opportunities for replacing these with LED lighting technology were assessed.

Four sites were immediately identified as having the potential to not only provide approximately £9,000 of savings, but also a reduction in carbon emissions of approximately 22 tonnes of Carbon Dioxide emissions with a financial payback of six years.

This information is based on our current usage and projected changes in market prices. The Building, Energy and Waste group will look to progress this during 2019/20.

Another objective of the Building, Energy and Waste group was the consolidation of energy providers to allow consistent provision of data whilst ensuring value for money and a reduction in the use of fossil fuels. As of April 2018, Public Health Wales had four energy providers supplying both Electricity and Gas to the estate. It was agreed that premises supplied across these providers would be added to the portfolio of British Gas, as part of the All Wales Energy Contract, which would help increase the purchasing power of the organisation as part of this group.

In addition to the above, as part of the contract with British Gas, Public Health Wales has signed up to their Renewable Energy for Business product, as part of the Government's Renewable Energy Guarantees of Origin (REGO) scheme which provides transparency to consumers about the proportion of electricity that suppliers source from renewable generation.

***The Green Travel group was established with the aim to promote more sustainable travel choices and to reduce single occupancy car travel across the organisation.***

From the 1 April 2018, this allows all sites under the NHS Wales Electricity contract to report zero carbon emissions from electricity consumption under the Greenhouse Gas (GHG) Protocol Scope 2 guidelines. This is backed by Guarantee of Origin (GoO) certificates for each megawatt-hour (MWh) of consumption used, which will evidence the green credentials of the organisation's energy.

The Building, Energy and Waste group is also undertaking a review of the current transport usage of vehicles owned by the organisation, where routes taken and mileage of vehicles will be reviewed to determine the viability of using electric vehicles for inner city transport and provision of services. In collaboration with Renault the organisation has loaned two electric vehicles, both a Renault Kangoo Z.E. and Renault Zoe for use by staff and services. In October 2018, Staff at Number 2 Capital Quarter had the opportunity to use the Zoe for travelling to meetings or test-driving the vehicle over the course of a week. In January 2019, the Kangoo Z.E. was provided to Diabetic Eye Screening Wales for use during its service visits over the course of a week.

The feedback from drivers of both vehicles was extremely positive, with any negativity around the vehicles abilities to provide enough mileage for their journeys alleviated. As a result, the working group intends to investigate further the potential of adding electric vehicles to its fleet for both its services and as a potential pool car for inner city meetings.

In line with the Future Generations Act (Wales) 2015 and building on the improvements achieved to date, Public Health Wales is currently developing its Information Estates Strategy for the next 10 years. The strategy will help the organisation plan and implement an accredited environmental management framework, specifically BS EN ISO 14001:2015, which is an internationally recognised standard.

Having undertaken a table-top exercise during 2018/19, there are a number of areas that we have identified for improvement and we will endeavour to implement these in the next financial year. During the financial year 2019/20 it is intended to take a stepped approach towards implementing the ISO standard and will look at achieving the Green Dragon Award initially, this will ensure Public Health Wales has the foundations to proceed towards BS EN ISO 14001:2015.

## **Green travel**

The Green Travel group was established with the aim to promote more sustainable travel choices and to reduce single occupancy car travel across the organisation. With this aim in mind, over the course of the last year the group has created a Green Travel intranet page for staff across the organisation. Staff are able to access communications to help support their travel arrangements. Information is provided on the organisation's Cycle to Work Scheme, 20p per mile cycle and 5p per mile car-passenger reimbursements for business mileage, and interest-free loans to purchase annual bus/train season tickets. In addition to this, staff can also access information regarding the facilities on offer at each of our premises across Wales. This includes public transport facilities, cycle rack provision, showers/changing rooms and tele/video-conferencing facilities.

As a result of increased bicycle usage in Cardiff, the organisation installed a secure bike pen with 48 bike racks at the start of November 2018 in the undercroft of Number 2 Capital Quarter. These were provided for Public Health Wales employees in addition to the 19 bike spaces in the undercroft and 22 in the multi-storey car park.

Staff have also been provided with additional lockers in the undercroft to store their cycling equipment to make it as easy as possible for staff to commute via this method.

## **Consumption/procurement**

The Consumption/Procurement group was created with the aim of identifying areas where sustainable procurement can be achieved and developing a long term sustainable procurement strategy to ensure environmental sustainability is embedded into the procurement process. Initially this group intended to identify quick wins, to help further promote the organisation's agenda. To date the group has been able to agree sustainability criteria for inclusion in two print tenders (covering print materials, reducing road-miles, and local sourcing opportunities).





*As a result of increased bicycle usage in Cardiff, the organisation installed a secure bike pen with 48 bike racks at the start of November 2018 in the undercroft of Number 2 Capital Quarter.*

## Leadership and engagement

The Leadership and Engagement group is aiming to deliver successful behavioural change across the organisation by developing a communications approach, where the organisation has a clear brand and can deliver key messages to staff on the organisation's environmental sustainability approach and the work of the individual working groups.

The working group has developed 'Be the Change' resources. These have been communicated to teams across the organisation, including local public health teams. The group also introduced a 'Well-being Goals Challenge', with over 30 staff taking part in the initial challenge. A number of sustainability market places were also held during 2018/19, inviting staff to find out more about the work underway across the organisation to create a healthy and sustainable workplace. It was also an opportunity for staff to learn how they can get involved with Public Health Wales' agenda, and share their ideas.

## Monitoring and evaluation

The Monitoring and Evaluation Group is currently gathering information on what sustainability indicators could be measured at Public Health Wales organisational level. In the first instance, carbon emission indicators such as energy and water consumption, quantity and sorting of waste, and business miles will be explored.

For each of the above mentioned indicators the following factors will be considered: accuracy of data, data availability, coverage, frequency of reporting, and whether there are any gaps in reporting. This work is expected to be completed during Quarter 1 of 2019/20.

Once each of the factors have been investigated, the group will be looking to establish a baseline figure for each indicator and proceed to monitor change and impact of initiatives over time. The work conducted by the Monitoring and Evaluation Group will inform and provide insight to the other elements of the Environmental Sustainability Group, allowing them to drive their work forward on an informed basis.

## Reducing plastics

This group was created with the main aim of reducing plastic usage across the estate. With the group initially concentrating more on the plastic Public Health Wales staff use in the office, rather than what staff bring in. Achievements to date have been putting a stop on all orders through the Oracle purchasing system for plastic stirrers and plastic cups. Alternative stationery items have also been sourced for heavy plastic items (i.e. folders, poly pockets, window envelopes). The organisation now issues all staff/visitor badges in biodegradable plastic badge holders. The group has also managed to reduce plastic usage through washing up liquid and hand soap, by purchasing large bottles and refilling. This is currently practiced at both Number 2 Capital Quarter and Matrix House, and we will roll out across all premises occupied by Public Health Wales staff.

Going forward the group is working with the NHS Wales Shared Services Procurement Service to source alternative products and solutions for items that contain plastics. The group is also working on the development of a Public Health Wales Pledge to Reduce Plastic 2019-2021, with the aim to make the organisation plastic free by 2021. This will include what we use in Public Health Wales as well as what staff dispose of as rubbish.







## Internal Audit

Internal Audit undertook a review of the Sustainability Report in May 2018 based on the report produced for 2017/18. The objective of the audit was to evaluate and determine the adequacy of management arrangements for the production of the Sustainability Report for 2017/18 within the Annual Report and Accounts, in order to provide assurance to the organisation's Audit Committee that risks material to the achievement of system objectives are managed appropriately.

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

**Table 1**

Action	Progress
Management must ensure that the narrative and figures that are collated and reported are comprehensively reviewed by a second officer. Management may also wish to consider introducing periodic checks throughout the financial year on the data collected.	A new procedure for 2018/19 onwards, with the Deputy Facilities Officer collating the data and the compliance officer reviewing the data therefore, introducing a second line of data analysis. This will also include periodic checks throughout the year. This was implemented from June 2018.



## Greenhouse gas emissions

The following table outlines the organisation's performance for emissions, energy usage and financial indicators for energy and business travel for 2018/19.

**Table 2: Greenhouse Gas Emissions**

		2014/15	2015/16	2016/17	2017/18	2018/19
<b>Non-Financial Indicators (1,000 tCO<sub>2</sub>e)</b>	Total Gross Emissions	0.396	1.371	1.307	2.424	1.061
	Gross Emissions Scope 1 (direct)	Information not available for 2014-15	0.224	0.184	1.218	0.370
	Gross Emissions Scope 2 & 3 (Indirect)		1.149	1.123	1.206	0.691
<b>Related Energy Consumption (KWh)</b>	Electricity: Non-renewable	968,353	1,107,061	1,239,031	1,426,314	417,201
	Electricity: Renewable	0	0	0	0	793,931
	Gas	704,317	1,218,114	997,706	711,235	451,880
<b>Financial Indicators (£)</b>	Expenditure on Energy	209,851	209,634	215,229	234,767	233,495
	Expenditure on official business travel	681,475	670,982	627,549	554,525	529,737

## Performance

### Greenhouse gas emissions

In 2018/19, the organisation has seen a major reduction in the reported Total Gross Emissions in comparison to 2017/18, seeing a 56.22 per cent reduction against the figures reported in that year. This significant decrease is highlighted across our Scope 1, 2 and 3 Emissions. Public Health Wales has pledged to reduce greenhouse gas emissions by three per cent year on year, as per the Climate Change Strategy set down by the Welsh Government. This has been overachieved during 2018/19.

Under Scope 1, the organisation has seen a 69.63 per cent reduction in emissions compared to 2017/18. The benefits of the *Our Space* programme are now being felt through our reduction in properties that were natural gas users. This is reflected in the 24.56 per cent reduction in fuel emissions. Due to issues experienced with the air conditioning system in Number 2 Capital Quarter, the organisation reported high emissions in 2017/18 for refrigerants. As these issues have subsided, these emissions have drastically reduced, and the organisation can now report a 99.46 per cent reduction in these emissions in comparison to 2017/18.

Under Scope 2, which covers electricity generation for our properties, the organisation has seen a 76.45 per cent reduction in emissions compared to 2017/18. This is a result of Public Health Wales signing up to British Gas' Renewable Energy for Business product as of 1 April 2018, with all premises under the contract able to report zero carbon emissions from electricity consumption under the Greenhouse Gas (GHG) Protocol Scope 2 guidelines.

Under Scope 3, the organisation has seen 18.62 per cent reduction in emissions in comparison to 2017/18. Although not as significant a reduction as Scope 1 and 2, the organisation has seen major reductions across the sub groups of Scope 3. Well to Tank (78.34 per cent) and Transmission and Distribution (37.73 per cent) emissions from electricity supply have drastically reduced. This is primarily due to the change to the Renewable Energy for Business product, and an overall decrease in consumption, which is highlighted later in the report.

Public Health Wales has also achieved an 11.22 per cent reduction in waste disposal emissions, due to a reduction in waste sent to landfill. More waste has been sent to recycling during 2018/19, but as this method of waste disposal emits lower emissions, we have seen significant improvements in this area. Going forward, the organisation aims to reduce emissions from all waste streams.

Public Health Wales has seen a 102 per cent increase in water supply emissions during 2018/19. However, this is a result of the organisation reporting water usage from more sites than in previous years. Significantly, the organisation is reporting water usage from Number 2 Capital Quarter for the first time, which is the organisation's largest premise, housing nearly 600 staff.

As the baseline for Carbon Emissions was set in 2016/17, it is therefore necessary to undertake a direct comparison analysis of the data that was available in 2016/17. This will allow comparison against the Welsh Government target of a 40 per cent reduction in greenhouse gas emissions by 2020, as part of the Climate Change Strategy. This will give us a true reflection of our performance against our baseline. This is represented in the table on the next page.

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

As can be seen above, in comparison to our baseline in 2016/17, we have managed to reduce total emissions by 54.17 per cent. As a result, we have more than achieved our target of reducing carbon emissions by 40 per cent by 2020, as per Welsh Governments Climate Change Strategy.

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



**Table 3: Direct Comparison Results**

Scope Factors	Total Emissions 2016/17 (tCO <sub>2</sub> e)	Total Emissions 2017/18 (tCO <sub>2</sub> e)	Total Emissions 2018/19 (tCO <sub>2</sub> e)	% Change – 2016/17 to 2018/19
Scope 1 - Fuels	183.6	131.0	83.1	-54.74
Scope 2 - UK electricity	510.5	501.4	118.1	-76.87
Scope 3 - Managed Asset Vehicles	471.9	351.7	318.0	-32.61
Scope 3 - T & D	46.2	46.9	29.2	-36.80
Scope 3 - Water Supply	1.3	1.3	2.7	107.69
Scope 3 - Water Treatment	2.7	2.6	5.3	96.30
Scope 3 - Waste Disposal	90.5	48.5	43.1	-52.38
Scope Factors	Total Emissions 2016/17 (tCO <sub>2</sub> e)	Total Emissions 2017/18 (tCO <sub>2</sub> e)	Total Emissions 2018/19 (tCO <sub>2</sub> e)	% Change – 16/17 to 18/19
Scope 1	183.6	131.0	83.1	-54.74
Scope 2 & 3	1123.2	952.4	516.4	-54.02
<b>Total combined</b>	<b>1,306.7</b>	<b>1,083.4</b>	<b>599.5</b>	<b>-54.12</b>



## Electricity and gas consumption

As shown in table 2 above, we have seen an overall decrease in electricity consumption (15.1 per cent) across the estate. More significantly, 65.55 per cent of the electricity consumed across the estate is supplied through our Renewable Energy for Business contract with British Gas, ensuring we consume green energy where possible. We have also seen another significant drop in gas consumption (36.47 per cent) across the estate.

These reductions in consumption are a result of consolidation of our estate through the Our Space programme. In 2018/19 we are fully seeing the benefits of the programme across our energy consumption. The disposal of the Temple of Peace and Health, Cardiff, the move to Matrix House, Swansea and consolidation of space within Mamhilad Park Estate, Mamhilad, has allowed us to further reduce our consumption, and this has been reflected in the total consumption in 2018/19.

For the first time since 2015/16, we are able to report a decrease in the total expenditure on energy. This is a reflection of the work undertaken by the Energy Price Risk Management Group for NHS Wales, in ensuring NHS Health Boards and Trusts are receiving the best price for the energy they consume. We shall continue to explore various options to maximise further energy consumption and expenditure through the Environmental Sustainability Group and the Public Health Wales Information Estates Strategy.

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

## Business travel

As seen in Figure 3, for the fifth consecutive year we have seen a reduction in expenditure on business travel, even though the organisation now has access to more information relating to taxi travel within Public Health Wales, seeing a 4.47 per cent reduction compared to 2017/18. Significant factors contributing to this decrease are, the use of our 'Surface Hub' video conferencing facilities across Wales, as well as the work undertaken by the Green Travel Group in encouraging staff to use more sustainable forms of transport when required to do so for work purposes.

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

## Actions to improve data collection for 2018/19

- Further engagement with landlords as to the possibility of providing equivalent consumption and energy costs or the installation of sub metering in Public Health Wales occupied areas to provide accurate data
- Engagement with landlords to assess the possibility of them signing up to a Renewable Energy Guarantees of Origin (REGO) scheme
- Further reviews of energy providers to allow consistent provision of data whilst ensuring value for money
- Engagement with energy supplier to improve data collection and introduce SMART Metering where available
- Maximising the use of the Public Health Wales estate portfolio through the Estates Strategy
- Ensuring options such as separate or sub metering will be explored in any new leases signed by the organisation where premises may be shared

## Waste Management

The following table outlines the organisation's waste management performance for 2018/19.

