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Wales

Public Health Wales Annual Report 2014-2015

Continuing progress to a
healthier, happier and fairer Wales



Chairman's Foreword

This has been a hugely significant year in the five year history of Public Health Wales. Our first four years can be largely characterised as consolidation, as we worked hard to build a new organisation out of a number of disparate bodies. This last year has seen the benefits accrued by that consolidation, which has placed us in a strong position to take on a number of challenging issues and demonstrate the value we bring to the NHS in Wales. The year has also seen us lay the foundations for a truly radical future in our approach to tackling population health - one that will help to create a healthier, happier and fairer Wales built on the shared enterprise of the public, private and third sectors.

Once again, we delivered a balanced budget, despite the financial challenges that continue to impact on public services in the UK. We also demonstrated our ability to handle international issues with the work we accomplished around planning for the NATO summit in September and the Ebola outbreak in West Africa. We demonstrated that, by strengthening our working relationships with partners in other agencies, we can find new and radical ways to achieve a step change in the health of the people of Wales.

I'm acutely aware that we need to continue to make improvements to our services and our way of working. But I remain convinced that the NHS in Wales provides excellent care to the people of Wales, and that true improvement will come from tackling the root causes of poor health in Wales. Poverty, deprivation, lack of exercise, smoking, excessive alcohol intake and obesity are among the challenges we have clear plans to tackle. Moreover, we remain highly committed to taking forward prudent healthcare which is a unique offering by Wales to refashion the services we provide and redraw the relationship between NHS Wales and the people in Wales.

We have made as much progress internally, looking closely at the way we work, as we have externally. We are well on the way to providing our staff in South East Wales with an improved environment where we can work more effectively together. We have identified a new building to house most of these staff, which not

only allows us to work more efficiently by reducing the number of buildings that we pay to use, but also allows better cross-division working. Through being based with staff from other teams, we hope our colleagues will be able to work more closely together and share expertise, as well as providing greater visibility for the many different parts of our organisation.

Our Chief Executive, Tracey Cooper, also led on a restructure of our executive team. The new structure gives us a better corporate focus and brings together a range of strengthened expertise which will more completely enable us to accelerate our progress on the path to meet our demanding objectives. Meanwhile, our three year strategic plan, focusing our thinking for the next few years and clearly setting out our priorities for action, was completed and approved by the Minister for Health and Social Services.

We are now at a critical phase in our short history. We're proud of what we have achieved so far, but we now know that there is still more to do. The priorities in our three-year plan will take us into new territory. We're looking forward to building on a very productive year for Public Health Wales with more successes in the years to come, putting us well on the way to a healthier, happier and fairer Wales.

I am proud of, and I thank our staff and our board, for the relentless commitment which they have so well demonstrated in the past year. We are well served by our independent board members who go well beyond the commitment in time and duties expected of them. It would be foolhardy of me to attempt to reflect here on the sterling work executed in all parts of Public Health Wales. That surely is a major objective of our Annual Report which I commend to the reader as a balanced and meticulous account of a successful yet challenging year.



Professor Sir Mansel Aylward CB

Chair: Public Health Wales

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Our commitment to sustainable development

Corporate News

Public Health Wales' three-year strategy

MISSION

We exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales

Strategy Map 2015 - 2018



VISION

To achieve a healthier, happier and fairer Wales

OUTCOMES



Improved health and wellbeing and reduced health inequalities

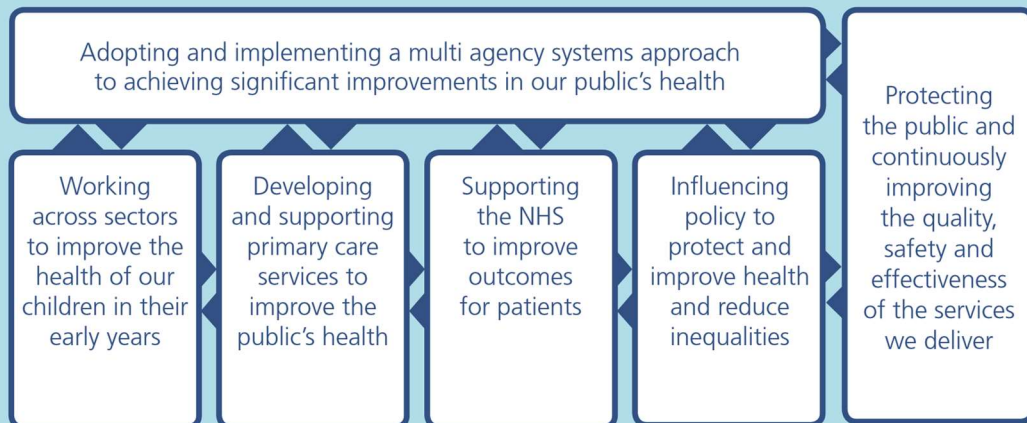


Improved quality, equity and effectiveness of healthcare services



Protected people from infectious and environmental hazards

PRIORITIES



DEVELOPING THE ORGANISATION



During 2014-15, the whole organisation worked to develop our Integrated Medium Term Plan (IMTP) –

also known as our strategic plan – which outlines what we want to achieve as an organisation over the

next three years. This was subsequently approved by the Minister for Health and Social Services in June 2015.

Through seven strategic priorities, the IMTP focuses on how we will:

- Work to improve the health of our children
- Develop and support primary care services to

The IMTP is supported by our annual operational plan for 2015-16, which sets out in detail the actions that need to be taken during this period.

Tracey Cooper, Chief Executive, said:

“Our IMTP provides us with a major opportunity to make a real impact on the

New Executive Team structure and organisational design

The Public Health Wales Board agreed a new Executive Team structure with seven organisational directorates, which came into effect on 1 April 2015. The changes aim to achieve:

- The delivery of our strategic plan
- An improved balance of public health corporate support functions
- A consolidation of the corporate infrastructure, which was previously fragmented with some expertise and confused reporting lines.

The new Executive Team will comprise the Chief Executive and seven directors:

- Executive Director of Health and Wellbeing
 - Executive Director of Public Health Services / Medical Director
 - Director of Policy, Research and International Development
 - Executive Director of Quality, Nursing and Allied Health Professionals
 - Deputy Chief Executive/ Executive Director of Operations and Finance
 - Director of Workforce and Organisational Development
 - Director of NHS Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement
- improve the public’s health
- Support the NHS to improve outcomes for patients
 - Influence policy to protect and improve health and reduce inequalities
 - Protect the public
 - Adopt and implement a multi-agency approach to improving public health
 - Develop our own organisation

public’s health over the next three years.

“The health challenges facing our country are well known – and our strategic plan will enable us as an organisation to tackle those issues head on.

“I really believe that a healthier, happier and fairer Wales is within our reach.”

News from our directorates

The following pages provide the highlights of the work done by each of our directorates over the last year. They also explain the work undertaken by each directorate. You can find more examples of the work we do in the Annual Quality Statement on pages 43-62.

Population health

This document reports on our work to make Wales healthier, happier and fairer. It does not report on population health. The Chief Medical Officer for Wales and Directors of Public Health produce annual reports on the health of the populations of Wales and in each of the

health boards respectively. The Directors of Public Health annual reports also provide more detail about the work carried out by our seven local public health teams.

Health and Wellbeing

What we do

- Health Improvement
- Local Public Health Teams
- Multi-agency Engagement

Working in Partnership to Improve Health and Wellbeing

Public Health Wales has been developing a systems approach to improving outcomes for our public's health. This means working in partnership with the public, communities and public, voluntary and private services in a way that purposely combines our assets to support people in making healthy choices and enable them to have more control of their environment.

This approach uses what we know works and focuses on people and on settings – communities, schools and workplaces, in order to galvanise momentum and drive improvements in the health of our population.

Together with the Welsh Local Government Association, we jointly lead the United in Improving Health Strategic Group, which applies this approach and is focused on early years and the first thousand days of life – the time which we know has the greatest impact on health and wellbeing. The group is made up of leaders from a wide variety of organisations across Wales and will support better alignment of multi-agency systems.

However, systems working is not just about us working differently externally. This focus is fundamentally shifting the way we work internally as an organisation to improve people's health, by ensuring that we use our resources and expertise to its optimum in delivering the greatest

impact that we can including the types of health improvement interventions that we provide.

- Health Intelligence
- Primary, Community and Integrated Care

One of our new strategic priorities is working closely with partners and communities, and use our shared resources in a way that we know works in other communities and internationally. Our strategic plan outlines how Public Health Wales will be responsible for coordinating the efforts of a multi sector response to the health and wellbeing challenges in Wales.

Article on deaths and road injuries associated with young drivers published

A Public Health Wales expert had an article on deaths and road injuries associated with young drivers published in the British Medical Journal.

Dr Sarah J Jones wrote the editorial with road safety groups and insurance industry representatives.



In the two years since the UK government's promise of a Green Paper on young drivers' safety, it is estimated that almost 9,000 people have been injured in road crashes involving young drivers, with 866 seriously or fatally injured, at a cost of £400m.

The article called for the introduction of graduated driver licensing, an intermediate phase between the learner and full licence. During this phase, exposure to high risk conditions is minimised by restricting late night driving, carrying similar aged passengers, and driving after having consumed alcohol.

Health and Wellbeing

New Primary, Community and Integrated Care Division

Public Health Wales has demonstrated its commitment to supporting NHS Wales in ensuring that primary health care services are at the centre of the 21st Century NHS by working to establish a new Division of Primary, Community and Integrated Care.

Primary Care Services are those that we all use on a regular basis such as our GP, the local Pharmacist, Optician or Dentist. These core professional services are supported by a wide network of community services such as community nursing or therapy services within the NHS; social care within local government and increasingly voluntary and community service providers. It has long been recognised that to ensure that as a nation we have a healthcare system that is responsive to local needs; sustainable and focused on prevention - primary health care services need to be at the foundation, supported by more specialist care in hospitals when needed.

Our local public health teams have been at the forefront of work with the newly established Primary Care Clusters. These are groups of GP Practices and increasingly other primary and community services, who come together around a local population. Our Local Public Health Teams have been helping those clusters to think about the health of the whole population that they serve, rather than just their individual patients. Many of them have agreed to work on improving health as well as treating ill health; by increasing the uptake of local smoking cessation support as an example. Specific projects such as the Inverse Care Law work in the Cwm Taf and Aneurin Bevan Health Board areas are looking at ways of identifying those at risk of cardiovascular disease at an earlier stage and ensuring that people get preventative help at the earliest stage possible.

Transforming Health Improvement Programme

Wales has much to do to improve the health and wellbeing of its population, especially those from the most disadvantaged groups. To help achieve this, we have established the Transforming Health Improvement in Wales Programme.

The programme targets populations as a whole rather than concentrating on individuals, and focuses on addressing the complex factors causing poor health. Using influential settings in which people spend their time, such as schools, workplaces and communities, the main issues being tackled by the programme include alcohol and substance misuse, diet, obesity and nutrition, smoking, physical inactivity and mental wellbeing.

In February 2015, the Phase One Implementation Programme Report was published, which provides an overview of the findings and recommendations from the first phase of this initiative. Follow this link to read the report:

www.wales.nhs.uk/sitesplus/888/page/77318

Improving information for health services in Wales

A suite of health intelligence products were developed to support services in Wales, including an Interactive Atlas of Variation in Unscheduled Care and an Interactive Atlas of Elective Procedures, the development of a prototype cancer intelligence dashboard and delivery of a programme of official statistics.

Health and Wellbeing

Add to Your Life health and wellbeing self-assessment launched



A free NHS Wales health and wellbeing assessment was launched for people aged 50 or over in Wales - an estimated 38 per cent of the Welsh population.

Add to Your Life is a confidential and easy-to-use self-assessment which can be undertaken online or by telephone. It provides a valuable opportunity for people to get an overall picture of their health and wellbeing and will support them in making positive changes in many areas of their life in small, achievable steps.

The service provides tailored health and wellbeing information, advice, and signposting to sources of support in response to the answers provided in the self-assessment.

The service was developed by Public Health Wales and the NHS Wales Informatics Service on behalf of the Welsh Government. A large number of charities and other organisations have also been involved in developing the service.

The next phase for Add To Your Life will be looking at how we build on its success to integrate it into our other public-facing activities, so that a suite of tailored health messages is available for the people of Wales.

‘Bump, Baby and Beyond’ a hit with new mums

Public Health Wales launched a new booklet to guide mums through pregnancy and the first few years of their child’s life, ‘Bump, Baby and Beyond’.

The book, which was commissioned by the Welsh Government and written by Public Health Wales, replaces the Pregnancy and Birth to Five books.

Sally Tedstone, Co-ordinator of the National Breastfeeding Programme for Wales within Public Health Wales, said: “Bump Baby and Beyond has been a great project to work on. We wanted to make sure that the book was exactly what parents would want so we went to lots of toddler groups and baby clinics and talked to the parents.

“The feedback from parents and healthcare professionals has been really positive which is great.”



New online service offers 28 day journey to a smoke-free future

Stop Smoking Wales, the free NHS service run by Public Health Wales to help people quit smoking, launched a pioneering new online service taking smokers on a 28 day journey to quitting.

The free online service is the first of its kind to be offered in Wales and works by offering daily support, tips and advice to help smokers manage cravings, stay motivated and understand the benefits of being smoke-free.

Carol Owen, service lead at Stop Smoking Wales, said: “We know from our data that there’s no one-size-fits-all approach to quitting smoking as different people respond better to some methods than others.

“The online tool is the latest addition to the Stop Smoking Wales service and it will complement the successful work we already deliver in person and over the phone.”

Smokers embarking on the 28-day online journey will be asked to create a personalised quitting plan and

set pledges and rewards for key milestones throughout the process.

Public Health Services

What we do

- Health protection services
- Microbiology services
- Screening services

Ebola response and planning

As a result of the Ebola outbreak in West Africa first reported in March 2014, we led the planning and response for Wales. Staff have been closely involved with UK and worldwide agencies in preparing to deal with any suspected cases and to ensure that healthcare staff and the public are protected.

Extensive training of staff has taken place across Wales. Our preparations and planning for any potential Ebola cases in Wales have also included:

- Supporting health boards and trusts in the development of guidance and provision of training and education, and engaging with them to ensure they are prepared to receive suspected cases. Each health board and trust has a lead person for Ebola.
- Engaging with partners to test and exercise the multi-agency response to suspected Ebola cases including supporting the initial risk assessment, supporting the health boards, coordinating the response to an incident and the communication of any potential health risk.

Marion Lyons, Director of Health Protection for Public Health Wales said:

“We have been planning for months for the possibility of Ebola cases and have developed and tested local plans across Wales to ensure that staff know exactly what to do in the event of a confirmed case.”

As part of the international response to help those in West Africa, seven members of our staff travelled to affected countries to support planning, clinical treatment, testing and contact tracing of cases.

We have also issued advice to humanitarian aid workers for before, during and after they visit an Ebola-affected area.



Public Health Services

NATO Comes to Wales

September 2014 saw the NATO summit come to Wales. Preparing for the event involved many months of planning across all areas of Public Health Wales.

We set up our own multi-agency NATO Planning Group. This group looked at plans, procedures and methods of operational response, should any incidents, emergencies and outbreaks of disease occur, so we could be sure that the wellbeing of the public would be looked after.

Additionally, an integrated major simulated exercise was undertaken (Exercise Stargate) in June 2014 to test the public health response to potential emergencies during NATO. Those participating included the Public Health Wales Executive Team.

To aid in the early detection of health protection issues, an enhanced surveillance system was set up, commencing several weeks before NATO and continuing for several weeks afterwards. It produced daily situation reports on infectious diseases and other hazards, from routine data sources, and also from emergency units, together with the local authority surveillance of hotels used by the NATO delegates

During the actual summit period, significant numbers of our staff had to be relocated because of the security restrictions around the NATO event. Staff worked flexibly or were dispersed to other locations across the South East

Centralisation of Microbiology Services



region but, together with our vital multiagency partners, continued to deliver a seamless public health service to the people of Wales.

Public Health Services

Public Health Wales is pleased to confirm that our microbiology laboratories maintained their CPA accreditation in 2014-15, and have continued to strengthen the delivery of their core services.

Over the last 12 months, there has been a period of transition for some of our laboratories, with changes to the way we operate in both North and South Wales.

Since October 2014, the majority (90%) of routine diagnostic microbiology work in North Wales has been carried out at our microbiology laboratory at Ysbyty Glan Clwyd, with clinical microbiology services and the capability to undertake urgent work remaining at our Bangor and Wrexham laboratories.

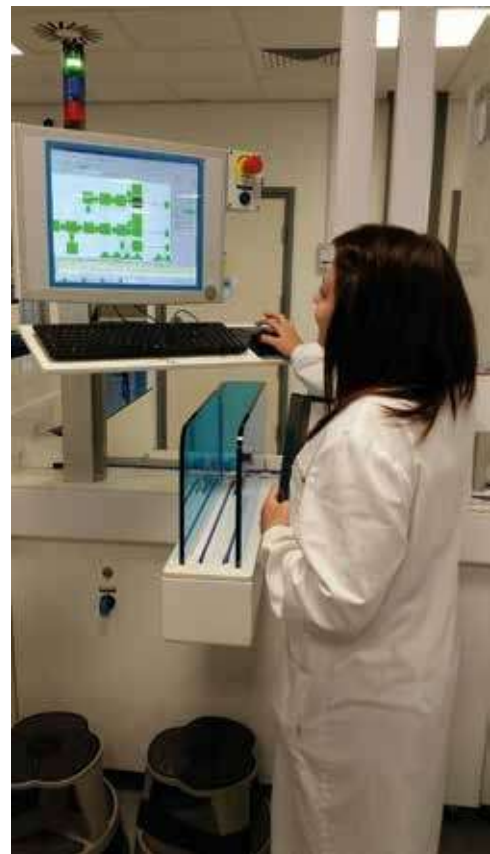
This centralisation led to major investment in North Wales through the Welsh Government Health Technologies Fund, supporting the procurement and implementation of new bacteriology automation equipment in the Ysbyty Glan Clwyd laboratory, which went “live” in March 2015.

Likewise in South Wales, a review of microbiology provision at Abertawe Bro Morgannwg University Health Board (ABMU) was undertaken and concluded that it was feasible to deliver the service from a single site. At the end of March 2015, staff transferred from Princess of Wales Hospital, Bridgend to Singleton Hospital, Swansea.

Gwyn Morris, Head of Operations for Microbiology, said: “The consolidation of laboratories has proven beneficial to both areas of Wales. We have seen an increase in efficiency, the sharing and developing of skills, and improvements in standardisation, consistency in practice and the capability to extend access to specialist services.

“Additionally, each of the single sites will now have the critical mass to allow for the introduction of new technology to enable improved workflow and use of resources.

“It is to the Microbiology team’s credit that these changes have been successfully implemented over the past 12 months and I wish to thank them for all their hard work and commitment.”



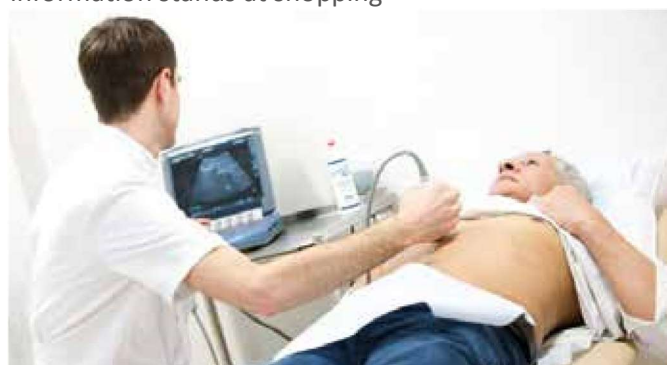
Public Health Services

Month-long campaign to raise awareness of screening

During July 2014, Public Health Wales launched its second annual 'Screening for Life' campaign to raise awareness of the national screening programmes offered by the NHS in Wales.

The campaign encouraged eligible men and women across Wales to take up free NHS breast, cervical, bowel and abdominal aortic aneurysm screening.

The Screening Engagement team was present to speak to members of the public at various locations including at information stands at shopping



centres, supermarkets, leisure centres and at the Royal Welsh Show, and open days at the Breast Test Wales centres in Wrexham and Cardiff.

The team also worked with community groups and third sector organisations in low uptake areas. They delivered training and provided resources to enable people to cascade the messages that they had learned. They launched a new website and a set of key messages for each of the adult programmes.

For the first time, the screening division also teamed up with Community Pharmacy Wales to deliver part of the campaign, with information about Bowel Screening Wales being made available in pharmacies throughout Wales.

Public Health Services

This was another successful campaign that reached more than 300,000 people across Wales.



Quality Improvement and Patient Safety

What we do

- NHS Strategic Leadership for Quality and Safety
- 1000 Lives Improvement Service
- Prudent Healthcare
- Innovation

1000 Lives Improvement

1000 Lives Improvement is the national NHS improvement programme run by Public Health Wales. It supports organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales.

In Public Health Wales, nearly one in four members of staff have taken up the challenge to develop their quality improvement skills by completing the 'Bronze' level of Improving Quality Together (IQT). The 'Bronze' e-learning module is for all staff and contractors.

The next level is 'Silver' training, which includes the completion of an improvement project, and this has been undertaken by several Public Health Wales teams, including the Screening Division, the Primary Care Quality Team and 1000 Lives Improvement.

Staff in NHS Wales are using the knowledge gained on hundreds of improvement projects designed to make care safer and improve patient outcomes and experience. Staff who have completed the IQT Silver level have:

- Ensured patients in Aneurin Bevan University Health Board receive the correct dosages of drugs to treat asthma and other respiratory problems.
- Reduced delays and improved communication on hospital wards in Abertawe Bro Morgannwg University Health Board.
- Reduced unnecessary hospital admissions and offered care closer to frail elderly patients' homes after ambulances are called.
- Improved mouth care to prevent gum disease and other discomfort for inpatients in Betsi Cadwaladr University Health Board.



In 2014-15, NHS Wales Chief Executives identified four main priority areas for 1000 Lives Improvement to support: Planned Care, Unscheduled Care, Population Health and Preventing Harm. Examples of work undertaken in these priority areas includes:

- **Planned Care** - working with service users and clinical staff in two health boards to address issues with waiting times for psychological services.
- **Unscheduled Care** - the Patient Flow programme is supporting health boards to alleviate pressure on A&E services, and improve patient experience and outcomes.
- **Population Health** - working across Wales to improve rates of identification and diagnosis of dementia.
- **Preventing Harm** - the maternity network has evolved and is maintaining the emphasis on quality and safety, with a dedicated workstream on preventing stillbirths.

1000 Lives Improvement also supports NHS Wales with practical knowledge and expertise to help staff provide even better care for patients. This has included delivering the NHS Wales Awards 2014 to uncover, acknowledge and celebrate good practice that is helping transform health care; and working with students and educators in the 1000 Lives Improvement Student and Educator Community across Wales, to embrace the 'Hello my name is...' campaign, pioneered by Dr Kate Granger MBE.

Quality Improvement and Patient Safety

A commitment to prudent healthcare

Prudent healthcare has been a major priority for us throughout

The 4 principles of prudent healthcare

Public and professionals are **EQUAL PARTNERS** through **CO-PRODUCTION**

CARE FOR those with the greatest health need **FIRST**

Do only **WHAT IS NEEDED** and do **NO HARM**

Reduce **INAPPROPRIATE VARIATION** through **EVIDENCE-BASED** approaches

For further information visit www.prudenthealthcare.org.uk

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terms, it means ensuring that patients receive only the treatment that is right for them. This both frees up NHS time and resources for others, and ensures that patients are not put through treatment that is unnecessary or even potentially harmful.

The 1000 Lives Improvement Team's work on prudent healthcare has included running workshops in four health board areas of Wales in March and April 2014, to test the idea of 'prudent healthcare' in the context of NHS services.

The workshops aimed to assess how some services provided by the NHS could look like in the future if organised around the principles of prudent healthcare. A paper was also published by Public Health Wales in June 2014 making the case for prudent healthcare and setting out recommendations for how the concept could work in Wales.

It emphasises that NHS staff need to work closely with patients in planning their treatment, so that they have more control over what happens to them when they are under NHS care.

Policy, Research and Development

What we do

- Policy development
- Academic liaison
- Research and development
- International development

Charter for International Health

Since its launch in 2013, the International Health Coordination Centre (IHCC) has acted as a focal point for health related international work across the NHS and Wales.

During this year, the IHCC has continued to build upon the expertise and commitment shown by organisations and individuals within the Welsh health community. It has promoted and facilitated opportunities for international collaboration, partnership building and income generation. As a result of the new Public Health Wales structure, the IHCC is now part of the Policy, Research and International Development Directorate.

Welsh Government and NHS to support the international health agenda.

Each health board and trust has pledged to support the Charter, cementing the Welsh commitment to international health partnerships. The IHCC is now working on the realisation of the Charter, through an implementation group which includes representatives from each health board and trust in Wales, along with Welsh Government.

“The Charter for International Health Partnerships recognises the legitimacy of international health engagement, with the aim of bringing knowledge and skills back to Wales to improve the health of Welsh citizens along with sharing our best practice and working

Policy, Research and Development

Global public health work on violence prevention



with a range of nations.”

Tracey Cooper, Chief Executive, Public Health Wales

IHCC is the custodian of the Charter for International Health Partnerships. The document will be reviewed annually with information and updates provided on the IHCC website at

www.internationalhealthwales.nhs.uk

During this year, Professor Mark Bellis, our Director of Policy, Research and International Development has continued his global work with the World Health Organization (WHO) to tackle and reduce violence and its public health consequences.



A major milestone in the IHCC's international work took place in November 2014 with the launch of the Charter for International Health Partnerships in Wales by the Minister for Health and Social Services, Professor Mark Drakeford AM. The Charter was developed by IHCC and stakeholders and represents a commitment from the



Professor Bellis is the UK's link to the WHO for violence and injury prevention, and is working with them and other United Nation organisations and representatives of public health systems from around the world on prevention, detection and public health responses to violence.

Speaking about his work this year, Professor Bellis said:

“It has been a genuine privilege to represent Public Health Wales in international alliances tackling global issues such as child maltreatment, domestic violence and alcohol related assaults. These are all issues that affect individuals across Wales and we have much to learn from our international partners as well as much to contribute based on our own experiences.”

Policy, Research and Development

African collaboration continues

Public Health Wales is dedicated to its involvement with a range of projects and collaboration with healthcare teams across the world including sub-Saharan Africa as part of the Welsh Government Wales for Africa Sustainable International Development Programme.

In May 2014, Dr Paul Myres, our National Primary Care Development Lead and Sue Elliston, Medical Adviser to Healthy Working Wales, visited Lesotho in their roles as Chair and member of the Dolen Cymru Health Committee. They looked particularly at primary care and public health, and are developing support for mental health services and community health workers. A report was produced and as a result, several NHS Wales employees have undergone training to deliver WHO mental health training beginning later in 2015. This is aimed at health centre nurses who are often the only source of advice and treatment for people and their families in remote areas.