**Table 4**

Waste Management Performance		2014/15	2015/16	2016/17	2017/18	2018/19
Non-Financial Indicators (tonnes)	Total Waste	4.64	652.05	538.55	585.79	629.69
	Landfill	Data unavailable	642.58	445.15	457.54	377.68
	Re-used/Recycled		9.47	92.46	120.25	224.65
	Composted		N/A	0.13	4.16	N/A
	Anaerobic digestion		N/A	N/A	N/A	9.12
	Incinerated with energy recovery		Data unavailable	0.81	3.83	18.24
	Incinerated without energy recovery			0	0	0
Financial Indicators (£)	Total Disposal Cost	12,429	35,078	46,342	48,907	53,597
	Landfill	Data unavailable	13,994	18,395	20,890	17,725
	Re-used/Recycled		11,649	19,034	17,632	21,811
	Composted		N/A	N/A	259	N/A
	Anaerobic digestion		N/A	N/A	N/A	578
	Incinerated with energy recovery		9,435	8,913	10,125	13,483
	Incinerated without energy recovery			0	0	0

## Performance

We recognise our responsibilities concerning effective waste management, and we have made significant improvements in our data collection. This is reflected in the performance figures for 2018/19. Data is now available for more premises, and measures have been taken to improve reporting of financial and non-financial data for landfill, recycling, food and hazardous waste streams. This has contributed to the organisation reporting an increase of 44 tonnes of waste (7.5 per cent) in comparison to 2017/18. However, this year we are reporting on landfill and recycling waste from Number 2 Capital Quarter for the first time. This site produces 158 tonnes of waste, which equates to 25 per cent of the total waste produced by the organisation. Without including this in the total waste, we would have seen a decrease of 115 tonnes of waste compared to 2017/18.

Despite the increase in reported waste, we have seen a large reduction of waste sent to landfill, seeing a decrease of 80 tonnes (17.5 per cent) of waste via this method of disposal. This has been achieved through better waste management practices taking place across our organisation, with staff having more access to alternative disposal methods.

As a result, the total amount of waste sent for recycling has increased, with 224 tonnes of waste disposed of via this method, which is an increase of 86 per cent on that reported in 2017/18, taking into account that we have reported an extra 72 tonnes of recycling waste through disposal at Number 2 Capital Quarter, which was not previously reported. Staff are actively encouraged to ensure they are using the correct methods of disposal, with all staff expected to recycle where possible. This approach is also applied to our paper wastage, ensuring as much as possible is sent for recycling whilst ensuring full compliance with applicable legislation and its duty of care.

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

Waste disposal through anaerobic digestion is being reported for the first time. Both Number 2 Capital Quarter and River House have food waste disposal agreements with Cardiff Council, with over nine tonnes of waste disposed of through this method.

Public Health Wales fully expects this to increase in future years, as more premises introduce food waste disposal measures in line with their local council's policy.

Further improvements have also been made on the organisation's reporting of incinerated waste. We now have 12 sites where incinerated waste has been disposed of, which is a further increase on previous years. This includes improved clinical waste and sanitary waste reporting. This has resulted in an increase of reported waste of 14.41 tonnes (376 per cent). This figure is expected to remain consistently around this level due to the demands on our Screening Services, who are required to dispose of their clinical waste through this method.

The organisation recognises that despite spending an additional £4,690 on total waste disposal in comparison to 2017/18, this is due to improved reporting of waste disposal and the increasing demands on our services. We have seen a reduction in the total cost of waste sent to landfill, and will continue to investigate options to drive these costs down further and hope to reflect this during 2019/20.

### Actions to improve data collection for 2018/19

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



## Use of resources

The following table outlines our finite resource performance for 2018/19.

**Table 5**

### Finite Resource Consumption

			2014/15	2015/16	2016/17	2017/18	2018/19
<b>Non-Financial Indicators (000m³)</b>	Water Consumption (Office Estate)	Supplied	3.599	2.111	2.052	1.675	5.922
	Water Consumption (Non-Office Estate)	Supplied	collected as part of Office Estate Data	2.281	1.791	2.207	1.921
	Water Consumption (Total Estate)	Supplied	3.599	4.392	3.843	3.882	7.843
<b>Financial Indicators (£)</b>	Water Supply Costs (Office Estate)			8,526	7,453	6,079	9,735
	Water Supply Costs (Non Office Estate)		12,726	6,804	5,699	7,247	5,650
	<b>Total Water Supply Costs</b>		<b>12,726</b>	<b>15,330</b>	<b>13,152</b>	<b>13,326</b>	<b>15,385</b>



## Performance

We are reporting an increase in overall water consumption of 102 per cent compared to 2018/19. This is due to better reporting functions, allowing us to report on more sites and report more accurate data. We are also reporting on more premises, due to our estimating usage where data is not available, based on the average cubic meter used per staff member at the premises where data is available. Currently Public Health Wales is averaging 6.9 cubic meters per staff member per year. The organisation will use this figure as a benchmark going forward with the aim of encouraging staff to reduce the amount of water consumed across the estate. The organisation also understands that with a growing workforce it will invariably lead to an increase in the volume of water consumed. As our estate grows, water safety compliance will also have an effect on usage, as regular flushing regimes across the estate are required for low usage outlets.

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

As expected when reporting on more premises, we have also seen an increase in water charges compared to 2017/18, seeing a rise of £2,059 this year. Public Health Wales will be undertaking a review of our water meters to ensure we are getting value for money through the organisation's standing charges.

### Actions to improve data collection for 2018/19

Engage with property owners to explore the possibility of providing estimated water usage based on number of staff in occupation.

## Data collection limitations

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

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



## National Assembly for Wales Accountability and Audit Report

### Long Term Expenditure Trends

The following table illustrates the Trust expenditure from 2014/15 to 2018/19. The expenditure figures are taken from the Statement of Comprehensive Income and notes 3 (Revenue from Patient Care Activities), 4 (Other Operating Revenue) and 5 (Operating Expenses) within the financial statements.

As the table illustrates, Trust expenditure has increased from £107.676m in 2014/15 to £136.287m in 2018/19: an increase of nearly 27 per cent over 5 years, and an increase of nearly 6 per cent over the past 12 months. This reflects the additional functions, programmes and services that have been transferred to the Trust; both from other NHS bodies and from Welsh Government.

These include several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurism Screening and the Wrexham Microbiology Laboratory. In addition, the Trust hosts the NHS Wales Health Collaborative and clinical networks, which transferred into Public Health Wales in 2016/17, and the Finance Delivery Unit which transferred in 2017/18. The first full year of the income and expenditure from the Finance Delivery Unit is reflected in 2018/19. The Trust has achieved a surplus each year for the period 2014/15 to 2018/19, with a cumulative surplus for the five years of £137k.



**Table 1: Long Term Expenditure Trend by Expenditure type**

	£000s	£000s	£000s	£000s	£000s	Total 12 months	
	2014/15	2015/16	2016/17	2017/18	2018/19	% Increase	% Increase
<b>Expenditure</b>							
Welsh Government/LHBs/Trust/Local Authorities	18,968	18,390	20,717	23,149	22,291	17.52%	(3.71)%
Pay Expenditure	63,980	65,070	72,370	77,194	82,821	29.45%	7.29%
Other Non-Pay	21,947	22,036	24,641	25,064	27,223	24.04%	8.61%
Depreciation and Impairments	2,781	3,276	3,462	3,528	3,206	15.28%	(9.13)%
Gross Expenditure	107,676	108,772	121,190	128,935	135,541	25.88%	5.12%
<b>Revenue</b>							
Revenue from Patient Care Activities	(84,843)	(85,975)	(92,376)	(91,925)	(94,334)	11.19%	2.62%
Other Operating Revenue	(22,894)	(22,836)	(28,861)	(37,062)	(41,186)	79.90%	11.13%
Gross income	(107,737)	(108,811)	(121,237)	(128,987)	(135,519)	25.79%	5.06%
Investment Revenue, Finance Costs and Other Gains and Losses	26	22	31	24	(48)		
Retained (Surplus)/Deficit	(35)	(17)	(16)	(28)	(26)		
Cumulative (Surplus)/Deficit	(50)	(67)	(83)	(111)	(137)		

Photo Competition Winner:  
James Allen



# OUR ACCOUNTABILITY REPORT

# Corporate Governance Report

## Directors' Report 2018/19

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

Requirement	Cross-Reference
1. The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Annex 1 in the 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 2018/19</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 section on Freedom of Information Requests in the Annual Governance Statement.
6. Information on environmental, social and community issues.	See the Annual Sustainability Report 2018/19 for information on environmental issues.  See the Annual Report and Well-being of Future Generations report for information on Social and Community issues.
7. As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	



## Statement of Accountable Officer's Responsibilities

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

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

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

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

### Signed:



**Chief Executive**  
**Tracey Cooper**  
30 May 2019

## Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

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

### By Order of the Board



**Chair**  
**Jan Williams**  
30 May 2019



**Chief Executive**  
**Tracey Cooper**  
30 May 2019



**Director of Finance**  
**Huw George**  
30 May 2019

# Annual Governance Statement

## 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 2018/19. The information provided in this Statement has been compiled using assurance information and documentation collated throughout the year financial year. The Welsh Government issued guidance in the Manual for Accounts. The Financial Reporting Manual (FRM), issued by Her Majesty's Treasury, has also been used to help shape the final Statement.

The draft was approved for submission by the Audit and Corporate Governance Committee (subject to agreed changes) at its meeting on 1 May 2019.

This final version was presented to the Committee for recommendation to the Board for approval on 30 May 2019. The Board approved this Statement for submission to Welsh Government at a Board meeting on 31 May 2019.

## 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 first full year of implementation of our new Long Term Strategy that was approved in 2017/18.

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

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

## Governance Framework

We have continued to evolve and mature our governance arrangements across the organisation.

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

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

A review of the organisational structure took place as part of the implementation of the new Long Term Strategy. This has resulted in the establishment of the World Health Organization Collaborating Centre, the new Knowledge Directorate and the move to a more integrated governance model incorporating clinical, corporate and information governance led and enabled through the Quality, Nursing and Allied Health Professions Directorate to commence in 2019/20.

The organisational committee structure was also revised in 2018/19 to reflect the new Long Term Strategy 2018-2030. The review ensured that the Standing Orders were appropriately reflected. It also strengthened the alignment of the respective scrutiny responsibilities of each committee to the strategic priorities, strategic objectives and strategic risks within the Board Assurance Framework.

Since its introduction in 2016, the development of an integrated Risk Management Framework and Board Assurance Framework (BAF) also brings advantages for the Board and its committees, including the management and oversight of strategic risks. A full review of the Board Assurance Framework was undertaken following the approval of the Integrated Medium Term Plan 2018/19 – 2020/21 and the agreement of the strategic priorities. The review was developed in consultation with the Board through Board Development Sessions. The Executive Team considered the revised BAF at Executive Team meetings. The Executive Leads for each priority also provided input to the BAF.

We have adopted the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business.<sup>2</sup> They are designed to translate the statutory requirements set out in the *Public Health Wales NHS Trust (Membership and Procedures) Regulations 2009* (as amended) into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved for the Board, a scheme of delegations to officers and others, and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the organisation. These documents, together with the range of corporate policies set by the Board, contribute to the Governance Framework.

<sup>2</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.





## Improvements to the Governance Framework

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

### Review of the Standing Orders and Scheme of Delegation

Following the full review of the Reservation of Powers and Scheme of Delegation in 2017/18 some further areas were identified for improvement. Amendments were made during 2018/19 and approved by the Audit and Corporate Governance Committee in January 2019, in line with the delegated authority granted by the Board. The decision was subsequently reported to the Board in the Committee Chair's report in March 2019. The review in 2017/18 resulted in an interactive, more accessible scheme being made available to staff. This has been in use throughout the year and positive feedback has been received. The Scheme will continue to be monitored and reviewed on an annual basis to ensure it remains accurate and reflects changing delegations as the organisation moves forward.

### Review of the Board Committee structure

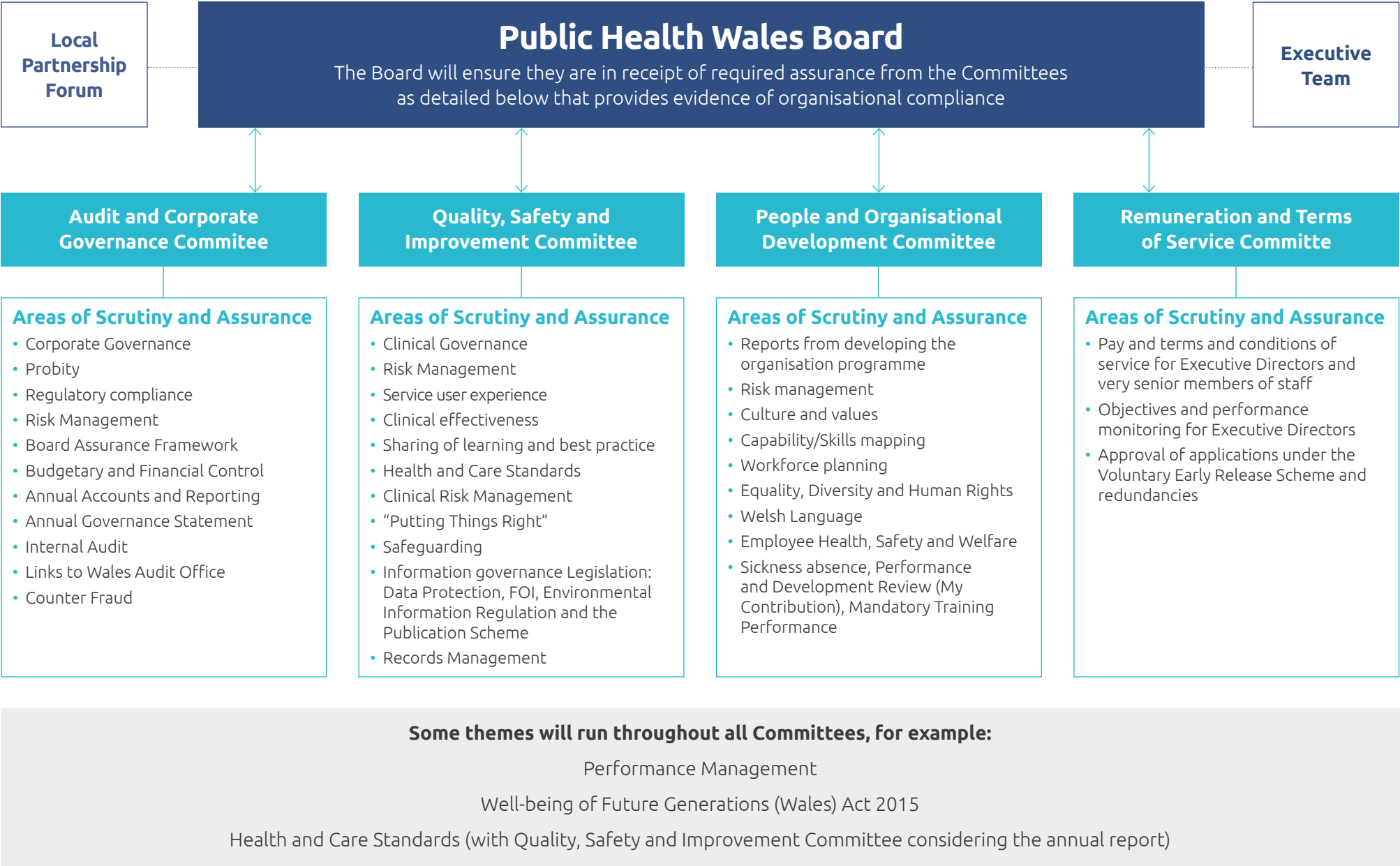
The Board Committee structure was reviewed and revised in 2018/19 to reflect the new Strategy 2018/2030. In light of the new Long Term Strategy, 2018/2030, the Board considered how it could best assure itself of the effective delivery of the strategy and its associated new strategic priorities. It also considered whether there were any gaps in the Board mechanism that could enable it to be more fit for purpose in its strategic decision-making in relation to embracing innovation and new technologies. As a result it identified the need to establish a new Board Committee to focus on *Knowledge, Research and Information* and an Advisory Forum to the Board focused on *Technology and Innovation in Health and Well-being*. The Board agreed that the requirement for the organisation to have an information governance committee would be discharged by the new Knowledge, Research and Information Committee instead of the Quality, Safety and Improvement Committee. The new Committee was operational from 1 April 2019 and the Advisory Forum will come into effect during 2019/20.