Meanwhile, several of our staff are involved in the Betsi Quthing Link, a partnership between Betsi Cadwaladr University Health Board and the Lesotho Ministry of Health and Social Welfare (Quthing District). This is again facilitated by Dolen Cymru. The steering group is chaired by Consultant in Public Health Kathrin Thomas, and also includes Sue Elliston, Paul Myres and Sarah Andrews, Principal Public Health Practitioner. They have worked with the Quthing District Health Management Team, which runs all healthcare service for a population of 120,000 people in a very poor and remote mountainous district, on areas including maternal and child health, primary care and public health.

Funding from the Welsh Government has supported a successful training package for nurse midwives in Lesotho. This has resulted in a handbook



co-produced with the nurses, which will be approved by the Lesotho Government and will then be printed and distributed to all nurse midwives in Lesotho next year. Two nurses from Lesotho travelled to North Wales in March 2015 to share best practice, and to develop a shared action plan.

In February 2015, Rhiannon Beaumont-Wood, Director of Quality, Nursing and Allied Health Professionals, and Anne McGowan, Nurse Consultant for our Vaccine Preventable Disease Programme, took part in a successful week-long scoping visit to Uganda, funded by the Wales for Africa Health Links.

They looked to explore areas where they could potentially collaborate further with colleagues in Uganda on the following areas:

- sharing expertise on nursing leadership
- education material for immunisation programmes and uptake
- exploring cancer pathways including research, screening, diagnosis and treatment.

“Our international health work is extremely important and beneficial because it develops two-way partnerships which enrich staff

knowledge, professional and personal development, and ultimately strives to improve global health outcomes. Further work is being done to define more clearly the areas where we will work together.”

Rhiannon Beaumont-Wood, Director of Quality, Nursing and Allied Health Professionals.

- Quality and Standards
- Clinical Governance and Information Governance
- Risk Management
- Complaints and Claims

Quality, Nursing and Allied Health Professionals

What we do

Service User Engagement

During the last year we have undertaken lots of work in relation to engaging with people who use our services. We have encouraged people to share with us their stories about using our services, so that we can learn from things we did well and also when we didn't do things well, so that we can try and make our services better. We have also shared video stories and invited people who have used our services to the Public Health Wales Board and Quality and Safety Committee so that members can hear directly from the people who use our services. We are continually seeking to improve the quality of the information we provide to the public and people who use our services.

Quality and Standards

Public Health Wales is striving to ensure that quality standards for all of its services and interventions are embedded. We use many external quality markers to measure ourselves against on our progress. We will over the next few years be developing a quality framework which will help us to focus further on where we need to improve.

Information Governance

We are an organisation which holds large amounts of information and data. We understand the importance

- Service User Engagement
- Safeguarding
- Infection, Prevention and Control

of maintaining safety in this area and will be doing further work to manage and refine our information asset handling.

Risk

As an organisation we intend to become more proactive in our organisational approach to identifying opportunities arising from potential risks and threats, which could help or hinder us in achieving our strategic aims.

Principles for Remedy

The Public Services Ombudsman for Wales published the Principles for Remedy in 2008 which set out six principles which should be adopted as part of Public Health Wales' complaints handling process. These are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting Things Right
- Seeking continuous improvement

These are covered in the Public Health Wales 'Putting Things Right' operational policy and the 'Putting Things Right' guidance which we follow when handling complaints. More information on the kind of complaints we receive and how we have responded to

them can be found in the Annual Quality Statement and Putting Things Right Annual Report.

Quality, nursing and Allied Health

Professionals

Public Health Wales expert helps shape Adoption Service for Wales

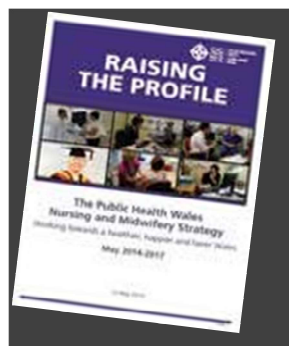
A Public Health Wales specialist in safeguarding children has been significantly involved in shaping a recently launched service to speed up the adoption process in Wales.

Launched during National Adoption Week in November, the National Adoption Service for Wales (NAS) aims to increase the pool of adopters, provide more adoption placements for children and ensure quality post-adoption support is available to those who need it.

Dr Carolyn Sampeys, Designated Doctor for Safeguarding Children within our Safeguarding Children Service, represented the NHS on the formation of the service and provided professional input on the role of health professionals. Dr Sampeys said:

“The National Adoption Service for Wales is being delivered through a ground –breaking collaborative model, bringing together all Welsh local authorities and a broad range of key organisations”

Nursing and



Workforce and Organisational

Midwifery Strategy Launch

The Public Health Wales nursing and midwifery strategy was launched in May 2014, at a seminar in Cardiff on International Nursing Day.

‘Raising the Profile’ is our first nursing and midwifery strategy and has been developed by nurses and midwives within the organisation.

The strategy is aligned to the organisation’s strategy and aims to provide an environment that gives nurses and midwives a stronger voice, increased opportunities for them to lead at all levels and nurture professional development.

Ten overarching themes have been identified and for each of these a vision and aim is identified as well as actions to achieve these aims.

Rhiannon Beaumont Wood, Director of Nursing for Public Health Wales, said:

“I am extremely proud of our nursing strategy and pleased with the amount of involvement staff have had in co-creating this strategy.”

“Nurses and midwives are a key staff group within Public Health Wales and it is important that this strategy supports them as we work towards the organisation’s strategic objectives.”

“I wish to thank everyone who responded to the consultation and helped shape the strategy.”

The strategy was developed by nurses and midwives for nurses and midwives, informed by an initial engagement event and a subsequent working group of self selected professionals.

It was presented at a seminar at the Wales Millennium Centre where speakers including Rhiannon Beaumont-Wood and Professor Jean White, Chief Nursing Officer for Wales addressed 60 attendees.

Development

What we do

- Human Resources
- Organisational Development

Staff engagement

2014-15 saw significant progress with a number of initiatives to develop the organisation, support our people and move closer to making Public Health Wales a great place to work.

We ran a series of staff engagement events in the autumn, at which staff from across the whole organisation had the opportunity to shape the content of the new strategic plan and input to the priorities for action over the next three years.



- Change Management
- Health and Safety
- Staff Engagement
- Welsh Language and Equality
- Centre for Equality and Human Rights

The Management and Leadership Development Programme

After listening to staff views, we have invested in managers and leaders to enable them to create the conditions for their people to succeed. This includes defining nine key competencies and a clear description of what is expected of managers and leaders in terms of activities and behaviours. A comprehensive development programme was designed and rolled out from January 2015, supported by a web based tool which is available for all staff and managers, giving tips and guidance on how to deal with a range of common but sometimes difficult workplace scenarios and issues.

The Management and Leadership Development Programme consists of four core modules – Personal Leadership, Managing the Business, Managing People and Developing People, and Leading the Organisation, as well as a modular programme for Aspiring Managers. These modules are supported by a series of Master classes on hot topics.

Feedback from staff attending the highly participative programme has been extremely positive and we hope to be able to offer significantly more places on the programme during 2015-16.

Workforce and Organisational

Development

Induction for new staff

Progress has also been made with a comprehensive induction process for new staff. A Task and Finish Group was set up in early December 2014, with the aim of producing consistent guidance for all new colleagues and their recruiting managers/teams. The Group approved and finalised these guides in March 2015 and released them shortly afterwards for testing and use across the organisation, with positive feedback being received. The Learning and Development team aim to convert this content to user-friendly intranet pages during 2015-2016 and produce 'lite' versions for those on temporary, short-term contracts and work placements.

In line with a commitment to staff to make it easier to see how their work is making a difference we have developed a new approach to appraisal called "My Contribution" which will be fully implemented during 2015-16.



Learning & Development events

The Learning & Development team provided 159 classroom statutory and mandatory training sessions, delivered by both internal and external providers. A further 45 professional development events were run across Wales, including business and people management skills, professional development opportunities and service-user skills. The Public Health Practitioner Support Programme continued to grow, with 23 participants accepted onto the 2014/15/16 cohort, and eight formal development sessions provided.

Workforce and Organisational

Development

Sickness absence target

In 2014-15, overall sickness absence for Public Health Wales was 3.73 per cent. Public Health Wales continued to have the lowest sickness absence rate amongst NHS organisations in Wales. The current sickness target set by the Welsh Government is 3.25 per cent.

Public Health Wales' vision is for a healthier, happier and fairer Wales. We embrace equality and fair treatment of the people of Wales and are working to tackle the determinants of health inequalities and improve the accessibility of our services. Examples of where we have engaged with service users and improved services for minority groups are included in our Annual Quality Statement.

Welsh Language

Bilingual Service Provision

Public Health Wales is implementing a Welsh Language Scheme which sets out the organisation's commitment to actively offer and deliver quality services in Welsh. The Welsh Government's Strategic Framework for *Welsh Language Services in Health: More Than Just Words* is also being implemented across the organisation.

Ruth Davies, Director of Workforce and Organisational Development said:

"Our annual Welsh Language Scheme Monitoring Report and More Than Just Words Monitoring Report for 2014-15 confirm that we are making progress in many areas. However, we also acknowledge that there are gaps in our Welsh language provision. With further impetus, focus and concerted effort we will ensure tangible service improvements over the next 1218 months."

Meeting our Targets

The key performance indicators measure how we are achieving our objectives for healthier happier and fairer

Equality

Disability

Public Health Wales has a range of policies including Dignity at Work and recruitment and selection policies which relate to employees with disabilities. These policies ensure that employees with disabilities are not disadvantaged. This includes exploring with the employee any reasonable adjustments that will support them in undertaking their work and in achieving their optimal potential.

Wales. The targets are set by the Welsh Government and the percentages are based on how many people are utilising each service.

Public Health Wales has seen improvements over the past three years in many areas including the number of smokers giving up smoking, the number of pregnant women receiving the influenza vaccine, uptake of breast, bowel and cervical screening, and breast screening normal results sent within two weeks.

Public Health Wales recognises that there are still areas which need to be tackled to reach set targets and we will strive to achieve these during 2015-16.

Indicator	Standard/Target	Performance 2012/13	Performance 2013/14	Performance 2014/15	Trend from 13/14
Per cent of smoking population treated by Stop Smoking Wales	2.8% (annual)	1.1%	1.3%	1.2%	↓
Per cent smokers CO validated as successful	40.0%	41.6%	36.8%	40.5%	↑
Percentage of reception class children (aged 4/5) classified as overweight or obese	Reduction	26.2%	26.5%	Not Available	↑
Uptake of all scheduled childhood vaccinations at age 4	95.0%	82.4%	87.9%	86.2%	↓
Influenza vaccination uptake among the over 65s	75.0%	67.7%	68.3%	68.1%	↓
Influenza vaccination uptake among under 65s in high risk groups	75.0%	49.7%	51.1%	49.5%	↓
Influenza vaccination uptake among pregnant women	75.0%	61.6%	70.5%	72.4%	↑
Influenza vaccination uptake among healthcare workers	50.0%	35.5%	40.6%	42.9%	↑

Indicator	Standard/ Target	Performance 2012/13	Performance 2013/14	Performance 2014/15	Trend from 13/14
Breast screening uptake	70.0%	73.3%	70.8%	72.0%	↑
Abdominal aortic aneurysm screening uptake	80.0%	Programme not yet in effect	70.6%	74.7%	↑
Newborn hearing screening per cent entering screening programme	95.0%	99.4%	99.4%	99.5%	↑
Breast screening: normal results sent within two weeks of screen	90.0%	53.9%	75.8%	91.3%	↑
Breast screening: assessment appointments within three weeks of screen	90.0%	18.7%	31.7%	31.6%	↓
Breast screening: per cent women invited within 36 months previous screen	90.0%	9.6%	5.3%	16.4%	↑
Bowel screening waiting times for screening test results	95.0%	75.6%	84.6%	98.7%	↑
Bowel screening waiting time for colonoscopy	95.0%	31.9%	10.9%	59.1%	↑
Cervical screening laboratory turnaround times: within three weeks	100.0%	58.4%	51.1%	65.2%	↑
Cervical screening waits for results: within four weeks	100.0%	70.3%	54.3%	66.9%	↑

*The screening programme figures presented for 2014-15 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.

Please direct any queries regarding data from Screening Division to:

Helen Clayton, Senior Information Manager and Research Specialist, Screening Division of Public Health Wales, 18 Cathedral Road, Cardiff, CF11 9LJ, Tel: 029 2078 7803 or Email: Screening.Information@wales.nhs.uk

Indicator	Standard/ Target	Performance 2012/13	Performance 2013/14	Performance 2014/15	Trend from 13/14
Microbiology - CPA accreditation status and move to ISO 15189	Accredited	Accredited	Accredited	Accredited	↔
Clostridium difficile rate (per 100,000 population)	<=31	62.91	51.16	42.76	↓
MRSA rate (per 100,000 population)	<=2.6	5.24	5.35	5.39	↑
Number of written concerns/complaints received	N/A	43	77	65	↓
Written concerns/complaints responded to within target timescales	100.0%	82.0%	90.0%	75.00%	↓
Number of serious untoward incidents (SUIs) reported	N/A	7	5	4	↓
SUI investigations completed within target timescales	100.0%	100.0%	100.0%	75.0%	↓
Sickness absence rate	<=3.25%	3.47%	3.48%	3.75%	↑
Percentage of medical staff undertaking performance appraisal within the last 15 months	100.0%	Not Available	Not Available	100.0%	N/A

Operations and Finance

What we do

- Finance
- Planning and Performance
- Communications and Stakeholder Engagement
- Information Technology
- Programme Management

- Operations and Facilities Management

Section 2 – Operating and Financial Review

Public Health Wales has once again achieved financial balance in 2014-15

With an income of £107.7 million, the organisation successfully broke even and recorded a small surplus of £0.035 million. The organisation was again able to assist in the management of the NHS Wales' financial position and broker over £0.4 million into 2015-16. The overall income level for Public Health Wales has increased by 35 per cent over the last five years, from just over £80 million in 2010-11.

Deputy Chief Executive and Executive Director of Operations and Finance, Huw George, said: "I am delighted that once again we have succeeded in achieving a balanced financial position whilst investing in developing our services. In an extremely challenging economic environment it is all the more satisfying that we continue to make funds available for the investment in our priorities. We face many of the normal cost pressures and inflationary price increases and they represent a significant challenge to what is a diverse and geographically spread organisation.

"For 2014-15 a funding gap was identified. Savings of £2.1 million also allowed us to meet this gap and importantly make a vital investment in service delivery. The successful delivery of a capital programme included additions of £3.7 million and ensured that Public Health Wales met its target to achieve its external financing limit."

The financial target of payment of 95 per cent of all invoices (by number) has not been met in 2014-15. Performance increased during the second half of the financial year, following several improvements to operational arrangements, the cumulative performance for the year remains below the 95 per cent.

The Public Health Wales Board has agreed a budget principle that it needed to 'invest for change' and 'save to invest'. Over the future years the organisation has agreed that it will continue to aim for investment each year of 0.8 – 1 per cent and that it would expect, as a matter of course, budget holders to produce housekeeping savings. This agreement has been taken forward in the 2015-16 budget strategy.

Subject to the achievement of our savings plan, the investment fund will support the Strategic Priorities set out in our Integrated Medium Term Plan and to ensure alignment between delivery plans and the financial plan.

The following tables set out the financial statements for Public Health Wales for the period 1 April 2014 to 31 March 2015. The Summary Financial Statements (SFSs) are a summary of and consistent with the full financial accounts for Public Health Wales on which an unqualified opinion has been issued.

For a full understanding of Public Health Wales' financial position and performance, the full annual accounts for 2014-15 can be provided on request.

Statement of comprehensive income for the year ended 31 March 2015

	2014/15 £000	2013-14 £000
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Revenue from patient care activities	84,843	83,044
Other operating revenue	22,894	22,038
Operating expenses	(107,676)	(105,033)
Operating surplus/(deficit)	61	49
Investment revenue	23	16
Other gains and losses	0	0
Finance costs	(49)	(50)
Retained surplus/(deficit)	35	15

Statement of cash flows for the year ended 31 March 2015

	2014/15 £000	2013-14 £000
Cash flows from operating activities		
Operating surplus/(deficit)	61	49
Depreciation and amortisation	2,812	2,798
Impairments and reversals	(31)	0
Interest paid	(49)	(50)
(Increase)/decrease in inventories	(7)	8
(Increase)/decrease in trade and other receivables	(451)	(348)
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	3,823	1,216
Increase/(decrease) in other current liabilities	0	(2,336)
Increase/(decrease) in provisions	551	718
Net cash inflow/(outflow) from operating activities	6,709	2,055
Cash flows from investing activities		
Interest received	23	17
(Payments) for property, plant and equipment	(3,385)	(742)
Proceeds from disposal of property, plant and equipment	0	0
(Payments) for financial assets	0	(304)
Net cash inflow/(outflow) from investing activities	(3,362)	(1,029)
Net cash inflow/(outflow) before financing	3,347	1,026
Cash flows from financing activities		
Public Dividend Capital received	1,579	62
Public Dividend Capital repaid	0	(1,182)
Capital elements of finance leases and on-SORP PFI	(664)	144
Net cash inflow/(outflow) from financing activities	915	(980)
Net increase/(decrease) in cash and cash equivalents	4,262	46
Cash [and] cash equivalents [and bank overdrafts] at the beginning of the financial year	2,547	2,501

Cash [and] cash equivalents [and bank overdrafts] at the end of the financial year	6,809	2,547
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Statement of financial position as at 31 March 2015

	2014/15 £000	2013-14 £000
Non-current assets		
Property, plant and equipment	14,981	13,912
Intangible assets	0	0
Trade and other receivables	0	0
Other financial assets	0	0
Other assets	0	0
Total non-current assets	14,981	13,912
Current assets		
Inventories	85	78
Trade and other receivables	8,276	7,825
Other financial assets	0	0
Other assets	0	0
Cash and cash equivalents	6,809	2,547
Total Current assets	15,170	10,450
Total assets	30,151	24,362
Current liabilities		
Trade and other payables	(9,885)	(5,798)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(3,520)	(3,018)
Other liabilities	0	0
Total current liabilities	(13,405)	(8,816)
Net current assets/(liabilities)	1,765	1,634
Total assets less current liabilities	16,746	15,546

	2014/15 £000	2013-14 £000
Non-current liabilities		
Trade and other payables	(580)	(1,232)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(1,164)	(1,115)
Other liabilities	0	0
Total non-current liabilities	(1,744)	(2,347)
Total assets employed	15,002	13,199
Financed by taxpayers' equity		
Public dividend capital	14,239	12,660
Retained earnings	518	468
Revaluation reserve	245	56
Donated asset reserve		
Government grant reserve		
Other reserves	0	0
Total taxpayers' equity	15,002	13,199

2014-15	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
	12,660	483	56	0	13,199
Changes in taxpayers' equity for 2014-15					
Retained surplus/(deficit) for the year		35			35
Net gain on revaluation of property, plant and equipment		0	189	0	189
Net gain on revaluation of intangible assets		0	0	0	0
Net gain on revaluation of financial assets		0	0	0	0
Net gain on revaluation of assets held for sale		0	0	0	0
Impairments and reversals		0	0	0	0
Movements in other reserves		0	0	0	0
Receipt of donated/ government granted assets		0	0	0	0
Disposal of donated/ government granted assets		0	0	0	0
Transfers between reserves		0	0	0	0
Net gain/loss on Other Reserve (specify)		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
New Public Dividend Capital received	1,579				1,579

2014-15	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
	12,660	483	56	0	13,199
Changes in taxpayers' equity for 2014-15					
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2015	14,239	518	245	0	15,002

2014-15 Remuneration Report

- 1.1 The information contained in this report relates to the remuneration of the senior managers of the Trust.
- 1.2 The definition of “Senior Managers” is: ‘those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.’
- 1.3 For Public Health Wales, the senior managers’ are considered to be the regular attendees of the Trust board meetings, ie the executive directors, the non executive directors and the remaining board level directors.
- ### 2. Remuneration Committee
- 2.1 The Public Health Wales Remuneration and Terms of Service Committee consider and approve starting salaries, pay awards and conditions of employment for the Executive Team and other key senior staff.
- 2.2 The Remuneration Committee also considers and approves applications relating to the voluntary early release scheme.
- 2.3 All Executive Director pay and terms and conditions have been, and will be, determined by the Remuneration Committee within the Framework set by the Welsh Government.
- 2.4 The Public Health Wales Remuneration and Terms of Service Committee consist of the following Members:
- Professor Sir Mansel Aylward CB (chair)
- Dr Carl Clowes
- Mr John Spence
- Professor Simon Smail
- Professor Gareth Williams
- Mr Terence Rose
- 2.5 Performance of Executive Directors is assessed against personal objectives and the overall performance of Public Health Wales. Public Health Wales does not make bonus payments.
- 2.6 All and any pay awards are subject to performance. All payments are against the pay envelope in the annual letter from the Chief Executive of NHS Wales letter on this matter.
- 2.7 During 2014/15, the Remuneration Committee approved the following:
- A salary of £95,000 for the Director of Nursing following an evaluation of the job description by the Welsh Government
 - A salary of £109,000 for the deputy Chief Executive, which is within the NHS Wales guidance, and did not require an evaluation by the Welsh Government.
 - A reversal of a 1 percent cost of living pay award which was made erroneously to members of the Executive Team
 - A new Executive Team structure to be effective from 1 April 2015
- 2.8 The Remuneration Committee also considered and approved applications relating to the voluntary early release scheme. During 2014/15, six staff received compensation totalling £245k under the early release scheme. Full details of this are shown under note 11.4 to the Annual Accounts.
- ### 3. Salary and Pension Disclosures
- 3.1 Details of salaries and pension benefits for senior employees are given in Annexes 1 and 2.
- 3.2 The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by directors in the period being reported on, including fixed and variable elements as well as pension provision.
- 3.3 The single figure includes the following:
- Salary and fees (in bands of £5,000) both pensionable and non pensionable elements.
 - benefits in kind (taxable) (total to the nearest £100)
 - pension related benefits, ie those benefits accruing to senior managers

from membership of a participating defined benefit pension scheme.

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

3.5 Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2013/14 figure is 2.7% as set out by the 2014/15 Greenbury guidance.

4. Remuneration Relationship

4.1 NHS Bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation’s workforce. The remuneration figure is an annualised figure and may not be the actual salary received.

4.2 The banded remuneration of the highest-paid director in Public Health Wales in the financial year 2014-15 was £155-£160k (2013-14, £155k-£160k). This was 5.3 times (2013-14, 5.25) the median remuneration of the workforce, which was £29,760 (2013-14, £30,054k).

4.3 In 2014-15, 0 (2013-14, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £14,292 to £157,899 (2013-14 £14,292 to £157,884).

4.4 The annualised banded remuneration of the Chief Executive is £150-£155k.

4.5 Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments,

employer pension contributions and the cash equivalent transfer value of pensions. The salary includes medical commitment awards, planned

additional sessions and clinical excellence awards.

4.6 Overtime payments are included for the calculation of both elements of the relationship.

5. Exit packages and severance payments

5.1 Annex 3 provides detail of the number and value of all exit packages during 2014/15 on a cash basis. Although 6 members of staff have taken VERS within 2014/15, cash payments will be made in 2015/16 and therefore the costs relating to these VERS payments have not been disclosed.

	2014/15 £000	2013-14 £000
Band of Highest paid Director’s Total Remuneration £000s	155-160	155-160
Median Total Remuneration £000s	30	30
Ratio	5.30	5.25

5.2 Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

6. Statement of Assurance

6.1 I confirm that there is no relevant audit information in the Annual Report of which the Wales Audit Office is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Wales Audit Office is aware of that information.

Tracey Cooper
Accounting officer, Public Health Wales

Annex 1: Single Total Figure of Remuneration

Name	2014-15				2013-14			
	Salary (bands of £5,000)	Benefits in kind (to nearest £100)	Pension benefits (bands of £2,500)	Total £000	Salary (bands of £5,000)	Benefits in kind (to nearest £100)	Pension benefits (bands of £2,500)	Total £000
Tracey Cooper, Chief Executive ¹	125-130	21	360-362.5	485-490				
Bob Hudson, Chief Executive ²	N/A	N/A	N/A	N/A	90-95	2	25-30	120-125
Peter Bradley, Executive Director of Public Health Development	150-155	0	117.5-120	270-275	170-175	0	0	170-175
Quentin Sandifer, Executive Director of Public Health Services	155-160	0	120-122.5	275-280	155-160	3	0	155-160
Huw George, Executive Director of Finance/Interim Chief Executive ³	110-115	1	0	110-115	110-115	3	75-77.5	185-190
Tamira Rolls, Interim Executive Director of Finance ⁴	15-20	0	32.5-35	45-50	30-35	1	35-37.5	65-70
Ruth Davies, Director of Workforce and Organisational Development	90-95	0	17.5-20	110-115	95-100	2	5-7.5	100-105
Mark Dickinson, Executive Director of Planning and Performance ⁵	70-75	3	2.5-5	75-80	85-90	3	0	85-90
Keith Cox, Board Secretary	80-85	1	0	80-85	85-90	1	0	85-90
Chris Lines, Director of Communications	80-85	0	15-17.5	95-100	85-90	0	7.5-10	90-95
Rhiannon Beaumont-Wood, Director of Nursing ⁶	100-105	6	177.5-180	280-285	65-70	29	250-252.2	320-325
Non Executive Directors:								
Sir Professor Mansel Aylward	40-45	0	0	40-45	40-45	0	0	40-45
Dr Carl Clowes	5-10	2	0	5-10	5-10	0	0	5-10
Professor Simon Smail	5-10	0	0	5-10	5-10	1	0	5-10
John Spence	5-10	3	0	5-10	5-10	3	0	5-10
Terence Rose	5-10	3	0	5-10	5-10	0	0	5-10

1. Tracey Cooper joined the organisation on 1 June 2014

2. Bob Hudson left the Organisation on 23 November 2013

3. Huw George was Interim Chief Executive until 31 May 2014, returned to the role of Executive Director of Finance on June 1 2014 and added Deputy Chief Executive to his role from 1 September 2014

4. Tamira Rolls was Interim Executive Director of Finance until 31 May 2014

5. Mark Dickinson left the role of Executive Director of Planning and Performance on 31 January 2015

6. Rhiannon Beaumont-Wood's salary includes an element of back-pay relating to 2013/14.

There were no performance related pay or bonuses paid.

As per NHS guidance, negative pension benefit figures are included at nil value. 2013/14 figures have been restated as per these guidelines.