Furthermore, 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 1.1 displays the Board and Committee structure that was in operation during 2018/19 and details the relationship between the Board and its committees, together with the Executive Team.



Figure 1.1: Board and Committee Structure in operation during 2018/19





## Executive Team and Directorate Structure

The Executive Team, which is made up of the Chief Executive and Directors (some of whom are Executive Directors) is responsible for the leadership and operational management of the organisation. Figure 2.1 shows the Executive Team and Directorate Structure in operation during 2018/19 and figure 2.2 shows the structure in operation from 1 April 2019 following the organisational changes.

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, Executive Team meetings and at various operational team meetings across the organisation. During the year, the Board has concluded that, while the information they received was acceptable, there is the potential for some improvement in particular the Board suggested the integrated performance report would benefit from more evaluation, impact and measurement. This will be developed further during Board development sessions in 2019/20.

The Board has considered its effectiveness and ongoing development throughout 2018/19. During the year, the Board undertook a number of development sessions which covered topics such as risk management and appetite, collaborative governance and the development of a decision-making framework. The Board was also central to the development of the new Long Term Strategy and the organisation's associated strategic risks during the year.

The Board has sought to increase its visibility and promote even greater transparency during the year, with all public meetings being live streamed via social media and a question and answer session where members of the public can submit questions for the Board to answer. We will continue to develop and promote this during 2019/20.

## Key issues considered by the Board

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

### Decision making framework

The Board approved a decision making framework in May 2018. The framework provides guidance to those developing decision making proposals and to identify the wide range of evidence that should be considered when receiving a decision for approval. The framework was developed in collaboration between the Executive Team and Board through Board development sessions.

### International Association of National Public Health Institutes (IANPHI) Peer review

The Board received a report and recommendations from the peer review of Public Health Wales undertaken by the IANPHI. The review allowed Public Health Wales to showcase Wales as a nation and aspects of the work of Public Health Wales. The report identified five key themes to underpin a formal action plan: these were the:

- clarification of Public Health Wales' system leadership role;
- exploitation of technology;

- sustainability of cross-sectoral partnership;
- strategic and comprehensive approach to research;
- alignment of resources to focused areas.

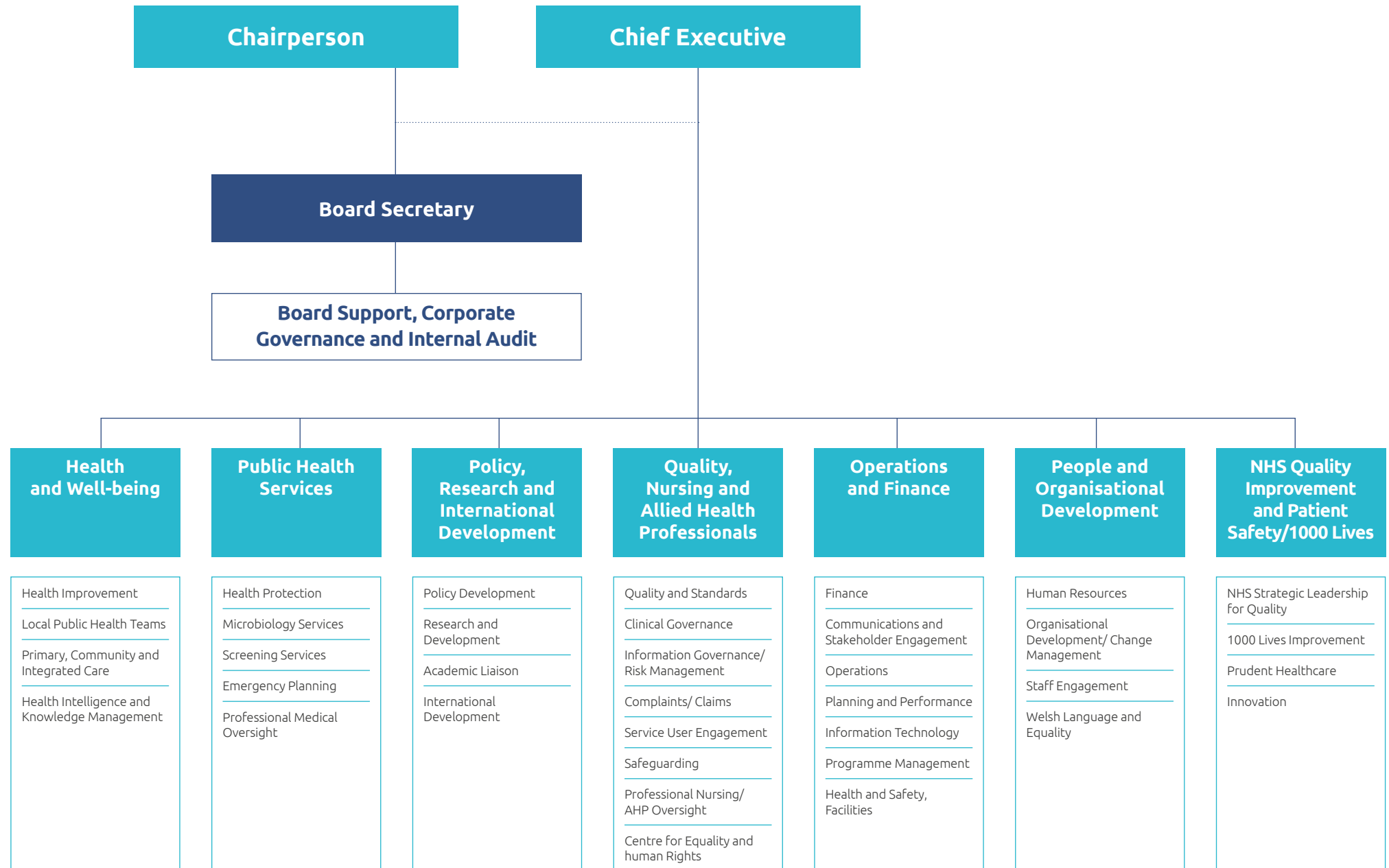
Public Health Wales clearly emerged from the review as the Public Health Institute for Wales with significant opportunities to position the organisation as a key source of expert advice and support across the public policy spectrum. The Board received regular updates on the progress being made against the areas identified for action.

The Chief Executive chaired the panel for the peer review of Santé Publique France (Public Health France), working with fellow Chief Executives (and other senior Directors) from National Public Health Institutes in Quebec, England, Poland, United States Centre for Disease Control and Prevention and Italy. The peer review provided an excellent opportunity for Public Health Wales to learn from the strong work of Santé Publique France and consider how we can apply learning to our work.

### Position Statement on speed limits

The Board adopted the position that Public Health Wales believes that lowering the default speed limit to 20 mph could have substantial public health benefits.

**Figure 2.1: Executive Team and Directorate Structure in operation during 2018/19**







## Impact of leaving the European Union

The Board regularly received assurance on the work being completed as part of the organisation's preparedness for the UK's withdrawal from the European Union. The programme was delivered through four work streams including business continuity, wider public health impacts, health security and Public Health Wales' people and resources.

In preparing for the UK to exit the European Union, Public Health Wales has worked closely with colleagues from Welsh Government, NHS, local resilience fora, Five Nations colleagues, and other international partners to ensure cross-border arrangements are in place.

## Strategic Planning

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

Our strategic plan (Integrated Medium Term Plan) (IMTP) details the action we will take over the second year of the three year Long-Term Strategy. This was approved by the Board in January 2019. Alongside the Board-approved IMTP a one year operational plan was approved in March 2019.

## Collaborative Governance

The Board continued to support and promote partnership collaborative working during the year, receiving regular progress updates from the Chief Executive with regard to the Cymru Well Wales Partnership. Cymru Well Wales is a membership forum with all members being equal.

An approach to joint working with Sport Wales and Natural Resources Wales to deliver increased levels of physical activity was approved by the Board in May 2018. This was further formalised through the approval of a Memorandum of Understanding between Public Health Wales and Natural Resources Wales in March 2019.

## Public Health (Wales) Act 2017

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

The Board received assurance on Public Health Wales' response to the Act. Discussions and work with Welsh Government in support of the Act have continued to included the:

- Role of Public Health Wales (and more specifically the Wales Health Impact Assessment Support Unit (WHIASU)) in supporting the development of the statutory Health Impact Assessment (HIA) regulations.
- Specialist public health support required for an Obesity Prevention and Reduction Strategy.
- Supporting work on stakeholder engagement with practitioners carrying out special procedures; expert advice on blood borne viruses; reviewing current industry guidance; and sharing learning.
- Supporting Welsh Government in introducing pharmaceutical needs assessments.
- Supporting the implementation of provision to restate and extend restrictions on tobacco control.

## Working nationally and internationally

As the Public Health Institute for Wales, engagement with, and learning from international partners has continued to be strengthened allowing Public Health Wales to gain a leading role in the global health and sustainable development agenda. Examples of which include

- The World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being has marked a major

step in an ongoing long-term partnership with the WHO

- The Executive Team continued to hold twice yearly Executive-to-Executive meetings with Public Health England, forging close working relationships between the two organisations.
- Hosted the European Programme for Intervention Epidemiology Training Vaccinology Module (EPITET) which is a network of highly trained field epidemiologists in the European Union. The network aims to strengthen the response to infectious diseases in countries and across borders.
- The Chief Executive attended the InterAction Council sub-group on Collaborative Action, a group of former Heads of Government from around the world who consider global issues and make recommendations for action. This represents a continued close relationship in participating in global collaboration and showcasing innovation happening in Wales and Public Health Wales.

## Board and Executive Team Membership

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

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

### Departure and appointment of Non-Executive Directors

Terence Rose CBE, Non-Executive Director completed his final term of office on 31 October 2018. A recruitment process was undertaken during the summer of 2018 to fill the position left vacant by Professor Simon Smail in October 2017 and to fill Terence Rose's vacancy.

Having reviewed the skills mix of the Board it was agreed that these positions should be role specific and gaps were identified in life sciences and finance.

Unfortunately, after two unsuccessful rounds of recruitment, the positions remain vacant. An interim solution was put in place whereby Dyfed Edwards, appointed to a job share local authority role with Alison Ward, agreed to take up the full time independent position on an interim basis from 1 July 2018. Professor Stephen Palmer has also been appointed on an interim basis from 1 November 2018. These interim arrangements will remain in place until such time as a successful appointment can be made to the two vacant positions. With Dyfed having taken on the full time role, there is currently a job-share vacancy for the local authority role.

### Succession Planning for 2018/19

Kate Eden (Vice Chair) was reappointed for a further 4 years on 31 December 2018 taking her term of office until 31 March 2023.

## Senior Staff Appointments and Departures

The current Executive Team structure has been in place since 1 April 2015. There have been the following changes in post holders during the year:

### Executive Director of Quality, Nursing and Allied Health Professionals

Siân Bolton was Acting Director of Quality, Nursing and Allied Health Professionals during 2018/19 covering the secondment of Rhiannon Beaumont-Wood to Powys Teaching Health Board and latterly the World Health Organization during the year. Rhiannon returned to her substantive post on 4 February 2019.

### Executive Director of Health and Well-being

Dr Chrissie Pickin retired from her role as Executive Director of Health and Well-being on 24 February 2019. Jyoti Atri was appointed interim Executive Director of Health and Well-being from 25 February 2019 for a 6 month period pending recruitment of a new permanent Executive Director for this position. However, due to Chrissie's planned leave at the beginning of the year, Jyoti took up the position from 1 January 2019.

## Director of NHS Quality Improvement and Patient Safety/ Director of the 1000 Lives Improvement Service

Dr Aidan Fowler left his role as Director of NHS Quality Improvement and Patient Safety / Director of the 1000 Lives Improvement Service on 15 July 2018. Dr John Boulton took up the position in an interim basis on a 12 month secondment from 1 August 2018.

## Board Secretary and Head of Corporate Governance

Melanie Westlake left her role as Board Secretary and Head of Corporate Governance on 11 July 2018. Catherine Steele took up the position as Acting Board Secretary and Head of Corporate Governance from 12 July 2018 to 31 January 2019. Eleanor Higgins was Acting Board Secretary and Head of Corporate Governance from 1 February 2019 to 10 March 2019. A recruitment exercise was completed during 2018/19 to appoint to the position of Board Secretary and Head of the Board Business Unit (a revised job title). Helen Bushell took up this position on 11 March 2019 on a permanent basis.



## Organisational redesign

When the Board approved the Long Term Strategy it set out seven strategic priorities that focus our work more sharply to deliver our vision of *Working to achieve a healthier future for Wales*. In addition, Public Health Wales received the designation as a World Health Organization (WHO) Collaborating Centre on investment for health and well-being. To ensure the organisation is aligned to deliver the strategy, the following changes were agreed by the Board and will come into effect on the 1 April 2019:

- WHO Collaborating Centre on Investment for Health and Well-being has been established as a specific entity within the organisation, with the Policy and international Health Team forming the Collaborating Centre.
- A new Knowledge Directorate has been formed and will comprise all of the health intelligence, research and evaluation functions across the organisation. Siân Bolton has been appointed as the Transition Director to establish and lead the Directorate prior to a permanent Director of Knowledge being appointed.



- A new integrated governance model will be developed and set up within the Quality, Nursing and Allied Health Professionals Directorate. A new position of Assistant Director of Governance will be established with an additional Governance Support Officer established within the Division. Broader corporate governance functions from the Board Secretary will also transfer into the Directorate
- The role of Board Secretary and Head of Corporate Governance was changed to become the Board Secretary and Head of Board Business Unit with a Board Business Unit to support them.

## Staff Representation at Board and Committee Meetings

Stephanie Wilkins, lead UNITE Representative and Secretary of Public Health Wales Staff Side; Claire Lewis, Steward, Royal College of Nursing; and Roger Richards, Vice Chair, Staff Side Committee have attended and contributed to Board and committee meetings as a non-voting member throughout 2018/19. This has been in their capacity as representatives from the Local Partnership Forum. Dr Michael Thomas, BMA representative will begin attending Board meetings during 2019/20.

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

## Board Diversity

At 31 March 2019, 70 per cent of Board members are female (with two vacancies), with 20 per cent from Black and Ethnic Minority backgrounds.

One Board member is a fluent Welsh speaker and another is an advanced learner. The Board has undertaken Welsh language awareness sessions and has been offered support as Welsh learners.



## Board Committees

During 2018/19 four 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, and assessment of current risks and performance monitoring.

The Knowledge, Research and Information Committee was established by the Board during 2018/19, but did not meet until the first quarter of 2019/20. With the exception of the Remuneration and Terms of Service Committee, papers and minutes for each meeting were published on the Public Health Wales website.

Private sessions of committees are held as required to receive and discuss sensitive or protected information. Chairs of the committees provide reports to the Board meeting following each committee meeting. Minutes of committee meetings were also presented once approved by the relevant committee. Each committee also produces an annual report, which provides a summary of business undertaken during the year.

The committee annual reports provide the Board with assurance that they are working effectively and contribute to the overall assessment of board effectiveness. They also provide an additional opportunity to raise to the Board's attention any areas that require attention.

During the year the Committee chairs began reporting 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.

The Chairs of each of the Committees, along with the Executive Leads have completed a series of development sessions. This has provided an opportunity to reflect on how the Committees work in practice and how we can continually develop their effectiveness. A key aspects of discussion has been the balance of committee agendas and the role in providing assurance to the Board, both of which create time for the Board to spend greater time on strategic work areas and other significant matters.

There is common membership between the committees to ensure integration with each other in relevant areas. As previously noted, the review and subsequent revision of the committee structure in 2018/19 resulted in the introduction of new terms of reference.

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




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

## Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee met five times during 2018/19 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 2018/19

Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Annual Quality Statement				
Annual Quality Statement				✓
Environmental Sustainability Report				✓
Cyber Security (Follow up)			✓	
General Data Protection Regulation (GDPR)			✓	
Raising Concerns (Follow Up)			✓	
Welsh Risk Pool claims				✓
Clinical Networks Governance (Follow Up)			✓	
Clinical Governance			✓	
Directorate Review			✓	
Risk Management			✓	
Absence Management			✓	
Long Term Strategy- Stakeholder Engagement				✓
Core financial systems			✓	
Health and Care Standards				✓

In 2017/18 three limited assurance reports were received for Raising Concerns (Whistleblowing), Cyber Security and Clinical Networks Governance. The Committee tracked the progress against the agreed management action plans during 2018/19. Follow up internal audits of the respective areas during 2018/19 subsequently resulted in reasonable assurance ratings. The Committee will continue to monitor outstanding actions relating to these audits during 2019/20.

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

The Committee continued to monitor progress against recommendations to the WAO report for the NHS Consultant Contract follow up, and WAO review of Collaborative Arrangements for Managing Local Public Health Resources received in 2017/18. Whilst the management actions were closed in September 2018/19, oversight of organisational wide staff related issues were remitted to the People and Organisational Development Committee for continued review.

In February 2019, the Committee undertook the self-assessment for 2018/19. An online questionnaire, based on guidance in the *NHS Wales Audit Committee Handbook*, was developed and circulated to committee members and attendees. Respondents included representative responses from Wales Audit Office and NHS (Internal) Audit and Assurance Services. The Committee will consider the results and report at an informal workshop in Quarter 1, 2019/20. If required, an action plan will be developed.

NHS Wales Shared Services Partnership carried out a number of functions on behalf of Public Health Wales. 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. Public Health Wales also has representation on the NHS Wales Shared Services Partnership Committee where any issues, which have been identified, are shared and fed back to the Committee.

The Committee received the Counter Fraud Authority Qualitative Assessment 2017/18 report, and considered the results of the organisation's fraud awareness survey results 2018. The Committee received assurance that gaps in staff awareness would be raised via the organisation's induction and refresher process. The Committee approved the Counter Fraud and Corruption policy and procedure.

The Committee also approved the Recovery of Salary Overpayment and Underpayments policy and procedure; the Disposal of Obsolete and surplus equipment and consumables procedure; and the adoption of the All Wales policy on Insurance, NHS Indemnity and related risk management for potential losses and special payments policy.

The Committee received the Board Assurance Framework (BAF) at each meeting and has oversight of those elements of the BAF which apply to the risks falling under the remit of the Committee. It also received the BAF and Corporate Risk Register in its entirety in order to seek assurances that the risks are being effectively managed and that the controls which are in place are adequate and fit for purpose.

The Committee discharged its role to challenge the executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

The Committee received briefing 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.



# Q Collaborating with 1000 Lives Improvement

Amy Boyle,  
Senior Improvement Communications Manager  
9<sup>th</sup> November 2018



## Quality, Safety and Improvement Committee

The Quality, Safety and Improvement Committee met four times during 2018/19 and was quorate on all four occasions.

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

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

In July 2019 the Committee approved the Quality and Clinical Audit Plan 2018/19. Individual audits would be subject to 'deep dives' as required. This plan was also received by the Audit and Corporate Governance Committee for information.

An update to the plan was received in January 2019 whereby it was noted that an Internal Audit of Clinical Governance had received reasonable assurance.

The Committee undertook further scrutiny of the following areas during 2018/19:

- An overview of the 1000 Lives Improvement Programme. This included details of the lifecycle of the programmes, how quality and impact were being reported and measured.
- A deep dive and progress update on the Quality and Impact Framework Implementation Plan.
- A deep dive on Diabetic Eye Screening Wales and Breast Test Wales services, which focused on their key achievements, challenges and future progression.
- The Microbiology stabilisation plan, risk assessment and future operational model reports.
- A report outlining the establishment and governance arrangements of the World Health Organization Collaborating Centre on Investment for Health and Well-being.
- An appraisal summary of how evaluation is carried out across the organisation

- A progress update on the implementation of the ICNet infection control system across NHS health boards in Wales.
- The framework for assuring service user experience, noting that following revision to core questions outlined in a Welsh Health Circular, a new iteration of the report would commence in April 2019.
- Background and purpose of the Official Statistics formal sub group. The Committee approved the Terms of Reference for the group and noted that governance arrangements would transfer to the Knowledge, Research and Information Committee.

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. An update on claims was received in private sessions of the Committee due to the sensitivity of the information.





- Information Governance Consolidated Performance Report – a consolidated view of the performance of the Information Governance (IG) Management System. The report also summarised the organisation wide high and extreme Information Governance risks. This report enabled the Committee to strengthen its scrutiny of information governance issues. A revised report was received in January 2019 to reflect the breadth and depth of information governance issues across the organisation. It was agreed that future reports would be remitted to the Knowledge, Research and Information Committee.

The Committee received annual reports covering the following areas: Corporate Safeguarding; Research and Development; Putting Things Right, 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 as a consequence. Details of serious incidents are provided later in this report.

The Committee approved the following policies: Putting Things Right policy and procedure, Safeguarding policy and procedures, Alerts, Safety Notices and NICE guidelines policy and procedure, the Medical Devices and Equipment Management and adopted the All Wales IT policies.

The Committee received the relevant extract of Board Assurance Framework (BAF) at each meeting in addition to the relevant extract of the Corporate Risk Register, which included Information Governance risks. The Committee recognised the importance of the BAF and agreed that it would be reviewed at the start of each meeting in order that members could highlight any areas that require additional information in order to gain appropriate assurance.



Further information on equality is provided later in this report.



13

conceptual frameworks informed the evidence review findings of what works in dissemination and use of knowledge

## People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2018/19 and was quorate on all four occasions.

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

Some of the key items received by the Committee in 2018/19 included:

- Progress updates on staff engagement and an action plan of priority areas in response to the 2016 and 2018 Staff Survey.
- Progress updates on Public Health Wales approach to external engagement, including approval of the 'Our Approach to Engagement: Supporting Guidance'.
- Deep dives into sickness absence management and turnover rates. The Committee also received an update on strategic workforce planning and the development of a workforce planning tool kit to help managers achieve the plans that deliver against the directorate annual plan and long term strategic aims.

- 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 awarding of the silver Health, Well-being and Corporate Health Standard and progress against the actions developed to achieve the Gold Corporate Health Standard.
- Update on the Time to Move initiative
- Update on the Microbiology stabilisation plan, which focused on the recruitment of hard to fill roles.

During 2017/18, it was determined that the Committee would receive broad People and Organisational Development updates from each directorate. The Quality, Nursing and Allied Health Professional directorate updated the Committee on the shared learning from the away day, which focused on the results of the staff survey. The 1000 Lives Directorate announced their focus on team building and staff development in response to the staff survey.

At the request of the Audit and Corporate Governance Committee in September 2018, the Committee resolved to adopt future oversight of people related activity from the Wales Audit Office review into Collaborative Arrangements for Managing Local Public Health Resources. The Committee has also agreed to consider the workforce related issues identified in both the Wales Audit Office review into Consultant Contracts, and the Internal Audit Directorate review respectively.

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

- Health and Safety Update Report – the Committee regularly received an update from the Health and Safety Group and received assurance on progress against the Health and Safety NHS Executive Action Plan. This report is supplemented by the Health and Safety Risk Register. The Committee received the Health and Safety annual report 2017/18.
- Welsh Language Standards (Healthcare) update – this update focused on implementation progress against the standards (see Welsh Language section later in this report).

The Committee has also discharged its responsibilities with regard to equality, diversity and inclusion. The Committee reviewed progress against the Implementation Plan for the Public Health Wales Strategic Equality Plan (approved by Committee, July 2017) and approved the Strategic Equality annual report 2017/18. The Committee also considered improvements to Public Health Wales Stonewall Equality Index. A detailed deep dive on equality, diversity and inclusion at every meeting, spanning the breadth of diversity and gender balance, and outlined the engagement, coaching and mentoring taking place within the organisation. This included:

- Staff experience stories were received from an LGTB member on diversity and inclusivity in employment and the Committee also received a presentation from the Chairs of the diversity networks for: women; LGTB+, Carers and single parents.
- A presentation from Dr Justin Varney, Consultant in Public Health, Public Health England who reflected on his experience of inclusion and diversity within the NHS, and recommended areas of focus for the organisation

The Committee approved or adopted the following policies and procedures during 2018/19: Recruitment; My Contribution; Prevention of Stress and Management of Mental Well-being; Capability, Maternity, Adoption, Parental Support and Shared Parental Leave and IVF; Support for Learning and Development; Radiation, Registration and Validation of Healthcare Professionals and Managing attendance at work.

Following the approval of the Disciplinary Policy in 2017/18, the Committee received an update on disciplinary cases and the lessons learnt during private sessions of the Committee.

The Committee received annual reports covering: Registration of Public Health Wales Nurses; and Medical Revalidation of Appraisal of Public Health Wales; and Infection, Prevention and Control.

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

## **Establishment of a new Knowledge, Research and Information Board Committee and Technology and Innovation in Health and Well-being Advisory Forum**

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 agreed the establishment of a new Knowledge, Research and Information Committee. The new Knowledge Directorate was established from 1 April 2019, therefore, the Board agreed that the new Committee would be operational from 1 April 2019.

### **Knowledge, Research and Information Board Committee**

This Committee will provide advice and assurance to the Board in relation to the quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation. This will therefore take over the scrutiny and assurance of the information governance aspects that have previously been received in the Quality, Safety and Improvement Committee.

### **Technology and Innovation in Health and Well-being Advisory Forum to the Board**

The Technology and Innovation in Health and Well-being Advisory Forum established with the purpose of focusing on new thinking and new ways of doing things which are focused on exploiting and adopting new and existing technologies with the main focus on innovation. It will do this through a strategic and horizon scanning focus to consider new and existing innovation and technologies, in Wales and worldwide, that have the potential to substantially improve health and well-being through their consideration, adoption and exploitation.

## Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met eight times during 2018/19 and was quorate on each occasion.

The matters approved by the Committee were ratified by the full Board. The Remuneration Report provides further information regarding the matters considered by the Committee during 2018/19.

## Board and Committee meetings held during 2018/19

Figure 4 outlines the dates of Board and Committee meetings held during 2018/19.

All of the Public Health Wales 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 would be brought to the attention of the Chair of the Board.

**Figure 4: Board and Committee Meetings 2018/19**

Board/Committee	2017/2018							
<b>Board</b>	30 May	31 May*	26 July	27 Sept	29 Nov	31 Jan	28 Mar	
<b>Audit and Corporate Governance</b>	2 May	30 May	6 Sept	23 Jan	14 Mar			
<b>Quality, Safety and Improvement</b>	10 Apr	10 Jul	4 Oct	15 Jan				
<b>People and Organisational Development</b>	24 Apr	23 Jul	24 Oct	10 Jan				
<b>Remuneration and Terms of Service</b>	26 Jul	6 Aug	28 Aug	18 Sept	25 Oct	29 Nov	24 Jan	28 Mar

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





## 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 2019 and up to the date of approval of the annual report and accounts.

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

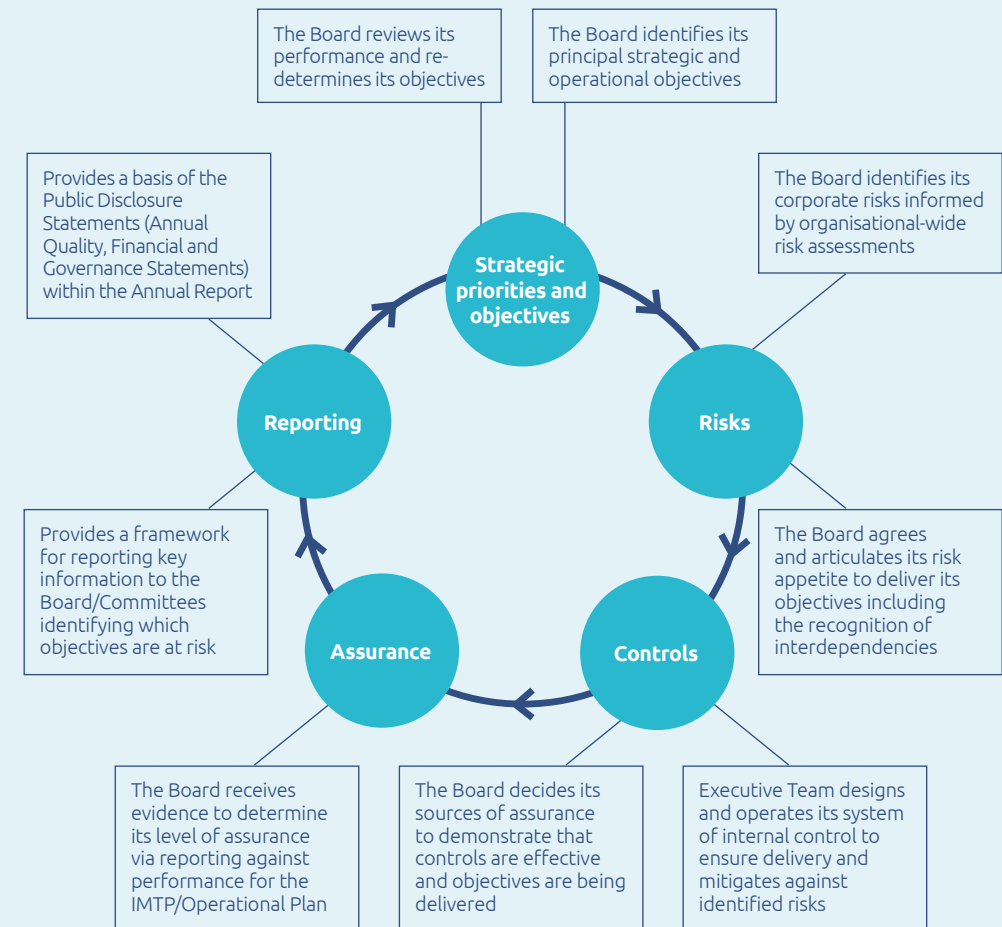
This is illustrated in Figure 5.

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board's strategic objectives. Examples of key controls include:

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

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

**Figure 5: Board Assurance Framework System**



## Capacity to Handle Risk

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 will 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 2017, the Board approved the strategic risks that faced the organisation for 2018/19.