Annex 2: Pensions Benefits

Name and Title	Real increase in pension at age 60, (bands of £2,500)	Real increase in pension lump sum at aged 60, (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015 (£1,000s)	Cash Equivalent Transfer Value at 31 March 2014 (£1,000s)	Real increase in Cash Equivalent Transfer Value (£1,000s)	Employer's contribution to stakeholder pension
Tracey Cooper, Chief Executive ¹	15 - 17.5	40 - 42.5	15 - 20	40 - 45	327	N/A	327	0
Peter Bradley, Executive Director of Public Health Development	5 - 7.5	15 - 17.5	35 - 40	115 - 120	676	568	108	0
Quentin Sandifer, Executive Director of Public Health Services	0 - 2.5	15 - 17.5	50 - 55	155 - 160	1047	914	132	0
Huw George, Executive Director of Finance/Interim Chief Executive	0 - -2.5	0 - -2.5	25 - 30	85 - 90	523	510	14	0
Tamira Rolls, Interim Executive Director of Finance	0 - 2.5	2.5 - 5	10 - 15	30 - 35	157	130	27	0
Ruth Davies, Director of Workforce and Organisational Development	0 - 2.5	0	15 - 20	0	267	246	21	0
Mark Dickinson, Executive Director of Planning and Performance	0 - 2.5	0 - 2.5	25 - 30	80 - 85	482	467	15	0
Keith Cox, Board Secretary	0 - 2.5	0 - 2.5	40 - 45	120 - 125	881	862	18	0
Chris Lines, Director of Communications	0 - 2.5	0 - 2.5	10 - 15	30 - 35	206	187	18	0
Rhiannon Beaumont-Wood, Director of Nursing	7.5 - 10	22.5 - 25	15 - 20	55 - 60	357	208	149	0

1. Tracey Cooper joined the organisation on 1st June 2014 and therefore the real increase in CETV is equivalent to the actual CETV.

Annex 3: Exit Packages

Exit Packages cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures	Cost of other departures	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special element included in exit packages
Exit package cost band	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s

less than £10k								
£10k - £25k								
£25k - £50k								
£50k - £100k			1	54,504				
£100k - £150k								
£150k - £200k								
more than £200k								
Total			1	54,504				

The other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). The payment of £54k relates to a VERS departure which was accounted for in 2013/14. All VERS departures accounted for in 2014/15 will be declared in the above return in 2015/16 on the basis of cash payment.

Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

Tax assurance for off-payroll appointees

The following table shows all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months.

All but two of these engagements relate to staff seconded in from other NHS Wales organisations or Welsh Universities.

No. of existing engagements as of 31 March 2015	38
Of which...	
No. that have existed for less than one year at time of reporting.	3
No. that have existed for between one and two years at time of reporting.	1
No. that have existed for between two and three years at time of reporting.	0
No. that have existed for between three and four years at time of reporting.	2
No. that have existed for four or more years at time of reporting.	32
No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	3
No. of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	0
No. for whom assurance has been requested	3
Of which...	
No. for whom assurance has been received	3
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received.	0

There have been no off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015.

Public Health Wales Board Register of Interests

Name	Interests
Professor Sir Mansel Aylward CB	<p>Public or Private Appointments, Employment or Consultancies</p> <ul style="list-style-type: none"> • Chair, Merthyr Tydfil County Borough Council Standards Committee • Vice President, College of Occupational Therapists • Vice President, Shaw Trust • Scientific Advisor, Health Claims Bureau • Medical Advisor, US Preventative Medicine, Nashville, TN, USA • Advisor, Atos Healthcare Ltd Clinical Governance Committee • Patron, Vocational Rehabilitation Association • Patron, TREAT Trust • Member, Academic Advisory Board for the Centre for Health Services Innovation at the Counties Manukau District Health Board, New Zealand. • Member, Council of College of Medicine, UK <p>Other positions of authority</p> <ul style="list-style-type: none"> • Director, Centre for Psychosocial Research, Cardiff University • Specialist Advisor to Vice-Chancellor, Cardiff University • Professor of Public Health Education, Cardiff University
Rhiannon Beaumont-Wood	<p>Other positions of authority</p> <ul style="list-style-type: none"> • Trustee, Calan DVS (Under Welsh Womens Aid umbrella)
Peter Bradley	<p>Other positions of authority</p> <ul style="list-style-type: none"> • Member, CASP International promoting critical appraisal skills (internationally) • Honorary Professor, Swansea University
Dr Carl Clowes OBE	<p>Public or Private Appointments, Employment or Consultancies</p> <ul style="list-style-type: none"> • Hon. Lesotho Consul in Wales • Life President, Dolen Cymru • Director of the Board, Dolen Cymru (Charitable Company) • Llwydd/President, Nant Gwrtheyrn, National Centre for Language and Heritage • Ymddiriedolaeth/Director, Nant Gwrtheyrn (Charitable Company) • Fellow, Institute for Welsh Affairs • Chair, Ynni Aelhaearn 'Green Village' (Working group)
Tracey Cooper	<p>Other positions of authority</p> <ul style="list-style-type: none"> • Past President (officer), International Society for Quality in Healthcare. Not for profit charity.

Name	Interests
Keith Cox	None

Ruth Davies	None
Mark Dickinson	None
Huw George	<p>Other positions of authority</p> <ul style="list-style-type: none"> Trustee, Dolen Cymru (ends 2015) <p>Any other interest</p> <ul style="list-style-type: none"> Treasurer, Cywdaethas Rhieni Y
Chris Lines	<p>Public or Private Appointments, Employment or Consultancies</p> <ul style="list-style-type: none"> Spouse: employed by Powys Health Board <p>Any Other business</p> <ul style="list-style-type: none"> Member, Liberal Democrats Member, Institute of Welsh Affairs
Tamira Rolls	None
Terence Rose	None
Quentin Sandifer	<p>Any other interest</p> <ul style="list-style-type: none"> Member, Advisory Board, Public Health England Senior Lecturer, University College London
Professor Simon Smail CBE	<p>Public or Private Appointments, Employment or Consultancies</p> <ul style="list-style-type: none"> Independent Member, Welsh Health Specialised Services Committee (WHSSC) Chair, WHSSC Quality and Patient Safety Committee Chair, Partnership Board for Gender Dysphoria Partnership Board, WHSSC
John Spence	<p>Public or Private Appointments, Employment or Consultancies</p> <p>None</p>
Professor Gareth Williams	<p>Public or Private Appointments, Employment or Consultancies</p> <ul style="list-style-type: none"> Chair, Board of Trustees and Management Group, Treganna Family Centre, Cardiff <p>Other positions of authority</p> <ul style="list-style-type: none"> Spouse: Trustee of the 'People's Health Trust' based in London

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.

Tracey Cooper
Accountable Officer, Public Health Wales
Statement of the Chief Executive's responsibilities as accountable officer of the Trust

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 property 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.



Tracey Cooper
Chief Executive,
Public Health Wales

Report of the Auditor General for Wales to the National Assembly for Wales on the Summary Financial Statements

I have examined the summary financial statements contained in the Annual Report of Public Health Wales NHS Trust as set out on pages 26 to 41.

Respective responsibilities of the Accounting Officer and auditor

The Accountable Officer is responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements, and the auditable part of the remuneration report. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements and the full financial statements. **Basis of opinion**

I conducted my work in accordance with Bulletin 2008/3 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements and the auditable part of the remuneration report of Public Health Wales NHS Trust for the year ended 31

March 2015 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements, 11 June 2015 and the date of this statement.

I placed a substantive report on accounts. This report can be found with the statutory financial statements.

In my opinion the information contained in the Annual Report for the financial year for which the financial statements are prepared is consistent with both the summary and the full financial statements.

Wales Audit Office

Huw Vaughan Thomas

24 Cathedral Road

Auditor General for Wales

Cardiff

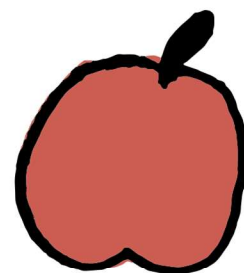
15 September 2015

CF11 9LJ

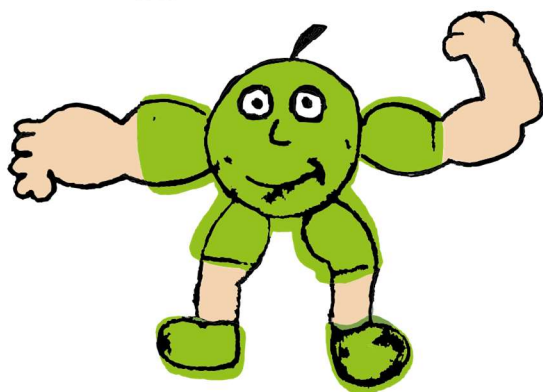
Public Health



Wales

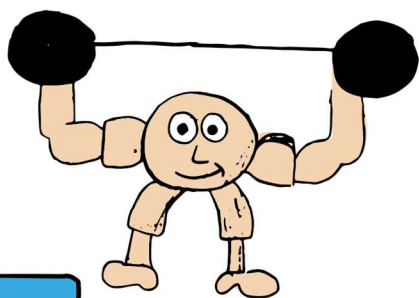


Healthy eating



Be healthy,
be fit.

Don't Smoke!



Smoking can kill
you, don't do it, it's
not cool.

Exercise

Go for regular
runs and
go to the
gym.

Annual Quality Statement 2014/2015

"For a healthier, happier
and fairer Wales."

Welcome...

to our third Annual Quality Statement, which has information about the quality of our services and what we are doing to always provide the best service to you.

We would like to thank all our partner organisations and the people who use our services for supporting us in achieving a more accessible document. We want to continue to develop it every year, and your feedback will help us to do this.

We want to make Wales a healthier, happier and fairer place to live. It is our job to support the NHS, other organisations and the population to work towards a healthier nation. As members of the Welsh community we all face a number of health challenges:

- While, overall, people in Wales are living longer, in some parts of Wales people are likely to live for 20 years less than people in other parts of Wales.
- Many people in Wales are overweight and obese and this includes children – nearly 3 in every 10 children aged four to five are overweight or obese.
- The amount of alcohol that we drink in Wales continues to increase.
- Nearly a quarter (23%) of people in Wales still smoke.
- If you have a severe mental illness, your life expectancy is, on average, 15 years less than the rest of population.

Only by working together can we make positive change. One way in which we are looking to improve is through our Service User Experience and Learning Panel. The panel meets regularly and looks at feedback we have received from people who use the services we provide and how we can learn from complaints and compliments.

We want to continue to work with you in making Wales a healthier, happier and fairer place to live and would like to hear from you on how we can do this.



Tracey Cooper
Chief Executive

**‘Our vision is to achieve a healthier,
happier and fairer Wales’**



We said, we did....

In last year's Annual Quality Statement we identified six areas we wanted to work on. We have listed below some of the work we have done about these areas.

Reducing infections contracted while using healthcare services

- Clostridium difficile (C.diff) infections have reduced by 16% across Wales. (C.diff is a type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.)
- We have bought a training programme to improve aseptic technique (a way of carrying out tasks to prevent infection) in all clinical settings across Wales. This will start in 2015.
- We have published information in an interactive format that allows health boards and trusts to use it for local planning.

Developing the workforce

- We have developed a new leadership and management programme to support our staff who are currently managers and those who want to become managers.
- We have made a new commitment to help our staff live healthy lives and to keep them healthy while they work with us. Should people become unwell we will be clear about how we will support them.

Reducing the number of people in Wales who smoke

- The stop-smoking service has been extended and it is now available later in the evenings and on a Saturday.
- We have developed new ways of working with our partners to help people access the service and get the support that they need quicker.
- Clinics have been opened in a number of areas to support even more people to stop smoking.

- Improved waiting times for over 90% of women who are now getting smear test results in four weeks.

- Breast Test Wales is working hard to make sure they are meeting the standard of inviting 90% of eligible women for breast screening within 36 months. They are also working to improve waiting times for women coming back for further assessment.
- Our Newborn Blood Spot Screening Programme introduced screening for four additional conditions in January 2015.

Working with health boards to achieve the target for flu vaccination in the 'at risk' groups

- Over 44% of health workers in Wales were vaccinated against flu. This is an increase on the previous year.
- Nearly 50% of people aged six months to 64 who are considered at risk were vaccinated against flu, and 68% of those aged over 65 who are at risk were vaccinated.
- We ran a Flu Fighter campaign in partnership with local health boards to encourage people to have their flu jabs.

Learning from concerns and incidents

- We regularly look at any complaints we receive and how we can make services better and learn from concerns raised.
- We held a workshop with members of staff and a person who had used our service who complained about the service they had received so we could learn from them about how we could do better.
- We have included a story from people who have used our service in some of our board meetings so that we can hear about our services and how we can improve them.

Staying healthy

Here are some initiatives we have been working on to support staying healthy.

Bump, Baby and Beyond

The Bump, Baby and Beyond book was launched in May 2014 to guide women through pregnancy and after the baby is born.

The book gives advice on topics such as staying well when pregnant, breastfeeding, eating a healthy diet, starting a baby on solids, vaccinations and immunisations.

The information in the book is based on what parents think is important for them. Parents gave us this information at toddler groups and mother and baby groups.

Did you know

We provide support and advice to dentists and opticians across Wales.

Mums are given the book by their midwives when they first see them.