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.

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

**Figure 6: Public Health Wales Key Strategic Risks 2018/19**

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

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



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

There 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 every month.

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

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

In January 2019 Public Health Wales received a reasonable assurance report from internal audit following an audit of the risk management system.



## Quality Governance Arrangements

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

### Quality, Nursing and Allied Health Professionals Directorate

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

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

The Executive Director for Quality, Nursing and Allied Health Professionals (AHP) has overall accountability for quality across the organisation and is professionally

accountable for nurses and midwives in addition to Allied Health Professionals which includes biomedical scientists. The Executive Director is a member of the Executive Team which is collectively accountable for the operational management of the organisation and the delivery of the corporate objectives.

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

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

In November 2016, the Board approved the Quality and Impact Framework. The Framework sets out the vision to be a quality and impact focused organisation, including the various components that we will use to demonstrate and measure against. During 2018/19, all Directorates have reported on their specific quality and impact indicators which were monitored by the Board Committees as part of the performance management framework.



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

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

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 2018/19 AQS will be published on the [Public Health Wales website](#) no later than 31 May 2019.

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. The organisation also extended its support for the Youth Summit by introducing a north Wales event.

The North and South Wales Youth Summits were held on the 24 November and 1 December and attracted over 160 young people aged between 11 to 23 years. The geographic representation included the following areas, Cardiff, Vale of Glamorgan, Newport, Merthyr Tydfil, Caerphilly, Neath and Port Talbot, Swansea, Carmarthenshire, Pembrokeshire, Powys, Wrexham, Conway and Flintshire. 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 and asylum seekers and refugees.

The Youth Summit offered the young people an opportunity to support developments with ACEs (resilience) and Cymru Well Wales. They also, in partnership started development work around the Public Health Wales Young ambassador's program, which is due to be launched in 2019/20.

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

## 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 2018/19 the Quality, Safety and Improvement Committee provided oversight, advice and assurance to the Board with regard to information governance issues. From 1 April 2019, the Knowledge, Research and Information Committee will take on 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 Officer (SIRO) is the Executive Director for Quality, Nursing and Allied Health Professional. The role of the SIRO is that of the advocate for information risk on the Board. The SIRO is responsible for setting up an accountability framework within the organisations to achieve a consistent and comprehensive approach to information risk assessment.

The Chief Risk Officer is also the Head of Information Governance and holds the formal position of Data Protection Officer as required by the General Data Protection Regulation 2016 (GDPR). He is responsible for implementing the management system which 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 Caldicott Guardian requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Caldicott delegates have been identified and are required, along with the Caldicott Guardian and SIRO, to undertake the agreed Caldicott Guardian/SIRO training on an annual basis, as a requirement of the role.

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. In December 2018, Public Health Wales received a substantial assurance report from internal audit following an audit of our Information Governance Management System and our GDPR compliance.



## Health and Care Standards for Health Services in Wales

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

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

A collective organisational self-assessment report based on returns from the seven Directorates along with their self-assessment reports were presented to the Executive Team. Overall the organisational position for 2018/19 has remained the same as that from the previous year.

Although total compliance scores have improved compared to the previous year in Public Health Services, Policy Research and International Development and People and Organisational Development. Internal audit determined the adequacy of the systems and controls in place for the completion of the self-assessments and substantial assurance was obtained.

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







## Health and Safety

The Health and Safety Group is a sub-group of the People and Organisational Development Committee. The group has reviewed its terms of reference and moved to a single estates and health and safety report, with divisions reporting on exception basis. Therefore enabling 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.

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

- The responsibility for oversight of health and safety is undertaken by the People and Organisational Development Committee.
- A single Health and Safety Action Plan is in place and is regularly reviewed by the Health and Safety group and shared with the People and Organisational Development Committee. The Plan had clear links to Health and Care Standards, appropriate prioritisation, timescales and accountabilities, and formal reporting mechanisms between the Directorates and the Group. Progress on the plan is reviewed 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.
- An estates compliance register has been established detailing key compliance for asbestos; gas safety; legionella; fire and fixed wiring (5 yearly certificate).
- An alerts catalogue has been established to capture alerts and notices relating to estates, safety and facilities to allow for monitoring of required action where appropriate.
- Capital funding was secured to improve microbiology laboratory environments, providing better welfare facilities for staff.

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

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

## Long Term Strategy

In summer 2018 we launched our Long Term Strategy, *Working to achieve a healthier future for Wales*. Significant work was undertaken during 2017/18, to develop our new long-term strategy that covers the years 2018 - 2030, to allow 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 the types of transformational improvement in population health and well-being that we need in Wales, we recognised we needed 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 help us:

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

We drew on various sources of information to develop the strategy, including more than 1,000 hours of staff and stakeholder feedback and a public survey 'Stay Well in Wales', which produced very useful information. Relevant law, regulations, research and reports also influenced our approach.

During 2018, we have since commenced work to deliver on the seven priorities that emerged from the feedback and the survey. These priorities provide the basis for our Strategic Plan. Each priority is supported by a number of objectives that set out what we will do over the next three years. Each of these objectives is in turn supported by detailed plans, which we monitor through our Annual Plan. To support the development of these plans, we adopted a new approach to planning, involving staff from across the organisation by encouraging them to contribute to our plans. We held a planning session for each priority so that staff could get involved, and this also helped to further shape our objectives.

Following the launch of our long-term strategy, we also put in place new arrangements for managing our priorities. These arrangements are currently being developed and build on our previous planning, and make sure the priorities are promoted from across the relevant parts of the organisation. The new arrangements include responsibility for governing, and delegating our main priorities from our Executive Team to the strategic priority groups, to make sure we stay on track to deliver the long-strategy and plan for the future.

More information is available on the [website](#) and in [Welsh](#).

## Our Strategic Plan (Integrated Medium Term Plan)

Our Strategic Plan (also known as our Integrated Medium Term Plan) (IMTP) was approved by the Cabinet Secretary for Health and Social Services in June 2018. This plan detailed the action we would take over the first three years of our new Long Term Strategy.

In January 2019, the Board approved our Integrated Medium Term Plan 2019/22. The Plan was subsequently approved by the Cabinet Secretary Health and Social Services in March 2019, therefore satisfying the statutory duty for Public Health Wales to have an approved plan in place. Our refreshed 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.

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 over the three years 2016/17 to 2018/19.

Our Strategic Plan is refreshed on an annual basis through our business and strategic planning processes. Following the launch of our Long Term Strategy, new governance arrangements for managing our strategic priorities have been established. 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. Terms of reference for each priority group have been developed and are currently being refined as the role and remit of each group matures.

Draft versions of the three year Strategic Plan were discussed with the Executive Team and Board as part of the development process. The Executive Team and Strategic Priority groups undertook look back, look forward exercises. This examined the strategic and operational factors that may impact upon our priorities, along with reviewing progress and performance. The Board also considered the financial position and budget strategy and reviewed the organisations strategic risks at a Board development session in December 2019. The Strategic Plan was formally approved by the Board in January 2019.

The Board actively managed our progress in delivering our plans as part of our performance management arrangements. During 2018/19, we continued to develop our integrated performance report which provides key information on our operational, people, quality and financial performance. Our integrated performance report is scrutinised by our Executive team on a monthly basis and by Board on a bi-monthly basis at each formal Board meeting. The information included in these reports enable our Board to receive assurance 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 through the Joint Executive Team meeting between Public Health Wales and Welsh Government and quarterly Quality and Delivery meetings.

A revised Performance Management Framework is currently under development and will be implemented during 2019/20, which aims to further strengthen our performance management and reporting arrangements. This will focus on aligning current performance with agreed outcome measures and also aim to develop the role of Committees in performance management.

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

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

***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 'transition' year is moving us towards a programme of transformation. This will be a key element of our work for 2019/20.***



## Continuous Improvement and Strategic Reviews

We are constantly striving to improve the services that we provide. During the year the following reviews were undertaken:

### Microbiology stabilisation and modernisation

The Board and its Committees have taken a particular interest in the Microbiology stabilisation and modernisation programme during the year. A report was presented to the Board in March 2018 outlining the difficulties facing the microbiology service in Public Health Wales. These were themed into four areas:

- Workforce – numbers, profile, training and development
- Meeting the needs of the health boards in Wales
- Environment and estates – suboptimal space, layout and fabric
- Support services – engagement and quantum.

The Quality Safety and Improvement Committee and People and Organisational Development Committee have further scrutinised the work to stabilise and transform the Microbiology Services during the year and the Board received and further update on the progress to date at its meeting in March 2019.

It has been agreed that the Quality, Safety and Improvement Committee will retain oversight arrangements for the microbiology services with other Committees reserving the right to undertake a deep dive if necessary.

### Response to the Wales Audit Office's report on the Collaborative Arrangements for managing Local Public Health Resources

The Wales Audit Office published its review into the 'Collaborative Arrangements for managing Local Public Health Resources' in October 2017. A management response containing 15 actions was developed by Public Health Wales in collaboration with Health Board Executive Directors of Public Health (DsPH). It required a number of key deliverables to be created, agreed and signed-off at various points between December 2017 and end of April 2018. Delivery of the actions was attributable to Welsh Government, Public Health Wales and the DsPH. The actions focused on the following areas:

- Clarifying the Public Health system leadership arrangements in Wales
- Improving the governance and accountability arrangements between Public Health Wales for the local public health resource

- Identifying joint priorities for Health Improvement (HI) between Public Health Wales and LHBs and clarifying the roles and responsibilities for HI between Public Health Wales central and local public health teams
- Aligning the joint priorities to the Public Health Wales long term strategy
- Reaching agreement on what constitutes Healthcare Public Health and how this can be adopted more fully in Wales
- Improving communication and information sharing between the central and local teams
- Creating a more transparent and fairer system for the distribution of Public Health Wales resources to the local public health teams
- Establishing a joined up approach to workforce planning and skills development

A programme management arrangement was established to plan, monitor and report on progress against the actions contained in the management response. The programme was divided into 3 work streams that focused on the:

- roles, responsibilities and accountability
- relationships
- system capacity and capability.





Executive level sponsorship for delivery of the programme was provided and the key outputs co-ordinated by a Programme Manager who was supported by Project Leads for each of the work streams.

Working collaboratively with Welsh Government officials and DsPH the following outputs were delivered during the course of the programme:

- Clarity from Welsh Government on the Public Health system leadership in Wales
- Synergy between Health Improvement and the Public Health Wales Long Term Strategy
- Agreed joint priorities between Public Health Wales and health boards for Health Improvement
- Subject to further refinement, a new Governance and Accountability Framework to be inserted into MoUs
- Agreement on a fairer allocation of the Local Public Health Team (LPHT) resource between Health Boards and a phased implementation plan
- Bi-annual meetings between Public Health Wales and Executive DsPH agreed
- Shared commitment to improve communication and information sharing

- Proposal on a way forward for a Value for Money review for further discussion between Public Health Wales and Executive DsPH
- Agreement to use the NHS Workforce Planning Framework and align timescales
- Increased staff awareness of personal and professional development suite
- Public Health Wales Director of People and OD individual meetings with Executive DsPH and LPHT staff on workforce matters

The programme closure [report](#) provides an overview of how the programme operated, the progress made against each of the actions in the management response and what changes have been made since the WAO reported in October 2017. It was reported to Public Health Wales' Quality, Safety and Improvement and People and Organisational Development Board Committees and Health Board's respective Audit Committees.

# Mandatory Disclosures

## 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.

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

Supporting the revised Strategic Equality Plan, an implementation plan has been developed to progress the equality work stream. While corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee, further work is required to ensure that governance arrangements to measure progress against the equality action plan are in place.

Progress against the actions in the Strategic Equality Plan are reported to the People and Organisational Development Committee on a quarterly basis. In delivering against this plan a firm commitment has been made by all parts and levels of the organisation to consider equality as part of the work they are doing. In line with the public sector reporting duties, the organisation published its 2017/18 report highlighting its progress so far. This also included information on our Gender Pay Gap, which has also been reported on the Government portal. We have also reported on our employment, training and equality data.

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

Governance and scrutiny arrangements for EHIAs have now been incorporated into the template for presenting papers to the Executive Team, Board and Committees, with the requirement to attach the EHIA to the paper, or to justify why this has not been completed.

Public Health Wales recognises that more needs to be done to ensure that the services we deliver are inclusive and that the workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality. More work is also necessary to reduce inequalities. They are engaging more with people from protected communities to inform their work. In adopting this practice Public Health Wales will develop strong partnerships with people from protected communities and learn from them and with them. The organisation is committed to a number of workforce related initiatives for example Disability Confident, Time for Change and the Working Forwards pledge to support pregnant employees and new parents in the workplace.

The organisation is also become a member of the Stonewall Diversity Champion Scheme, and was placed 173rd out of 445 organisations taking part in the Workplace Equality Index; an increase of 165 places from our position last year. 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.

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





## Welsh Language

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

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

The Board's People and Organisational Development Committee receives regular reports on Welsh language matters. With regard to the Welsh Language Scheme, Public Health Wales prepares an annual report in accordance with the Welsh Language Commissioner's reporting framework. The People and Organisational Development Committee considers the report and approves its submission to the Welsh Language Commissioner.

With regard to the implementation of More Than Just Words, the Executive Team and Welsh Government's Department of Health and Social Services receives an annual report. Additionally, as part of the NHS Delivery Framework, Public Health Wales must report on progress against More Than Just Words to Welsh Government on a bi-annual basis.

The Public Health Wales Welsh Language Group, comprising representatives from all directorates, meets on a quarterly basis. Meetings have, primarily, a strategic and focus. Additionally, directorates have nominated 'Welsh Language Champions' to coordinate and progress Welsh language matters in their areas.

Public Health Wales will be subject to Welsh Language Standards (No. 7) Regulations from 30 May 2019. The standards replace the Welsh Language Scheme. Action plans have been developed for implementation by the whole organisation. Over the next two years there will be sustained focus and momentum with regard to achieving our Welsh language obligations and the Welsh Language Group, Executive Team and People and Organisational Development Committee will receive regular progress reports. Annual monitoring reports will continue to be presented to the Board via the People and Organisational Development Committee and will be available on the Public Health Wales website.

## Handling Complaints and Concerns

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

In 2018/19 a total of 7 Serious Incidents were reported to the Welsh Government, 6 in screening and 1 in Microbiology. In addition, 59 formal complaints were received for the period.

A review of the claims reimbursement process within Public Health Wales was also undertaken by Internal Audit in line with the 2018/19 Internal Audit Plan, for which a substantial assurance rating was provided. See page 21 for further details.

## Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2018/19, Public Health Wales received 94 requests for information by the end of March 2019.

87 of these were answered within the 20-day target, with only 3 being responded to outside of the deadline. This was due to a delay in receiving the information from the service/department that held it.

There are also 5 FOI requests still open from 2018/19 that will be answered during April.

## Subject Access Requests

In 2018/19, Public Health Wales received 14 requests for information by the end of March 2019. 1 of which is still open.

10 of these were answered within the 20-day target, with only 3 being responded to outside of the deadline. This was due to Public Health Wales not having received requested information within the required deadline.

## Sustainability and Carbon Reduction Delivery Plan

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

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

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 per cent 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.

Public Health Wales has committed to match the targets set down by Welsh Government in the Climate Change Strategy, who have set a 3 per cent year on year reduction target in greenhouse gas emissions and an overall emissions target of 40 per cent by 2020. Public Health Wales is on target to achieve this having reduced greenhouse gas emissions by 5 per cent in 2016/17 and a further 17.14 per cent in 2017/18.