You can find more information at

www.healthhallwales.org/infantfeedingpublications

Add to Your Life

Add to Your Life is a free NHS Wales health check for people aged over 50, to help you live longer, feel better, and stay healthy and active into the future. It can help you discover more about your health, learn the simple steps you can take to stay fit, and discover local services to help you make a positive change in your life. It is available on the internet at

www.addtoyourlife.wales.nhs.uk/

The website provides health information and has a questionnaire, with details on where to get more information based on the answers you give about your lifestyle. This can help you find out if you are at risk of a disease such as diabetes and what you can do to help reduce the risk.



"It really prompted me to make changes in my life and I'm feeling the benefits of it now. I've gone from being virtually sat in a chair to being able to walk around without my stick, and my confidence has grown because of that."

Lyn - user of the service

One Drink One Click app launched

A new mobile app was launched in February 2015 as part of the 'Have a think' programme to make people 'stop and think' about the amount of alcohol they are drinking.

People can enter into the app the number of alcoholic drinks they drink, find out the number of alcoholic units this equals and whether there is a risk from drinking that amount. The 'One Drink One Click' app is currently available for download for free in the App Store only at

www.appstore.com/onedrinkoneclick

Girls with dreams

A new campaign was launched in Wrexham in August 2014 for girls aged 11 to 13. The campaign ran during the summer and was aimed at stopping girls from smoking and using e-cigarettes (vaping), and helping them to think about achieving their dreams. The campaign featured girls from Wrexham, posing in their dream future jobs and talking about how smoking and vaping will prevent them from achieving their dream.

The campaign used Facebook, Twitter, Instagram and Pinterest to reach girls

Did you know

Every week, over 1,200 hospital admissions are related to alcohol.

One of our challenges is to raise awareness with the public about the dangers of drinking too much. In the area, help and guidance on careers, and ways to build confidence and beat bullying also featured in the campaign. Independent research carried out by Social Change UK found that girls with low aspirations who didn't take part in sport or after-school activities were more likely to smoke or use e-cigarettes.

You can find more information at www.wales.nhs.uk/sitesplus/888/news/36507



Effective care

Here are some examples of how we provide care that makes a difference to public health in Wales.

Wales' first Stop Smoking shop opened its doors in Cwmbran

In February a drop-in Stop Smoking shop opened its doors in Cwmbran shopping centre.

The drop-in shop offered friendly free support and advice to smokers in Torfaen and visitors to the shopping centre to help them quit smoking.



You can find more information at www.wales.nhs.uk/sitesplus/888/news/35613

New test for some women referred to colposcopy after an abnormal smear test

A colposcopy is an examination which lets the doctor or nurse see the type of abnormal cell changes on the cervix.

In September 2014, Cervical Screening Wales introduced a new test called human papilloma virus (HPV), test of cure.

Women who have been seen or treated for abnormal cells (in a colposcopy clinic) will have a new test

as well as the first follow-up smear

test. If the HPV test is negative it means the woman would be at low risk of developing further abnormal cells and can go back to reviews every three years, as normal. If the test is positive (which means that HPV is present) she will be referred back to colposcopy clinic as she may need more treatment.

This will mean that we identify only those women that need to be referred back to colposcopy.

www.cervicalscreeningwales.wales.nhs.uk/hpv-cervical-cancer

Healthy Working Wales

Our Healthy Working Wales team works with its partners such as public, private, charity and voluntary sector organisations, to provide them with information, tools and support to help them to improve the health, safety and wellbeing of the staff they employ.

Our service can help employees directly, for example by developing policies on how staff should be treated and improving safety at work. We can also provide help in areas such as general communication, talking with and involving staff and introducing wellbeing programmes.

You can find more information at www.healthyworkingwales.com/

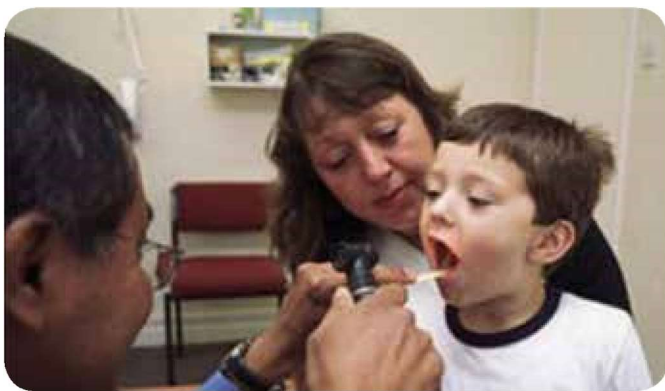


Did you know

We are working with the Welsh Government and Cardiff University on a Healthy Working Wales project. One challenge for us is to get the public, employers and employees to think about the effect that their mental wellness has on their ability to maintain their health and wellbeing.

New website for GPs and primary-care staff to help them to help you

In June 2014 we launched the GPOne website which is for GPs and other primary-care staff such as practice nurses. This website aims to help GPs and health staff work better together by sharing ideas and being able to get reliable information quickly.



The website will help us to get important public-health messages out to GPs and staff who work within the community and help us to make sure that they receive the necessary information to care for their patients and the population in an emergency such as a measles outbreak.



Timely care

Here are some examples of preventative and timely services we provide.

Screening for life

Screening is a way of finding out whether people who look and feel healthy may be at increased risk of a disease or condition. Screening helps with finding and treating these problems early.



In July 2014, over 300,000 people took part in our Screening for Life campaign. The aim of the campaign was to raise awareness of the different screening programmes in Wales. These included breast, cervical, bowel and abdominal aortic aneurysm screening.

During the month, the Screening Engagement Team went to 60 events and sent out over 4000 information packs to different places.

You can find more information at www.screeningforlife.wales.nhs.uk/

Did you know

Rates of clostridium difficile (C.diff) infections have fallen. Laboratories are using faster methods to detect them, so infection-control measures can be put in place sooner.

Bowel Screening Wales launches booklets for carers and care agencies

Bowel screening reduces your risk of dying from bowel cancer.

If you live in Wales, once you are 60 years old Bowel Screening Wales will send you a bowel screening test kit every two years, until you are 74.

Some people may need help when completing their bowel test. So Bowel Screening Wales has developed two new booklets aimed

at carers and staff working in care homes.

The booklets provide information to help people make decisions about whether to use bowel screening, and information on mental capacity and bowel screening. They also answer some frequently asked questions about Bowel Screening Wales.

You can find copies of the booklets at: www.bowelscreening.wales.nhs.uk/information-for-carers

Information on rare disease

To mark Rare Disease Day in February 2015, the Congenital Anomaly Register & Information Service for Wales (CARIS) published a table of rare diseases in Wales.

This table gives details of the number of rare diseases reported, how common the rare diseases are and how often they occur. The purpose of the table is to make health professionals more aware of rare diseases and to see if the numbers of people with rare diseases are changing so we can highlight what needs to be done to improve the health of the population.

You can find a copy of the report at www.caris.wales.nhs.uk/rare-and-congenital-anomalies

In April 2014 we launched the 1000 Lives Ask about Blood Clots



Did you know

campaign. Its aim was to prevent patients getting blood clots when they were in hospital.

70% of blood clots can be avoided if certain actions are taken.

Newborn Hearing Screening Programme finds over 400 babies with hearing loss

During 2014 our Newborn Hearing Screening programme celebrated its 10th anniversary. This service offers screening to all newborn babies to find out if they have any hearing loss.

In total, 99.5% of all new babies take this screening, with over 400 children found to have some loss of hearing since the programme began.

The test is usually done in the first few weeks of life and can be done at hospital, home or in a clinic. A trained screener carries out the test when the baby is awake or settled.

About 1 or 2 in every 100 babies may need more testing. The baby will be referred to an audiologist (a hearing specialist), who will see them within four weeks.

part in

www.caris.wales.nhs.uk/newbornhearingsscreening.

www.caris.wales.nhs.uk/hearing

"It is an invaluable resource as if it wasn't for them we would never have screened our own Jake as deaf." baby is asleep

Jake's parents

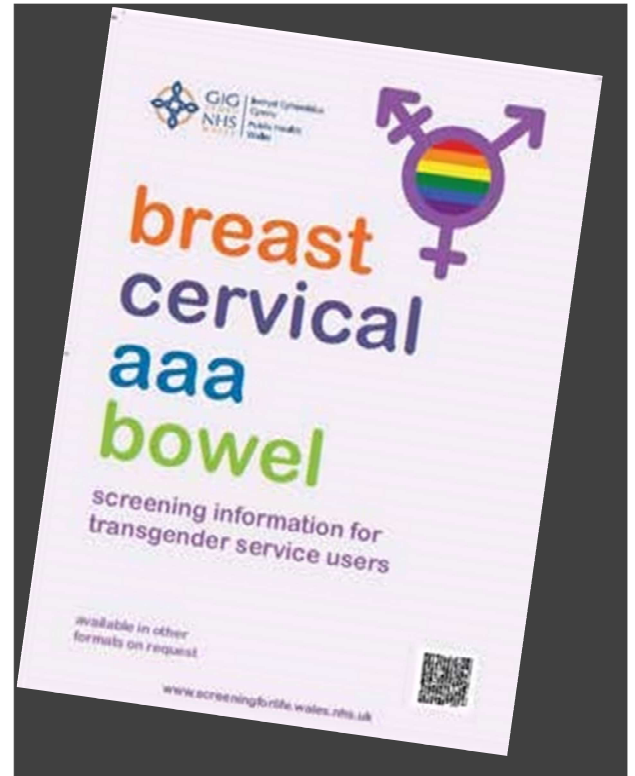
Dignified care and treating people as individuals

In it Together – Transgender Awareness Project

We have been working in partnership with the transgender community to improve accessibility to the national screening programmes. Together we have developed information, including a leaflet, frequently asked questions, a series of short films and an information card. These resources will help transgender people who use our service (and the health professionals working with them) understand how they can be screened.

We are working with staff and the community to further develop this information during 2015.

You can find more information at www.screeningforlife.wales.nhs.uk/transgender-information



Mental health

Part of our role is to promote positive mental health, prevent mental illness and support quality services to help treat those with mental illness. We are working with our partners to improve mental-health services and during the next year will be putting a framework (a way of setting out what is going to happen) in place to explain how our plans to improve people's physical health can make a bigger difference if we also consider their mental-health needs.

You can find more information at <http://www.wales.nhs.uk/sitesplus/888/news/35788>

Welsh language

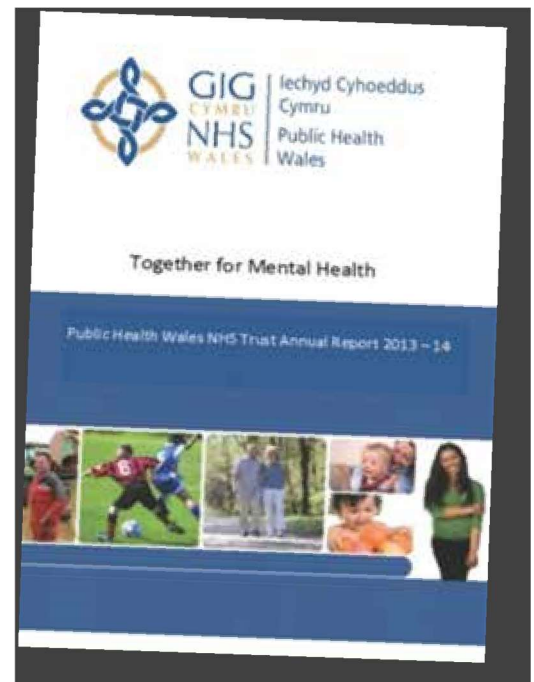
We want to make sure that all of our services are available to you in Welsh. Our Welsh Language Scheme describes what we will do to achieve this. So far, we are doing well in many areas – for example, all of our letters and information for the public are in Welsh, as are most of our websites.

Our bilingual telephone helpline services have improved over the past 12 months because we have recruited more Welsh speakers. Our face-to-face services in Welsh are also improving. Screening services and Stop Smoking Wales are looking at how they could offer a Welsh service the first time they speak or write to you. This will also include how they would record people's language needs or preferences, and make sure

that they then provide a service in Welsh.

Importantly, we are learning a lot from Welsh-speaking people who use our service because we are asking them what they think of new services we're planning. Also, after they have received a service from us, we're asking whether they are happy with that service and asking what we can do better.

Over the next few years we will continue to improve our Welsh-language services and, in time, people will be able to communicate with us as easily in Welsh as in English.





Dignified care and treating people as individuals

Gypsies and Travellers

We have been working with the Gypsy and Traveller community and their health workers to understand why the community may not use the adult screening programmes.

Together we have identified a number of actions we will be working on during 2015.

Sensory loss

In July 2014, we held a workshop for people with sensory loss (when a person's sight or hearing becomes impaired) to find out how we could make it easier for them to use our screening programmes. Together we identified a number of actions which we will be working on together during 2015.

For more details of the three areas listed above, please contact the Screening Engagement Team on 01978 725368.

Did you know

We have formally signed up to a social-media movement which was launched to remind staff to introduce

Work with the Hindu community

As one of the activities for Screening for Life, we held an event in partnership with the Hindu community in one area of Cardiff where talks, information and activities were shared about the various screening programmes. We hope to hold more of these types of events during the next year with other communities across Wales.

themselves to service users. The 'Hello my name is...' campaign was started by Dr Kate Granger, a hospital consultant from Yorkshire, who wanted to improve experiences for those people who use NHS services. Kate, who has terminal cancer, became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital.

Our staff

Moving towards different ways of working

It is very important to us that our buildings are accessible and sustainable. We are currently looking at how we can achieve this and support our staff to work more effectively, with more flexibility and in a pleasant environment. This programme will affect all our staff but we are initially focusing on those workers in the South East Wales area and currently looking for new accommodation.