The annual internal audit review of the Environmental Sustainability Report for 2017/18 was undertaken in line with the Internal Audit Plan, for which a substantial assurance rating was provided.

## Emergency Planning/ Civil Contingencies

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

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

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

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







The organisation regularly collaborates with partner agencies to develop flexible plans to enable a joint effective response to an incident, in order to establish resilience in the face of a broad range of disruptive challenges.

As a Category 1 responder Public Health Wales is required under the Civil Contingencies Act (2004) to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it. The Emergency Response Plan was reviewed and agreed by the Board in September 2018.

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

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

Public Health Wales has an Emergency Planning and Business Continuity Group to co-ordinate emergency planning activity within the organisation.

Work to strengthen the organisation's Emergency Planning function is underway and an Emergency Planning and Business Continuity work plan has been developed. This aims to drive further improvements for planning focused on risk assessment and lessons identified. The Plan will be presented to the Emergency Planning and Business Continuity Group in July 2019.

A copy of the Public Health Wales Emergency Plan as well as additional information on Emergency Planning, Resilience and Response can be found [here](#).

## Business Continuity

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

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

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

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

During 2018/19, table top exercises and tactical lead training sessions were undertaken to test divisional business continuity plans and identify areas for further development and strengthening.

The Incident Management Plan outlines and clearly defines a documented plan of action for use at the time of an incident. Throughout 2018/2019 the plan was activated a number of times, notably in response to an IT outage and severe weather impacting on a number of services.

To further develop and strengthen our business continuity arrangements, an Emergency Planning and Business Continuity work plan 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 services in Public Health Wales.

## 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 were reported quarterly to the Quality, Safety and Improvement Committee during 2018/19 and will be reported to the Knowledge, Research and Innovation Committee from 1 April 2019. Where appropriate they are reported to the Welsh Government and full incident investigations are undertaken.

During 2018/19, Public Health Wales recorded a total of 1 data breaches, with one requiring reporting to the ICO and Welsh Government.

## 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. There have been no reported departures from the Corporate Governance Code.

## NHS Pensions Scheme

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

## Ministerial Directions

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

During 2018/19 six Ministerial Directions (Non-Statutory Instruments) were issued by the Welsh Government but were aimed specifically at services delivered by Local Health Boards (LHBs), so no action was required by Public Health Wales.

Public Health Wales has acted upon, and responded to all [Welsh Health Circulars](#) (WHCs) issued during 2018/19 which were applicable to Public Health Wales. Of the 45 issued, 26 of these were applicable to Public Health Wales. 17 required action.



## Hosted Bodies

Public Health Wales has hosted two bodies during 2018/19:

### 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.

The initial one-year hosting agreement ceased on 31 March 2016. A revised hosting agreement for 2016-19 was approved by the Public Health Wales Board in April 2016. The Board approved a further one year extension to the hosting agreement on 28 March 2019. It provides details of the responsibilities of the Public Health Wales Board and the hosted body. The Board receives assurance on compliance with the terms of the agreement through the production of an Annual Compliance Statement and Report from the Collaborative. The Report for 2018/19 was received by the Audit and Corporate Governance Committee and Board in March 2019.

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 to be escalated to this Board as appropriate.

On behalf of Public Health Wales, and as part of the routine audit programme, the NHS Wales Shared Services Partnership Audit and Assurance Services (internal audit) conducted an audit of Clinical Networks Governance within the Collaborative Team. The audit was undertaken in late 2017 and the report issued in February 2018, which included the management response from the Collaborative Team to each of the recommendations. The level of assurance given as to the effectiveness of internal control in place to manage the risks associated with the networks was limited assurance. This was reported to Collaborative Executive Group in April 2018 and work has taken place since that time to address the action plan.

Internal Audit has now undertaken a follow up review in line with the 2018/19 Internal Audit Plan. Their final report indicates that the Collaborative has made significant progress against the original recommendations and that the Public Health Wales Trust Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

## 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; and
- 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 2018/19 was received by the Audit and Corporate Governance Committee and Board in March 2019.

## Staff and Staff Engagement

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

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

We also have a well-established Joint Medical and Dental Negotiating Group. The organisation's Nursing Senedd advises and provides updates on professional issues relating to Nursing and Midwifery professionals. These fora provide mechanisms which allow for feedback to senior management on organisational performance or any other issues that staff wish to raise, which aids transparency.

In addition to these formal mechanisms, we have a consultation process open to all staff for all new and revised organisational policies, a staff conference, staff engagement events, all of which are fully exploited and used to engage in conversations with staff at individual and group levels. These mechanisms are used in parallel with an open blog, a web forum and other virtual ways for staff to share their work and opinions. During the year, we have run engagement events with staff to share the IMTP and to generate discussion about the values and what they mean to all staff across the organisation.

The NHS Wales staff survey 2018 provided a full analysis of workforce engagement and organisational climate. Our response rate to the survey was 56 per cent. Since publication of the results, Public Health Wales has 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 a set of organisational actions.

## Review of Effectiveness

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

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

Each Committee undertook a self-assessment during 2018/19. The Quality Safety and Improvement Committee and People and Organisational Development Committees have considered the outcomes of their self-assessments and agreed action plans for 2019/20. The Audit and Corporate Governance Committee has completed a self-assessment questionnaire and will be considering the findings further at a workshop scheduled for May 2019, where the Committee will also be reviewing its role and purpose of the Committee alongside the Strategic Priorities.

From November 2017, post-meeting surveys were introduced to enable the Board to continuously self-assess effectiveness. The outcomes of each survey were considered by the Public Health Wales Chair and Chief Executive and were used to inform improvements to meeting administration and agenda planning. The Board will continue to consider how it assesses its effectiveness in 2019/20.

## 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.

## Assurance Rating



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



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

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

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

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

In reaching this opinion the Head of Internal Audit has identified that all reviews during the year concluded positively with robust control arrangements operating in some areas. Follow up reviews were completed during the year into report which received limited assurance during 2017/18. For each of these areas: raising concerns, cyber security and Clinical Networks governance; the follow up reports concluded that the majority of actions had been completed giving reasonable assurance in each of these areas. Outstanding actions continue to be monitored by the Audit and Corporate Governance Committee.

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

For further details of the reports received see the Audit and Corporate Governance Committee section earlier in this report.

## Counter Fraud

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales. Their work plan for 2018/19 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit and Corporate Governance Committee. The Audit and Corporate Governance Committee received the Counter Fraud and Corruption Annual Report for 2018/19. A Self Risk Assessment was undertaken against the NHS Protect Standards for Providers – Fraud, Bribery and Corruption/NHS Standard Contract. Public Health Wales achieved a 'green' rating was issued for three of the standards and a 'red' rating for one of the standards, providing an overall 'amber' rating. The 'red' standard related to 'inform and involve (developing an anti-fraud culture) and was due to the counter fraud team being unable to undertake a full programme of fraud awareness sessions during the financial year due to staff changes and sickness absence. Arrangements have been put in place to ensure these awareness sessions are completed in 2019/20.

## External Audit – Wales Audit Office (WAO)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The WAO undertakes the external auditor role for Public Health Wales on behalf of the Auditor General. The WAO completed the Structured Assessment for 2018 and overall concluded that the organisation is generally well led and well governed but could improve the breadth of information presented to the Board. It was noted that there is a cohesive and well aligned planning framework with changes to performance reporting underway to better assess progress against strategic priorities and the value and impact delivered; and the organisation generally manages its workforce, finance and physical assets well day to day with good support available to managers and budget holders, but it could improve aspects of procurement, financial reporting and workforce performance.

Specifically, the report concluded that:

- The Board continues to operate effectively, although there are on-going challenges with the recruitment of non-executive directors
- The Trust has a well-developed board assurance framework (BAF) supported by an effective risk management system
- The Trust's system of assurance is generally robust. Nevertheless there is still scope to improve the information reported to the Board on the breadth of the Trust's business
- The Audit and Corporate Governance Committee's approach for tracking progress against internal and external audit recommendations continues to work well
- Organisation and committee structures are changing to further improve oversight and scrutiny of statutory functions and delivery of strategic priorities
- There is a cohesive and well aligned planning framework with changes to performance reporting underway to better assess progress against strategic priorities and the value and impact delivered
- There is a cohesive approach to strategic planning and the Trust is working to align workforce plans more effectively
- Arrangements for monitoring and reporting on the annual plan are largely unchanged, and progress is now reported more frequently
- The Trust generally manages its workforce, finance and physical assets well day to day with good support available to managers and budget holders, but it could improve aspects of procurement, financial reporting and workforce performance
- The Trust's arrangements and support for managing and developing the workforce continue to improve with improvements reflected in some key performance measures
- The Trust's arrangements for financial management continue to work well with good support for budget holders but there is scope to improve aspects of financial reporting and compliance with procurement processes.

The report also recommended the following:

### Procurement

The number of single tender actions and single quote actions appears to be growing and the narrative set out in procurement reports indicates that controls could be further strengthened. The Trust should:

- establish a system to monitor and report on trends in Single Tender Agreements (STAs) and Single Quotation Agreements (SQAs)
- consider reintroducing information on the total number and value of competitive tenders and quotes to provide context against which to assess the number and value of STAs and SQAs
- provide the Audit and Corporate Governance Committee with information on the effectiveness of actions to ensure compliance with procurement policies and procedures.

## Quality of Data

The Board felt that the information it and its key committees had received during 2018/19 generally supported effective scrutiny and assurance, although there were gaps in some areas. For example the:

- Board requested the integrated performance report would benefit from more evaluation, impact and measurement. The action has been implemented and presented to the Board in March 2019. The Board welcomed the progress made.
- People and Organisational Development Committee completed a self-assessment during the year, where Committee members indicated that some data received by the Committee raised more questions and resulted in requests for further information. The Committee commented that the quality had improved during the year and have an action plan in place to ensure this improvement continues.

## Conclusion

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

This Annual Governance Statement confirms that Public Health Wales has continued to mature as an

organisation and no significant internal control or governance issues have been identified. The organisation will continue to address key risks and embed good governance and appropriate controls throughout the organisation.

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

### Signed:



**Tracey Cooper**  
**Chief Executive and**  
**Accountable Officer**  
30 May 2019



## Annex 1: Board and Committee Membership/Attendance 2018/19

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	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> </ul>	6/6 5/7	Veterans
Tracey Cooper	Chief Executive	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee**</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. The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p>	6/6 5/7 2/5	Veterans
Jyoti Atri	Acting Executive Director of Health and Well-being (Acting up from 1 January 2019)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	2/2 1/1	
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals (on secondment from until 4 February 2019)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	1/1 0/0 0/1 0/0	
Professor Mark Bellis OBE	Director of Policy, Research and International Development	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	3/6 0/4	
Sian Bolton	Acting Executive Director of Quality, Nursing and Allied Health Professionals (until 31 January 2019) Interim Director of Knowledge (from 1 February 2019)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Audit and Corporate Governance Committee**</li> </ul>	5/6 3/4 4/4	
Dr John Boulton	Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service (from August 2018)	<ul style="list-style-type: none"> <li>• Board*</li> </ul>	2/4	
Philip Bushby	Director of People and Organisational Development	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	6/6 7/7 4/4	Welsh Language
Helen Bushell	Board Secretary and Head of Board Business Unit (from 11 March 2019)	<ul style="list-style-type: none"> <li>• Board*</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> </ul>	1/1 1/1 1/1 0/0 0/0	

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	Champion Roles +
Kate Eden	Vice Chair and Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• (Chair) Audit and Corporate Governance Committee (until September 2018)</li> <li>• (Chair from October 2018) Quality, Safety and Improvement Committee</li> </ul>	6/6 5/7 2/2 4/4	Mental Health
Dyfed Edwards	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• (Chair from October 2018) Audit and Corporate Governance Committee</li> </ul>	6/6 4/7 5/5	
Dr Aidan Fowler	Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives Improvement Service (until August 2018)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	1/1 0/2	
Huw George	Executive Director of Operations and Finance/ Deputy Chief Executive	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee**</li> </ul>	6/6 6/7 5/5 2/4	Fire Safety
Eleanor Higgins	Acting Board Secretary and Head of Corporate Governance (from 1 February 2019 to 10 March 2019)	<ul style="list-style-type: none"> <li>• Board**</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> </ul>	0/0 0/0 0/0 0/0 0/0	
Professor Shantini Paranjothy	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service</li> <li>• Quality, Safety and Improvement Committee</li> <li>• People and Organisational Development Committee</li> </ul>	6/6 5/7 3/4 4/4	Service user experience
Stephen Palmer	Non-Executive Director (from 1 September 2018)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• People and Organisational Development Committee</li> </ul>	3/3 2/2 1/1 1/1	
Dr Chrissie Pickin	Executive Director of Health and Well-being (On planned annual leave from 1 January 2019, and left organisation on 24 February 2019)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	4/4 3/3	
Judith Rhys	Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• People and Organisational Development Committee</li> </ul>	6/6 7/7 5/5 4/4	Equality Older persons Raising concerns (staff) (from October 2018)

Name	Position	Board Committee Membership	Attendance at Meetings 2016/17***	Champion Roles +
Terence Rose CBE	Non-Executive Director (until 30 October 2018)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service</li> <li>• Quality, Safety and Improvement Committee</li> <li>• (Chair) People and Organisational Development Committee</li> <li>• Audit and Corporate Governance Committee</li> </ul>	3/3 4/4 2/2 3/3 3/3	Raising concerns (staff) (until October 2018)
Dr Quentin Sandifer	Executive Director of Public Health Services	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee</li> </ul>	6/6 3/4 2/4	<i>Caldicott guardian</i> <i>Emergency planning</i>
Catherine Steele	Acting Board Secretary (from 12 July 2018 to 31 January 2019)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	1/1 0/2	
Alison Ward	Non-Executive Director (from 1 April 2018)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> </ul>	4/6 3/7 3/4	
Melanie Westlake	Board Secretary and Head of Corporate Governance (until 11 July 2018)	<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>	2/2 1/2 1/1	

\* 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.



## Remuneration and Staff Report

The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales and other people related matters. The information in the appendices and tables contained in this report are audited, with the remaining content checked for consistency by the auditors.

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

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

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

## Remuneration and Terms of Service Committee

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

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

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

During 2018/19 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Jan Williams (Chair)
- Judith Rhys (Non-Executive Director)
- Professor Shantini Paranjothy (Non-Executive Director)
- Kate Eden (Vice Chair and Non-Executive Director)
- Alison Ward (Non-Executive Director)

- Dyfed Edwards (Non-Executive Director)
- Terence Rose (Non-Executive Director) (until 31 October 2018)
- Professor Stephen Palmer (Non-Executive Director) (from 1 November 2018)

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

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

During 2018/19, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):

- 26 July 2018 – approved the appointment of Dr John Boulton as Interim Director of Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement Service for a secondment of 12 months

- 25 October 2018 – approved the appointment of Jyoti Atri as Interim Executive Director of Health and Well-being from 1 January – 1 June 2019, or until such time as a permanent appointment is made. Dr Chrissie Pickin retired from her role as Executive Director of Health and Well-being on 24 February 2019. Jyoti Atri was appointed interim Executive Director of Health and Well-being from 25 February 2019 for a 6 month period pending recruitment of a new permanent Executive Director for this position. However, due to Chrissie's planned leave at the beginning of the year, Jyoti took up the position from 1 January 2019
- 24 January 2019– approved the appointment of Sian Bolton as Interim Transition Director, Knowledge Directorate from 4 February 2019 for an initial period of 6 months.
- A single issue was considered at meetings held on 6 August, 28 August and 18 September, where the Committee recommended that Chair's action be taken to approve a special severance payment of £65,651.

- The position of Board Secretary supports the work of the Executive Team and Board but is not formally a member of the Executive Team. There have been several changes of person filling this position during the course of the year and although these changes were not considered by the Committee, they are highlighted in the table in Annex 1a.

#### Voluntary Early Release and Settlement agreements:

- Approval of one application, totalling £43,772 under the Voluntary Early Release Scheme.
- Approval of four other settlements totalling £10,878
- Approval of one special severance payment of £4,489



## Salary and Pension Disclosures

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

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

The single figure includes the following:

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

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

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

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

The pension benefit figure is calculated on the basis of an increase in the value over the financial year. Where staff have joined the organisation or the Board during the period prior-year comparative information is not available. This can result in the calculated increase in the benefit figure being artificially high. Where this is the case this figure is not reported in Annex 1a (Single Figure of Remuneration) nor Annex 2 (Pension Benefits) from 2018/19. Where these figures were reported in previous years this can result in a negative value in 2018/19.

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2017/18 figure is 3 per cent as set out by the 2018/19 Greenbury guidance.

## Remuneration Relationship

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

## 2018/19 Staff Report

### Number of senior staff

As of 31 March 2019 there were nine senior staff that made up the Executive Team; they were also Board members or regular attendees. Their pay bands are broken down as follows:

Pay band	Number in post at 31 March
Consultant (Medical and Dental):	1
Executive and Senior Posts Pay scale:	6
Agenda for Change Wales Band 9:	1
Agenda for Change Wales Band 8D:	1



## Staff Numbers

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

	Permanently Employed (inc Fixed Term) WTE	Agency Staff WTE	Staff on inward secondment WTE	2018/19 Total WTE	2017/18 Total WTE
Administrative, clerical and board members	875	26	39	940	900
Medical and dental	75	0	30	105	100
Nursing, midwifery registered	58	0	0	58	57
Professional, scientific and technical staff	481	8	0	489	515
Allied Health Professionals	57	1	1	59	1 <sup>1</sup>
<b>Total</b>	<b>1,546</b>	<b>35</b>	<b>70</b>	<b>1,651</b>	<b>1,522</b>

<sup>1</sup> There is a difference from 2018/19 to 2017/18 as there has been a change in the classification and method of reporting

## Staff Composition

The gender breakdown of the Executive Team and other employees as of 31 March 2019 was as follows:

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

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

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

In Public Health Wales, the mean and median hourly rate by Gender as of 31 March 2018 is as follows:

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

Gender	Mean. Hourly Rate (£)	Median Hourly Rate (£)
Male	22.42	18.19
Female	17.52	14.70
Difference	4.90	3.49
<b>Pay Gap</b>	<b>21.84</b>	<b>19.20</b>

## Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2017/18 and 2018/19:

	2018/19 Number	2017/18 Number
Days lost (long term)	15,469.86	15,039.98
Days lost (short term)	6,823.87	7,055.57
Total days lost	22,293.73	22,095.55
Total staff years	1586.00	1,518.51
Average working days lost	880.08	909.72
Total staff employed in period (headcount)	1,786.00	1,712.00
Total staff employed in period with no absence (headcount)	837.00	765.00
Percentage staff with no sick leave	46.27%	44.68%

Sickness absence has improved across Public Health Wales over 2018/19 with sickness absence rates for February 2019 being the lowest for that period in six years. Although there has been a slight increase in the total number of days lost to sickness absence, there has been a reduction in the days lost to short term absence and an increased percentage of staff with no sickness absence.

In 2018/19 Internal Audit carried out an audit looking at sickness absence and leave. The results of this audit provided a 'reasonable assurance', with only minor improvements identified in relation to manager accuracy of date recording and completion of documentation. An action plan developed as a result of this focussed on additional communication of processes to managers.

A new All Wales Managing Attendance at Work policy was ratified in September 2018 and adopted by Public Health Wales in December 2018. This policy has a focus on managers knowing their staff and ensuring reasonable adjustments are considered to support staff in the workplace. Following the introduction of this policy, an All Wales training pack was developed and the HR team tailored it to meet the needs of managers across Public Health Wales. All managers need to undertake the training within two years of the introduction of the policy, and a training schedule has been developed and advertised on the intranet. The introduction of the new policy has received positive feedback, with managers pleased with the control and empowerment the policy provides in enabling them to support their staff.

### **Staff policies applied during the financial year**

Public Health Wales' workforce policies cover all aspects of employment, from recruitment and selection, training and development to terms and conditions of service and termination of employment.

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

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

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

The All Wales Sickness Absence Policy was reviewed on an All Wales basis and a new policy produced, Managing Attendance at Work. The new policy was ratified on the 28 September 2018 and adopted by Public Health Wales on the 7 December 2018. The new policy has a focus on managers knowing their staff and working in partnership to support individuals in the workplace.

The policy has an emphasis on well-being rather than managing absence, it is designed to support individuals to remain in the workplaces. The policy retains mechanisms for phased return to work, with no loss of pay and makes enhancements in support for appointments linked to underlying health concerns and disabilities. There is a greater emphasis on access to advice and support (Occupational Health, GP, Physiotherapy, Counselling, etc.) to enable the organisation to facilitate more rapid return to the workplace along with greater support to remain in the workplace. Where a return to an individual's role is not possible, redeployment to a suitable alternative role is still provided for in the new policy, this provision is enhanced with an expectation that the redeployment process will be supported across all NHS organisations, not just within Public Health Wales. A further emphasis is also made on temporary redeployment to an alternative role, which helps an individual to return to the workplace earlier, where they are currently not fit to return to their substantive role.



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

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

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

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

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

Policies are published on the Public Health Wales website at [www.wales.nhs.uk/sitesplus/888/page/46724](http://www.wales.nhs.uk/sitesplus/888/page/46724)

## Other Employee Matters

Our Staff Diversity Networks continue to grow and embed themselves within the organisation.

Various awareness raising activities have been undertaken throughout the year, with Public Health Wales making it's first attendance at Pride in Cardiff last August, and undertaking "Diversity and Inclusion Week" in January, which involved a range of speakers, Intranet articles and opportunities for staff to celebrate difference.

We also participated in the Stonewall Workplace Equality Index for the second time, and were placed 173rd out of 445 organisations taking part. This is an increase of 165 places from the previous year and clearly shows the improvements made towards creating an inclusive culture and bringing our organisation's values to life.

## Expenditure on Consultancy

For the purposes of the statutory accounts Consultancy is defined as time limited/ad-hoc assignments that are not considered to be related to the day-to-day activities of the Trust. This can include expenditure on services such as:

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

During 2018/19, Public Health Wales' expenditure on consultancy was £359k compared to £322k in 2017/18.

## Tax Assurance for Off-Payroll Engagements

Public Health Wales is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, Public Health Wales has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website at [www.wales.nhs.uk/sitesplus/888/page/44934](http://www.wales.nhs.uk/sitesplus/888/page/44934)

## Exit Packages

The figures disclosed in this note relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

**Table 1: Exit Packages**

	2018/19	2018/19	2018/19	2018/19	2017/18
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
less than £10,000	3	1	4	1	1
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	1
£50,000 to £100,000	0	1	1	1	2
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>4</b>

	2018/19	2018/19	2018/19	2018/19	2017/18
Exit packages cost band (including any special payment element)	Number of compulsory redundancies (£)	Number of other departures (£)	Total number of exit packages (£)	Number of departures where special payments have been made (£)	Total number of exit packages (£)
less than £10,000	6,389	4,489	10,878	4,489	8,500
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	43,772	43,772	0	25,072
£50,000 to £100,000	0	65,651	65,651	65,651	154,800
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>6,389</b>	<b>113,912</b>	<b>120,301</b>	<b>70,140</b>	<b>188,372</b>

## Statement of Assurance

I confirm that there is no relevant audit information in the Annual Report of which the Wales Audit Office is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Wales Audit Office is aware of that information.

### Signed:



**Tracey Cooper**  
Chief Executive and  
Accountable Officer  
30 May 2019



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



## Annex 1a: Single Figure of Remuneration (2018/19)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150 - 155	-	-	37	190 – 195
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	125 - 130	-	-	25	150 – 155
Dr Quentin Sandifer, Executive Director of Public Health Services <sup>1</sup>	160 - 165	-	-	21	180 – 185
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals <sup>2</sup>	15 - 20	-	-	11	25 – 30
Dr Chrissie Pickin, Executive Director of Health and Well-being <sup>3</sup>	120 - 125	65 - 70	-	28	210 – 215
Jyoti Atri, Acting Executive Director of Health and Well-being <sup>4</sup>	30 - 35	-	-	6	35 – 40
Dr Aidan Fowler, NHS Quality Improvement and Patient Safety/Director 1000 Lives <sup>5</sup>	40 - 45	-	-	26	65 – 70
Prof. Mark Bellis, Director of Policy Research and International Development	120 - 125	-	-	25	145 – 150
Dr John Boulton, Interim Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives <sup>6</sup>	60 - 65	-	-	***	60 – 65
Philip Bushby, Director of People and Organisational Development <sup>1</sup>	100 - 105	-	-	25	125 – 130
Sian Bolton, Acting Executive Director of Quality, Nursing and Allied Health Professionals <sup>7</sup>	85 - 90	-	-	129	215 – 220
Sian Bolton, Transition Director, Knowledge Directorate <sup>7</sup>	15 - 20	-	-	25	40 - 45
Helen Bushell, Board Secretary <sup>8</sup>	0 - 5	-	-	0	0 – 5
Eleanor Higgins, Acting Board Secretary <sup>9</sup>	0 - 5	-	-	2	5 – 10
Catherine Steele, Acting Board Secretary <sup>10</sup>	20 - 25	-	-	***	20 – 25
Melanie Westlake, Board Secretary <sup>11</sup>	20 - 25	-	-	10	30 – 35
<b>Non Executive Directors:</b>		-	-	-	-
Jan Williams	40 - 45	-	-	0	40 - 45
Terence Rose <sup>12</sup>	5 - 10	-	-	0	5 - 10
Kate Eden	15 - 20	-	-	0	15 - 20
Judith Rhys	5 - 10	-	-	0	5 - 10
Professor Shantini Paranjothy	5 - 10	-	-	0	5 - 10
Dyfed Edwards <sup>13</sup>	5 – 10	-	-	0	5 – 10
Professor Stephen Palmer <sup>14</sup>	0 – 5	-	-	0	0 – 5
Alison Ward <sup>15</sup>	0 - 5	-	-	0	0 - 5

## Annex 1b: Single Figure of Remuneration (2017/18)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150 - 155	-	33	180 - 185
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	125 - 130	-	30	150 - 155
Dr Quentin Sandifer, Executive Director of Public Health Services	155 - 160	-	22	180 - 185
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals <sup>1</sup>	85 - 90	-	21	105 - 110
Dr Chrissie Pickin, Executive Director of Health and Well-being	130 - 135	-	31	160 - 165
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality	140 - 145	-	(80)	60 - 65
Prof. Mark Bellis, Director of Policy Research and International Development	120 - 125	-	24	140 - 145
Melanie Westlake, Board Secretary	75 - 80	-	(250)	(170) - (175)
Philip Bushby, Director of People and Organisational Development	95 - 100	-	24	120 - 125
Sian Bolton, Acting Executive Director of Quality, Nursing and Allied Health Professionals <sup>2</sup>	15 - 20	-	***8	15 - 20
<b>Non Executive Directors:</b>				
Professor Sir Mansel Aylward <sup>3</sup>	10 - 15	-	0	10 - 15
Jan Williams <sup>4</sup>	20 - 25	-	0	20 - 25
Professor Simon Smail <sup>5</sup>	10 - 15	-	0	10 - 15
Terence Rose	5 - 10	-	0	5 - 10
Kate Eden <sup>6</sup>	10 - 15	-	0	10 - 15
Jack Straw <sup>7</sup>	0 - 5	-	0	0 - 5
Judith Rhys	5 - 10	-	0	5 - 10
Professor Shantini Paranjothy	5 - 10	-	0	5 - 10

1. Rhiannon Beaumont-Wood left Public Health Wales on 02 February 2018 on a 12 month secondment to Powys Teaching Health Board
2. Sian Bolton was appointed on 05 February 2018 as acting Executive Director of Quality, Nursing and Allied Health Professionals for 12 months
3. Professor Sir Mansel Aylward left the Board on 31 July 2017
4. Jan Williams joined the organisation as Chair on 05 September 2017
5. Professor Simon Smail left the organisation on 30 September 2017 and was also interim Chair from 01 August 2017 to 04 September 2017
6. Kate Eden, time increased to allow for the provision of additional support due to the vacancies amongst the Non-Executive Directors.
7. Jack Straw left the Board on 31 August 2017
8. Information not available

Please refer to point 3.6 for clarification of the value of pensions. Estimates are prepared using information provided by the NHS Business Services Authority

## Annex 2: Pension Benefits

Name and Title	Real increase in pension at pension age, (bands of £2,500)	Real increase in pension lump sum at pension age, (bands of £2,500)	Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Dr Tracey Cooper, Chief Executive <sup>1</sup>	2.5 - 5	0 – 2.5	30 - 35	55 - 60	580	469	96	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	0 - 2.5	(2.5) - 0	40 - 45	105 - 110	866	731	112	0
Dr Quentin Sandifer, Executive Director of Public Health Services	0 - 2.5	5 – 7.5	55 - 60	170 - 175	1,384	1,190	158	0
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals	0 - 2.5	2.5 - 5	25 - 30	75 - 80	562	472	75	0
Dr Chrissie Pickin, Executive Director of Health and Well-being	0 - 2.5	0	5 - 10	0	129	83	44	0
Jyoti Atri, Acting Executive Director of Health and Well-being <sup>2</sup>	0 – 2.5	(2.5) - 0	30 - 35	70 - 75	581	*** <sup>4</sup>	*** <sup>3</sup>	0
Dr Aidan Fowler, Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives	0 - 2.5	2.5 – 5	50 - 55	120 - 125	982	833	124	0
Prof Mark Bellis, Director of Policy Research and International Development	0 – 2.5	0	10 - 15	0	179	128	48	0
Melanie Westlake, Board Secretary <sup>2</sup>	0 – 2.5	0 – 2.5	30 - 35	85 - 90	656	537	104	0
Philip Bushby, Director of People & Organisational Development	0 - 2.5	0	5 - 10	0	65	34	30	0
Sian Bolton, Acting Executive Director of Quality, Nursing and Allied Health Professionals to 3 February 2019 and Transition Director, Knowledge Directorate from 4 February 2019 <sup>2</sup>	5 – 7.5	20 – 22.5	40 - 45	120 - 125	844	601	225	0
Dr John Boulton, Interim Director for NHS Quality Improvement and Patient Safety/Director 1000 Lives <sup>3</sup>	***	***	***	***	***	***	***	***
Catherine Steele	***	***	***	***	***	***	***	***
Helen Bushell	0	0	0	0	0	0	0	0
Eleanor Higgins <sup>2</sup>	0 – 2.5	0	5 - 10	0	57	*** <sup>4</sup>	*** <sup>3</sup>	0

1. Comparative restated due to error by NHS Pensions Agency

2. Pension increases pro rata to reflect period of time on the Board.

3. \*\*\*Pension information not available as this is held by employing organisation

4. \*\*Comparative disclosure not required as not on the Board.