Going global



Five volunteers from the microbiology service went to West Africa during

the year to help with the outbreak of Ebola. All worked in extremely challenging conditions, six days a week.

Three biomedical scientists worked in laboratories processing samples, a consultant provided clinical care to patients in hospital, and another provided advice in setting up a laboratory to process samples from Ebola patients, as well as training

local staff. Two members of the service plan to return during 2015.

Another consultant worked with the World Health Organization, Public Health England and the US Center for Disease Control to help three countries who were next to the Ebola-affected areas to prepare in case Ebola crossed their borders.

Did you know

We jointly ran a scientific meeting with the Royal Society of Medicine to discuss scientific progress in infectious disease threats to Wales.

Did you know

We host the International Health

Coordination Centre (IHCC) for the Welsh Government. The IHCC coordinates international health work across Wales.

You can find more information at www.internationalhealth.wales.nhs.uk/home

Our staff

Our staff work hard to try to improve the population's health and people's wellbeing. Many of our staff and teams have been recognised for this during the year. Here are some of the awards that they have won during 2014/2015.



- **Public Health Wales** (in partnership with Community Pharmacy Wales and RNIB Cymru) was awarded the Chemist and Druggist Award 2014

www.wales.nhs.uk/sitesplus/888/news/33090



- **Healthy Working Wales Team** was awarded the Health and Wellbeing award (Royal Society for Public Health)

www.wales.nhs.uk/sitesplus/888/news/34615



- **The Nutrition Skills for Life Programme** was awarded the NHS Wales Award for Promoting Better Health and Avoiding Disease

www.wales.nhs.uk/sitesplus/888/news/33500



• **The Screening Engagement Team and NHS Centre for Equality and Human Right** (in partnership with Transgender Awareness Wales , FTM Wales , Unique Transgender Network) were awarded runner-up in the PENNA Awards
www.wales.nhs.uk/sitesplus/888/news/37129

Looking forward 2015/2016

Putting in place an approach across all agencies to achieve significant improvements in our public's health *We will:*

- set up a new approach for health improvement and preventing ill-health in Wales;
- establish partnerships with communities, agencies, schools and businesses to work together on important areas, including childhood obesity, smoking and mental wellbeing; and
- make sure that we monitor and measure how well we do, to use what we have to its full benefit.

Working together to improve the health of our children in their early years *We will:*

- take action with parents, children, communities and our partners to improve the health of our children from before pregnancy to up to seven years old, with the biggest focus before the age of three;
- work with women, communities, schools and other partners to reduce the number of pregnant women and young children exposed to tobacco smoke and becoming obese; and
- work with the Welsh Government and other partners to put in place the Healthy Child Programme, focusing on the best outcomes in the early years.

Developing and supporting primary-care services to improve the public's health *We will:*

- develop a clear and agreed way forward for our work within primary care (that is, health services which are not provided in hospitals) and set up a specific department to co-ordinate this work;

- work with our partners in primary care to support them in focusing on the specific needs of the people they care for; and
- set up a pilot test offering all children aged between two and three the flu vaccination in all GP practices.

Looking forward 2015/2016

Supporting the NHS to improve outcomes for patients *We will:*

- increase the voice of the public and service users in all our services;
- work with our partners to support a reduction in healthcare-acquired infections and avoidable harm to patients; and
- support the public and service users to get involved in conversations about their health and wellbeing.

Influencing policy to protect and improve health and reduce inequalities *We will:*

- work with the Welsh Government to provide support in developing policies so that there is a focus on health in all new policies across society;
- increase the work and contact we have with international partners to share good practice and knowledge; and
- work across the organisation to support staff to carry out research which improves health and wellbeing for people in Wales.

Protecting the public and continuously improving the quality, safety and effectiveness of the services we provide *We will:*

- bring together a number of our services, such as microbiology and health protection, to improve the effectiveness of the service we provide;
- make sure that all our screening programmes are meeting, or going beyond, national standards and continually involve people to improve their experience of them; and
- continue to develop our safeguarding services.

We would like your views on how you would like us to improve our services. If you would like to get in touch, please contact us.

Phone: 029 2022 7744

Email: general.enquiries@wales.nhs.uk

You can also contact us through social media.



Facebook

www.facebook.com/PublicHealthWales (English)

www.facebook.com/pages/Iechyd-Cyhoeddus-Cymru (Welsh)



Twitter

www.twitter.com/PublicHealthW (English)

www.twitter.com/IechydCyhoeddus (Welsh)



You Tube

www.youtube.com/user/PublicHealthWales (English)

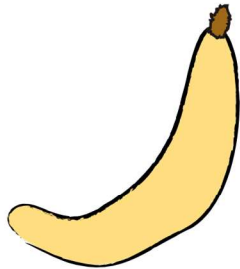
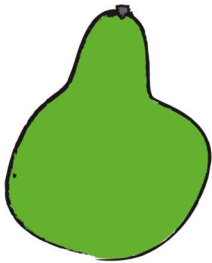
www.youtube.com/user/PublicHealthWalesW (Welsh)

“For a healthier, happier and fairer Wales.”

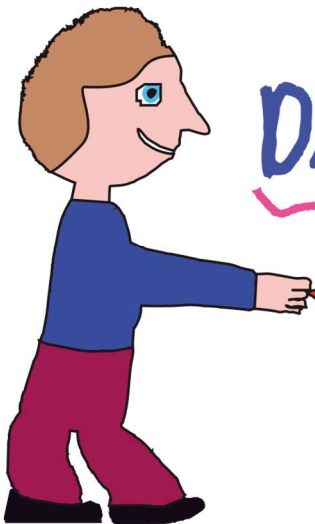
Thank you to the pupils from Ffaldau Primary School, Bridgend for providing the illustrations on the front and back cover.

Public Health

Wales



Eat Healthy

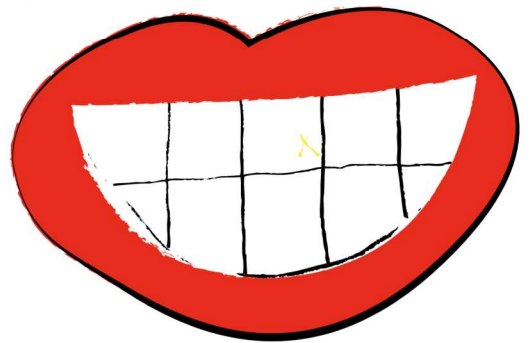


Do exercise

Exercise



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Annual Governance Statement



1 Scope of Responsibility

Public Health Wales exists to protect and improve health and wellbeing and to reduce inequalities for people in Wales.

We have a clear purpose from which our strategic aim and commitments have been developed. Our vision is to: *achieve a healthier, happier and fairer Wales.*

The Board is accountable for governance, risk management and internal control. As Chief Executive and Accountable Officer of Public Health Wales, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets, for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

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

2 Governance Framework

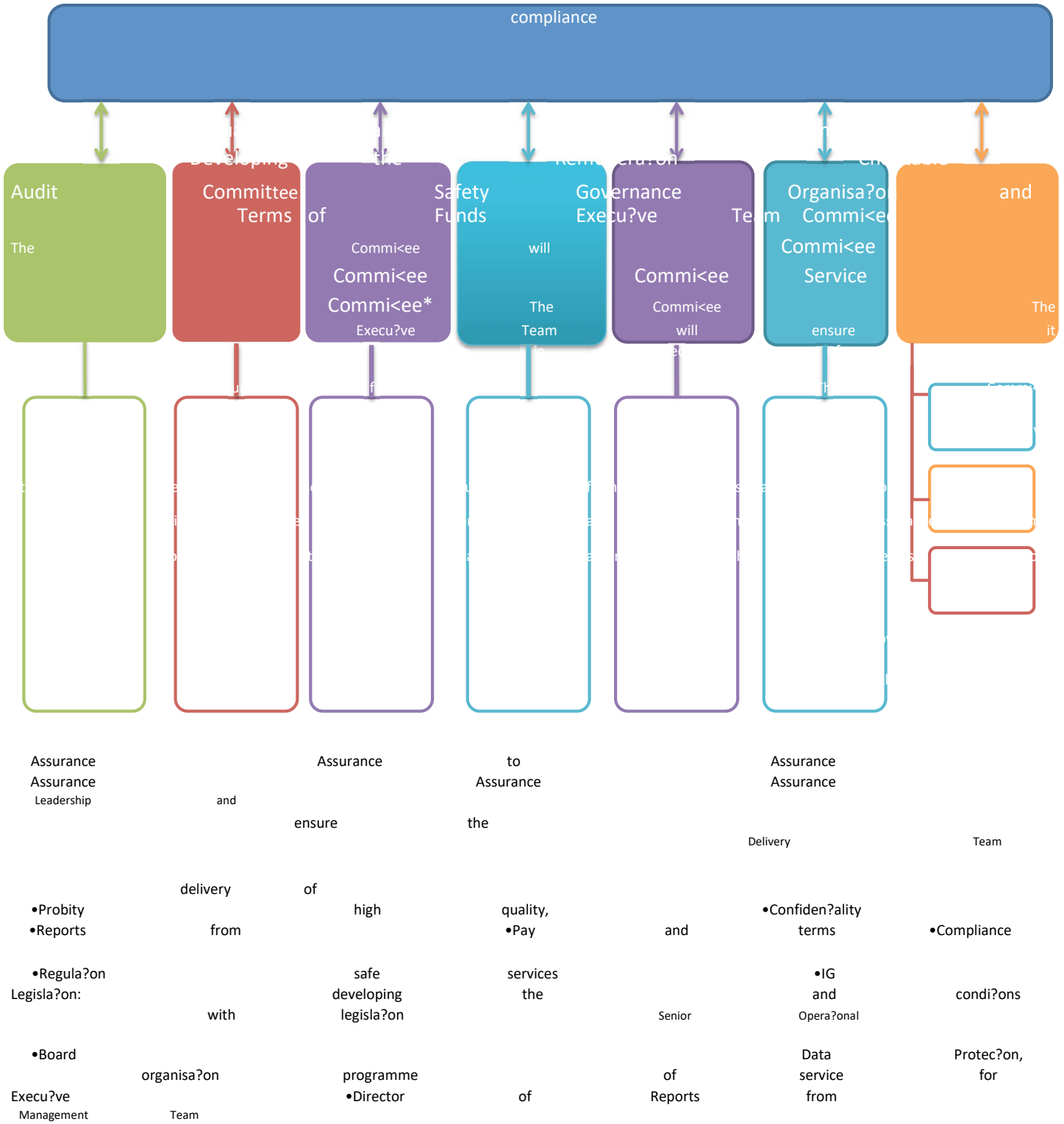
We have continued to maintain a system of governance and assurance. The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board.

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

The Board is supported by the Board Secretary, who acts as advisor on corporate governance within Public Health Wales.

The Board has established a standing Committee structure, which it has determined best meets the needs of the organisation whilst taking account of any regulatory or Welsh Government requirements. Diagram 1.1 below provides an overview of the governance framework which operated during 2014/15.

At an operational level, we have an Executive Team with a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, and at various operational team meetings. During the year the Board has concluded that the information received is acceptable in its assessment of the governance of the organisation. The quality and effectiveness of the information and data is continually reviewed at each meeting and some revisions have been made during the year to provide further clarity for the Board.



The Board has considered the findings from the *Trusted to Care* report and identified key themes that link with the *Mid Staffordshire NHS Foundation Trust Public Inquiry* and the *review of governance arrangements at Betsi Cadwaladr University Health Board*. As a result we have begun a review of our internal clinical governance arrangements, with the intention of modernising our current arrangements, to ensure that the key aspects of quality and safety are embedded in the most effective and coherent way across the organisation.

We took a leadership role in our response to the public health ‘listening to you – your health matters’ white paper and the Wellbeing of Future Generations Bill. Our responses to the two proposed pieces of legislation focused on the links between the two Bills and provided the Welsh Government with examples of areas which could be included in the Bills where tangible outcomes could be realised. The development of both responses involved engagement with staff and stakeholders where we asked for their contributions, ideas and suggestions on how the Public Health Bill and Wellbeing of Future Generations Bill could be progressed.

2.2 Board membership

The Board has been constituted to comply with the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009*. 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.

In addition to the Board members appointed in accordance with the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009*, Public Health Wales has appointed four additional posts, which have an integral role in the governance of the organisation. During 2014/15 these included a Board Secretary; Director of Nursing; Director of Workforce and Organisational Development; and Director of Communications. Individuals appointed to these positions are members of the Executive Team and have a standing invitation to Board meetings where they can contribute to

discussions but do not have voting rights. During the year a comprehensive review of the Executive Team and supporting structures was completed. The changes aim to achieve the delivery of the Public Health Wales strategic plan for 2015-2018; an improved balance of public health expertise and corporate support functions; and a consolidation of the corporate infrastructure. A new Executive Team and organisational structure was approved by the Board and will be implemented from 1 April 2015. The revised structure is included as appendix 1. Table 2.1 outlines the membership of the Board for 2014/15 and also highlights the membership of the Committees and areas of responsibilities that are championed by the members of the Board. In addition to the Board and Committee membership included in table 2.1, Non Executive Directors also participate in, and support, organisational groups and change programmes. These include, for example, research and development; Welsh language; and modernisation programmes.