## Annex 3 – Pay Policy Statement 2018/19

### Introduction and Purpose

The purpose of this policy statement is to clarify Public Health Wales' strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The annual Pay Policy Statement (the "statement") is produced for each financial year, in accordance with the Welsh Government's principles and minimum standards as set out in the document "Transparency of Senior Remuneration in the Devolved Welsh Public Sector" which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement

The purpose of the statement is to provide transparency with regard to Public Health Wales' approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:

- a) the definition of "senior posts" adopted by Public Health Wales' for the purposes of the pay policy statement,
- b) the definition of "lowest-paid employees" adopted by Public Health Wales' for the purposes of the pay policy statement,
- c) Public Health Wales' reasons for adopting those definitions, and
- d) the relationship between the remuneration of senior posts and that of the lowest-paid employees.

### Legislative Framework

In determining the pay and remuneration of all of its employees, Public Health Wales' will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Employment) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the NHS Trust ensures there is no pay discrimination within its pay structures for employees covered by the NHS National Terms and Conditions (Agenda for Change), the Medical and Dental Staff (Wales) Handbook and the Executive and Senior Posts cohort and that all pay differentials can be objectively justified through the use of equality proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

## Services Improvement

Roberts, Programme Lead • Rachel Long, Improvement

### Context and Problem

2016-2020) aims to support an increase in survival rates for cancer at 1 year and 5 years. The plan seeks to change the staging of cancer by increasing the number of patients at an earlier stage.

Earlier, the plan outlines the need for treatment within 62 days from the referral, which will require new approaches, especially around use of and timing of treatment.

### Strategy for Change

The programme works in partnership with the NHS and support improvement with all health and delivery of cancer services. We do this by creating and offering the following:



of change, through process mapping, and testing.

of the problem and measure changes. We make changes by teaching improvement skills to the workforce.

### Implementation of Improvement

for the adoption of the Single Cancer Pathways in Wales.

The programme has supported this development process by analysing data and providing information to show the current performance of the system.

Media and social media interest has increased and we have held several events.

A workshop with 160 attendees at Workshop 3 and other following workshop 3.

SCP Workshop attendee:

"Health boards and increased knowledge and very moving patient stories again."

### Effects of

The planning and delivery of three workshops for February 2019 have raised the profile of Pathway (SCP) across the clinical area. They have been enhanced by external speakers and focus on the 'Why?' of the improvement.



• **Workshop 1** focused on sharing practice. This created a national picture of the current level of improvement approach.

• **Workshop 2** focused on the implementation of the agenda. The agenda was therefore for individuals undertaking pathway in the 'art of the possible' including:

- Post Op Head and Neck Radiotherapy
- Same Day Access to Endoscopy
- Rapid Diagnosis Clinics (Cwm Taf)

• **Workshop 3** focused on Colorectal clinical speakers from outside of Wales.

All workshops have encouraged sharing of practice and change to demonstrate the art of the possible. Local workshops have also included:

- Head & Neck CSG Facilitation – June 2018
- CSG TYA MDT Workshop – June 2018
- ABMU SCP Workshop – June 2018

### Lessons

The programme has supported a number of different pathways such as Head and Neck Cancer as well as new pathways.

This is a complex programme. Partnership, the Health Boards, Delivery Unit, Clinical involvement is required throughout.

In the future, we are planning to continue to engage more widely in improvement work that reflects local practice.



## Pay Structure

Senior posts are defined by Public Health Wales' as all staff who are not covered by Agenda for Change or Medical and Dental contracts (with the exception of our Executive Director of Public Health Services who also holds the position of Medical Director and is covered by a Medical and Dental Contract and the Director of Policy Research and International Development and the Acting Executive Director of Health and Well-being who are paid on Agenda for Change payscale).

This cohort of staff are referred to as "Executive and Senior Posts (ESPs)"

a) In relation to this statement the ESP posts within the NHS Trust are:

- Chief Executive
- Deputy Chief Executive / Executive Director of Operations and Finance
- Executive Director of Health and Well-being
- Executive Director of Public Health Services
- Executive Director of Quality, Nursing and Allied Health Professionals
- Director for NHS Quality Improvement and Patient Safety

- Director of People and Organisational Development
- Director of Policy, Research and International Development
- Transition Director, Knowledge Directorate

b) The "lowest-paid employees" within Public Health Wales' are paid £17,460 per annum (£8.95 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.

c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.

d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP)) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for the all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1 January 2015, the lowest spine points were adjusted to incorporate the Living Wage.

e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors' and Dentists' Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:

- the need to recruit, retain and motivate suitably able and qualified staff;
- regional/local variations in labour markets and their effects on the recruitment and retention of staff;
- the funds available to the Health Departments, as set out in the Government's Departmental Expenditure Limits;
- the Government's inflation target;
- the principle of equal pay for work of equal value in the NHS;
- the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.

f) Salary information relating to senior posts is provided in Annex 1a to the Remuneration and Staff report.

g) Public Health Wales approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees. In addition through our workforce planning process we undertake learning needs analysis and Succession Planning processes to identify developmental needs of all staff. Succession Planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.

h) Public Health Wales' does not use any system of performance related pay for senior posts.

i) Public Health Wales' has a comprehensive approach to performance, development and review and the policies / processes to support this are:

- Strategic Workforce Planning Toolkit
- My Contribution Policy (Performance Appraisal)
- Core Skills and Training Framework
- Learning and Development Programme

- Management and Leadership Development Programme
- Induction Policy and Process

j) The highest and lowest agenda for change pay points set by Public Health Wales' are:

Highest point - £102,506

Lowest point - £17,460

k) The severance policies which are operated by Public Health Wales' are;

- set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions;
- the Voluntary Early Release scheme which requires Welsh Government authorisation for any payment to be made and;
- the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay.
- the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

## Wider Reward and Recognition Package

l) Additional Benefits offered by Public Health Wales' are;

### Annual leave

Staff receive an annual leave allowance of 27 days a year plus bank holidays, rising to 29 days after five years and 33 days after ten years.

### Flexible working

Public Health Wales offers a flexible working policy to help you balance your home and working life, including: working from home, part-time hours and job sharing options.

### Pension

We are signed up to the NHS pension scheme. If staff join the NHS pension scheme Public Health Wales will contribute 14.3 per cent towards their pension.

### Childcare Vouchers

We offer membership to the childcare vouchers scheme to all employees who have children

### Cycle to work scheme

We participate in a **cycle to work scheme**, which offers savings of up to 42 per cent off the cost of a new bike.

### Travel loans

Interest free season ticket loans are available to staff (on an annual basis).

## Health and well-being

Health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.

### Occupational Health

All employees have access to our occupational health services: the service can support staff with, stress management, confidential counselling and seasonal vaccinations.

## Approach to Providing Support to lower paid staff

Public Health Wales', in keeping with the wider NHS, ensures that all of its employees are paid the living wage of £17,460 per annum.



## National Assembly for Wales Accountability and Audit Report

### Regularity of expenditure

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

### Fees and charges

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

### Managing public money

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

### Material remote contingent liabilities

We have been informed by our legal advisors that £467,000 of claims for alleged medical or employer negligence against us have been assessed as having a remote chance of succeeding. If the claims were to succeed against us, £415,000 of this figure would be recoverable from the Welsh Risk Pool. Therefore, the net liability to Public Health Wales NHS Trust is £52,000

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

### Report on the audit of the financial statements

#### Opinion

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Public Health Wales NHS Trust as at 31 March 2019 and of its surplus for the year then ended; and

- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

#### Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.



NO2  
Capital Quarter



## Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

## Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales and the financial transactions recorded in the financial statements conform to the authorities which govern them.

## Report on other requirements

### Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

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

### Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.



## Report

I have no observations to make on these financial statements.

## Responsibilities

### Responsibilities of Directors and the Chief Executive

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities [set out on pages 6 and 7], the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

### Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Adrian Crompton  
Auditor General for Wales  
24 Cathedral Road  
Cardiff  
CF11 9LJ

11 June 2019



# OUR FINANCIAL STATEMENTS

# Statement of Comprehensive Income

## for the year ended 31 March 2019

	Note	2018/19 £000	2017/18 £000
Revenue from patient care activities	3	94,334	91,925
Other operating revenue	4	41,047	37,062
Operating expenses	5.1	(135,403)	(128,935)
<b>Operating (deficit)/surplus</b>		<b>(22)</b>	52
Investment revenue	6	48	27
Other gains and losses	7	0	(2)
Finance costs	8	0	(49)
<b>Retained surplus</b>	2.1.1	<b>26</b>	28
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant and equipment		40	102
Net gain/(loss) on revaluation of intangible assets		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Movements in other reserves		0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Impairments and reversals		0	(93)
Transfers between reserves		0	0
Net gain/loss on Other Reserve		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0



	Note	2018/19 £000	2017/18 £000
<b>Sub total</b>		<b>40</b>	9
<b>Items that may be reclassified subsequently to net operating costs</b>			
Net gain/(loss) on revaluation of financial assets held for sale		<b>0</b>	0
<b>Sub total</b>		<b>0</b>	0
<b>Total other comprehensive income for the year</b>		<b>40</b>	9
<b>Total comprehensive income for the year</b>		<b>66</b>	37

# Statement of Financial Position

## as at 31 March 2019

		Note	31 March 2019 £000	31 March 2018 £000
<b>Non-current assets</b>				
	Property, plant and equipment	13	11,352	12,782
	Intangible assets	14	913	0
	Trade and other receivables	17.1	327	0
	Other financial assets	18	0	0
	<b>Total non-current assets</b>		<b>12,592</b>	12,782
<b>Current assets</b>				
	Inventories	16.1	569	786
	Trade and other receivables	17.1	11,372	10,263
	Other financial assets	18	0	0
	Cash and cash equivalents	19	5,146	6,432
			<b>17,087</b>	17,481
	Non-current assets held for sale	13.2	0	0
	<b>Total current assets</b>		<b>17,087</b>	17,481
<b>Total assets</b>			<b>29,679</b>	30,263
<b>Current liabilities</b>				
	Trade and other payables	20	(12,219)	(10,397)
	Borrowings	21	0	0
	Other financial liabilities	22	0	0
	Provisions	23	(1,284)	(3,843)
	<b>Total current liabilities</b>		<b>(13,503)</b>	(14,240)
<b>Net current assets/(liabilities)</b>			<b>3,584</b>	3,241
<b>Total assets less current liabilities</b>			<b>16,176</b>	16,023

		Note	31 March 2019 £000	31 March 2018 £000
<b>Non-current liabilities</b>				
	Trade and other payables	20	(1,004)	(622)
	Borrowings	21	0	0
	Other financial liabilities	22	0	0
	Provisions	23	(1,672)	(1,419)
	<b>Total non-current liabilities</b>		<b>(2,676)</b>	<b>(2,041)</b>
<b>Total assets employed</b>			<b>13,500</b>	<b>13,982</b>
<b>Financed by Taxpayers' equity:</b>				
	Retained earnings		567	597
	Public dividend capital		12,469	13,017
	Revaluation reserve		464	368
	Other reserves		0	0
	Funds Held on Trust Reserves			
	<b>Total taxpayers' equity</b>		<b>13,500</b>	<b>13,982</b>



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

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
<b>Changes in taxpayers' equity for 2018/19</b>					
<b>Balance as at 31 March 2018</b>	13,017	597	368	0	<b>13,982</b>
<b>Adjustment for Implementation of IFRS 9</b>	0	0	0	0	<b>0</b>
<b>Balance at 1 April 2018</b>	13,017	597	368	0	<b>13,982</b>
Retained surplus/(deficit) for the year		26			<b>26</b>
Net gain/(loss) on revaluation of property, plant and equipment		0	40	0	<b>40</b>
Net gain/(loss) on revaluation of intangible assets		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	<b>0</b>
Impairments and reversals		0	0	0	<b>0</b>
Movements in other reserves		0	0	0	<b>0</b>
Transfers between reserves		(56)	56	0	<b>0</b>
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	<b>0</b>

Reserves eliminated on dissolution	0				<b>0</b>
Net gain/loss on Other Reserve (specify)				0	<b>0</b>
In year movement	0	(30)	96	0	<b>66</b>
New Public Dividend Capital received	0				0
Public Dividend Capital repaid in year	(548)				(548)
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
<b>Balance at 31 March 2019</b>	<b>12,469</b>	<b>567</b>	<b>464</b>	<b>0</b>	<b>13,500</b>

## Statement of Changes in Taxpayers' Equity 2017/18

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
<b>Changes in taxpayers' equity for 2017/18</b>					
<b>Balance at 31 March 2017</b>	14,688	551	377	0	<b>15,616</b>
<b>Adjustment for Implementation of IFRS 9</b>	0	0	0	0	<b>0</b>
<b>Balance at 1 April 2018</b>	14,688	551	377	0	<b>15,616</b>
Retained surplus/(deficit) for the year		28			<b>28</b>
Net gain/(loss) on revaluation of property, plant and equipment		0	102	0	<b>102</b>
Net gain/(loss) on revaluation of intangible assets		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0	<b>0</b>
Impairments and reversals		0	(93)	0	<b>(93)</b>
Movements in other reserves		0	0	0	<b>0</b>
Transfers between reserves		18	(18)	0	<b>0</b>
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	<b>0</b>



Reserves eliminated on dissolution	0				<b>0</b>
Net gain/loss on Other Reserve (specify)				0	<b>0</b>
In year movement	0	46	(9)	0	<b>37</b>
New Public Dividend Capital received	0				<b>0</b>
Public Dividend Capital repaid in year	(1,671)				<b>(1,671)</b>
Public Dividend Capital extinguished/written off	0				<b>0</b>
Other movements in PDC in year	0				<b>0</b>
<b>Balance at 31 March 2018</b>	<b>13,017</b>	<b>597</b>	<b>368</b>	<b>0</b>	<b>13,982</b>



## Statement of Cash Flows

### for the year ended 31 March 2019

	Note	2018/19 £000	Reclassified 2017/18 £000
<b>Cash flows from operating activities</b>			
Operating surplus/(deficit)	SOCI	(22)	52
Movements in working capital	30	179	1,749
Other cash flow adjustments	31	3,791	5,240
Provisions utilised		(2,897)	(1,143)
Interest paid		0	(49)
<b>Net cash inflow (outflow) from operating activities</b>		<b>1,051</b>	<b>5,849</b>
<b>Cash flows from investing activities</b>			
Interest received		48	27
(Payments) for property, plant and equipment		(1,398)	(2,522)
Proceeds from disposal of property, plant and equipment		0	737
(Payments) for intangible assets		(439)	0
Proceeds from disposal of intangible assets		0	0
(Payments) for investments with Welsh Government		0	0
Proceeds from disposal of investments with Welsh Government		0	0
(Payments) for financial assets.		0	0



	Note	2018/19 £000	Reclassified 2017/18 £000
Proceeds from disposal of financial assets.		0	0
Rental proceeds		0	0
<b>Net cash inflow (outflow) from investing activities</b>		<b>(1,789)</b>	(1,758)
<b>Net cash inflow (outflow) before financing</b>		<b>(738)</b>	4,091
<b>Cash flows from financing activities</b>			
Public Dividend Capital received		0	0
Public Dividend Capital repaid		(548)	(1,671)
Loans received from Welsh Government		0	0
Other loans received		0	0
Loans repaid to Welsh Government		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	(116)
Cash transferred (to)/from other NHS Wales bodies		0	0
Net cash inflow (outflow) from financing activities		<b>(548)</b>	(1,787)
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>(1,286)</b>	2,304
<b>Cash [and] cash equivalents at the beginning of the financial year</b>	19	<b>6,432</b>	4,128
<b>Cash [and] cash equivalents at the end of the financial year</b>	19	<b>5,146</b>	6,432





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