2.2.1 Vacant Board Position

The Local Authority Non Executive Director position has remained vacant throughout 2014/15. The *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009* prescribe that this position must be filled using a nominee from local authorities in Wales. The Board had recognised that this nomination approach disadvantages people from under-represented groups and does not promote the organisation’s commitment to openness and transparency. Following discussions with the Minister for Health and Social Services, it has been agreed to amend the Regulations so that the post can be advertised through fair and open competition, rather than a nomination process. The Welsh Government has agreed that until the Regulations have been amended, the post can be filled on an interim basis. Alison Ward, Chief Executive of Torfaen County Borough Council, was appointed on an interim basis in May 2014. This appointment has provided the Board with a strong link to local government which was previously identified as a weakness.

2.2.2 Appointment of new Chief Executive

Tracey Cooper was appointed to Chief Executive in June 2014. Huw George was interim Chief Executive until that point, ensuring a seamless transition between Huw George leaving the post and Tracey Cooper taking up the role of Chief Executive.

2.2.3 Appointment of Deputy Chief Executive

Huw George was appointed as Deputy Chief Executive in September 2014. This provides further strengthening of governance for the organisation.

2.2.4 Staff representation at Board meetings

We are pleased to report that representatives from the staff partnership forum continue to attend and contribute to Board meetings as non-voting members. This ensures staff views are considered during Board discussions. Discussions continue with the BMA about securing representation and attendance at Board meetings from representatives from the BMA.

2.2.5 Staff departures

Mark Dickinson left his role as Executive Director of Planning and Performance on 31 January 2015 to take up a position working for the NHS Wales Collaborative.


Peter Bradley left his role as Executive Director of Public Health Development on 20 March 2015.

Robust interim arrangements were in place to ensure sufficient cover for both these Executive functions until a new Executive Team and organisational structure was put in place on 1 April 2015.

2.2.6 Under-represented groups

The composition of the Board provides an appropriate balance of skills, experience, independence and knowledge. The board has expressed concern about the gender imbalance of Board members and the lack of people from under-represented groups. We have also noted a geographical imbalance amongst the Board members, with limited representation from rural communities in Wales. The Welsh Government and NHS Centre for Equality and Human Rights have launched a pilot programme to increase diversity on public appointments in Wales. We are participating in the scheme and have invited two individuals from under-representative groups to shadow our Board members for a 12 month period. We have also nominated a Board level mentor for each individual. The pilot will begin in March 2015 and includes a programme of training, development and support with the aim of increasing people's chances of a successful application to a Public Body as a Board member.

Table 2.1 Board and Committee membership

Name	Position	Board Committee Membership	Champion Roles
Professor Sir Mansel Aylward CB 	Chair	- (Chair) The Board - (Chair) Remuneration Committee	Veterans

John Spence		Vice Chair (Independent Member)	<ul style="list-style-type: none"> - (Vice Chair) the Board - Audit Committee - Quality & Safety Committee - (Chair) Information Governance Committee - Remuneration & Terms of Service Committee 	Violence & aggression Mental health Putting things right
Dr Carl Clowes OBE		Non Executive Director (Third Sector)	<ul style="list-style-type: none"> - Audit Committee - Quality & Safety Committee - Information Governance Committee - Remuneration & Terms of Service Committee 	
Professor Gareth Williams		Non Executive Director (University)	<ul style="list-style-type: none"> - Quality & Safety Committee - Remuneration & Terms of Service Committee 	Service user experience
Professor Simon Smail CBE		Non Executive Director (Independent Member)	<ul style="list-style-type: none"> - (Chair) Quality and Safety Committee - Remuneration and Terms of Service Committee 	Safeguarding
Terence Rose CBE		Non Executive Director (Independent Member)	<ul style="list-style-type: none"> - (Chair) Audit Committee - Information Governance Committee - Remuneration and Terms of Service Committee 	Raising concerns
Alison Ward CBE*		Interim Non Executive Director (Local Authority)		N/A
Huw George (until 31 May 2014)		Chief Executive	<ul style="list-style-type: none"> - Audit Committee* - Quality & Safety Committee* - Information Governance Committee* - Remuneration & Terms of Service Committee* 	N/A
Tracey Cooper (from 1st June 2014)				
Name		Position	Board Committee Membership	Champion Roles

Tamira Rolls (until 31 May 2014)  Huw George (from 1st June 2014) 	Executive Director of Finance Deputy Chief Executive (from September 2014)	Audit Committee*	N/A
Quentin Sandifer 	Executive Director of Public Health Services and Medical Director	Quality & Safety Committee* Information Governance Committee*	N/A
Peter Bradley (until 20 March 2015) 	Executive Director of Public Health Development		N/A
Mark Dickinson (until 31 January 2015) 	Executive Director of Planning and Performance	Quality & Safety Committee* Information Governance Committee*	N/A
Keith Cox* 	Board Secretary	Audit Committee* Quality and Safety Committee* Information Governance Committee* Remuneration and Terms of Service Committee*	Equality
Rhiannon Beaumont-Wood* 	Director of Nursing	Quality and Safety Committee*	
Ruth Davies* 	Director of Workforce and Organisational Development	Remuneration and Terms of Service Committee*	
Chris Lines* 	Director of Communications		Welsh language
Stephanie Wilkins* 	Trade Union representative (UNITE)		
Renata Leonardi-Jones* 	Trade Union representative (UNISON)		

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

The following table outlines dates of Board and Committee meetings held during 2014/15, highlighting any meetings that were inquorate:

Table 2.2 Board and Committee meetings held during 2014/15

Board/Committee	2014-15						
Board	29 Apr	26 Jun	29 Jul	25 Sept	27 Nov	29 Jan	26 Mar
Audit	8 May	5 Jun	11 Sept	17 Dec	12 Mar		
Quality & Safety	22 Apr	23 July	21 Oct	22 Jan			
Information Governance	5 Jun	27 Oct	17 Dec	12 Mar			
Remuneration & Terms of Service Committee	21 Jan	26 Feb					

Quorate

Inquorate

Where meetings were inquorate the Committee Chair ensured that escalation arrangements were in place to ensure that any matters of significant concern that could not be brought to the attention of the Committee could be raised with the Trust Chair. Where meetings were inquorate, any decisions were put to the next

Committee meeting for ratification.

2.3 Board Committees

The Board has established five standing Board Committees, chaired by Non Executive Directors, that have key roles in relation to the system of governance and assurance, decision making, scrutiny, development discussions, an assessment of current risks and performance monitoring. Committee papers and minutes for each meeting are published on the Public Health Wales website. The chairs of the Committees provide verbal reports to the Board meeting following each Committee meeting. Minutes of Committee meetings are also presented to the Board once approved by the relevant Committee. Each Committee also produces an annual report, which provide a summary of business undertaken during the year. Copies of these reports are available on the Public Health Wales website. The Committee annual reports provide the Board with assurance that the Committees are working effectively and contribute to the overall assessment of Board effectiveness.

There is common membership between the Committees to ensure integration with each other in relevant areas. The Terms of Reference for the Committees were reviewed and updates were approved by the Board in July 2014. The review ensured that there were no overlaps or obvious gaps in roles and responsibilities for each of the Committees.

In addition, Public Health Wales has established a Charitable Funds Committee. This Committee has not met, as charitable funds are currently administered by Velindre NHS Trust on Public Health Wales' behalf. The Board has agreed that in the interest of cost effectiveness, Velindre NHS Trust will continue to administer charitable funds on behalf of Public Health Wales.





A new Developing the Organisation Board Committee was established by the Board in September 2014. The Committee was established to oversee the strategic priority of developing the organisation, as detailed in our three year Integrated Medium Term Plan. The Committee will commence work in 2015/16.

The following paragraphs provide highlights of reports received by Committees throughout the year. These

highlights provide evidence of the governance framework working in practice.

2.3.1 The Audit Committee

The Audit Committee met five times during 2014/15 and was quorate on four occasions. The Audit 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 Audit Committee received and discussed a number of reports produced by internal audit. These are listed in the table below, together with the assurance rating provided:

Report	Level of assurance provided			
	 No assurance	 Limited assurance	 Reasonable assurance	 Substantial assurance
Sustainability reporting				✓
Annual Quality Statement				✓
Main financial systems				✓
Asbestos management (follow-up)				✓
Claims management				✓
Incident management				✓
Standards for Health Services				✓
Performance reporting			✓	
Risk management		✓		
Appointment and management of temporary staff		✓		

Where limited assurance was provided the Committee took the following action:

Risk Management:

- Review of risk management arrangements with responsibility for risk management moving from Board Secretary to Executive Director of Quality, Nursing and Allied Health Professionals
- Risk register has been redesigned into a clearer format
- Board has received risk management training and a training programme for staff is being prepared for rollout across the organisation
- The risk management policy has been reviewed and updated

Appointment and management of temporary staff:

- Recruitment to a Selection specialist role has been approved
- Attraction and selection policy will be developed
- A procedure will be developed for obtaining agency staff
- All Directors have been asked to sign off any temporary staff appointments for a duration of more than three months

The Committee received the structured assessment from the Wales Audit Office in December 2014. The report concluded that:

- Sound financial management continue to ensure the Trust breaks even and to meeting savings targets
- The Trust has improved its focus on its strategic and operational priorities, and related risks, and its governance arrangements, though some aspects are improving too slowly
- Arrangements for seeking and responding to service user feedback are improving

Some recommendations were made relating to identifying and recording divisional risks; service user experience; and information governance. In response to the recommendation on risk, the risk register was reviewed and updated. The Structured Assessment also recommended that the Board should consider receiving a service user story at Board meetings, in the absence of reporting measures of service user experience. Service user stories are now received at each Quality and Safety Committee and are received at every other Board meeting. In relation to Information Governance, the Structured Assessment recommended that we should move to completing the

work underway for mapping of information flows in relation to person identifiable information. This work is nearing completion and will be concluded during 2015/16. The Committee was able to provide assurance to the Board that the recommendations would be monitored closely by the Committee throughout the year. In addition the Quality and Safety Committee would monitor the service user experience recommendations and the Information Governance Committee would monitor the Information Governance recommendations.

The Committee also scrutinised the Counter Fraud standards self assessment review tool where Public Health Wales had been awarded an overall level of 'green' for risk against the contracts and standards.

During the year the Chair of the Audit Committee worked with the Board Secretary to review the risk management process for the organisation. This was completed alongside the Internal Audit review into risk management arrangements. The review has led to a simplified risk register and a revision of the risk management policy and process. Both of which were also actions identified following the Internal Audit review. The Committee has taken an in depth review of specific risks to seek assurance that risks are being managed appropriately by the relevant Executive lead and ensure that mitigating actions are in place.

NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Audit Committee receives reports from the internal audit function at NHS Wales Shared Services Partnership 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.

2.3.2 The Quality and Safety Committee

The Quality and Safety Committee met four times during 2014/15 and was quorate on three occasions.

At the beginning of each meeting the Committee received a story from a service user or member of staff. The stories include lessons learnt and action taken in response to the key messages from the story. This ensures the Committee is engaged fully with the Service User Experience and Learning Panel and brings scrutiny and emphasis on placing service users at the centre of improving, developing and planning services.

The Committee has continued to monitor the level of compliance of statutory and mandatory training requirements and received regular updates on actions to be taken, or already in place, to improve compliance. Data received by the Committee during the year demonstrated a welcome significant improvement in compliance by end of March 2015.

A number of discussions have taken place with the Committee during the year regarding the need to strengthen quality, safety and quality improvement arrangements in Public Health Wales. This has, primarily, been in response to a number of recent inquiries into quality, safety and governance arrangements in the NHS. As part of this work the Executive Director of Public Health Services and the Director of Nursing have completed a review of clinical governance arrangements in the organisation. This has contributed to discussions at the Committee which have focused on the Committees role in providing oversight and scrutiny of the systems and processes in place at different levels in the organisation. Improvements which were identified during the discussions will be taken forward in the context of the three year Integrated Medium Term Plan.

The Quality and Safety Committee regularly reviews all serious incidents reporting within Public Health Wales. For each serious incident the Committee queries what lessons have been learnt from the incident and what improvements have been made as a consequence. The Committee also reviews and considers claims under the NHS Wales redress scheme. Two settlements under this scheme were made during 2014/15.

2.3.3 The Information Governance Committee

The Information Governance Committee met four times during 2014/15 and was quorate on each occasion.

The Committee receive regular reports on information governance incidents and the lessons learnt from the incidents. The Committee noted that a number of the incidents related to failure in staff following information governance procedures. The Committee requested that a formal system of auditing staff and premises be implemented to reiterate the responsibilities of staff and to monitor information governance compliance. A system of audits was started in January 2015 and the

Committee will receive reports from the audits on a regular basis during 2015/16.

The Committee has continued to monitor an ongoing risk relating to the removal of section 251 support (which ensured compliance with the Data Protection Act, removing the need to obtain explicit consent). It was reported last year that the risk had reduced significantly following action by, and pressure bought by the Committee. The Committee continued to monitor the risk during 2014/15 and noted during the year that very little progress had been made. A Memorandum of Understanding (MOU) is required between the Welsh Government and Department of Health in order to resolve the issue fully. An MOU has not yet been issued, so the Committee agreed a proposed draft MOU which has been shared with the Welsh Government for their consideration and to assist in bring the matter to a conclusion. The Committee has agreed to continue to apply pressure where appropriate to ensure this issue is resolved.

The Committee has also continued to monitor an ongoing risk relating to EU data protection. The issue has been raised with MEPs and the UK Government and no further action can be taken by the Committee until decisions have been made at a European level.

The Information Governance Committee receives summaries and reports on all Information Governance incidents and 'near misses' reported through the Trust's incident management system. All serious incidents are reported fully to the Committee and Welsh Government and full Root Cause Analysis investigations are undertaken.

2.3.4 The Remuneration and Terms of Service Committee

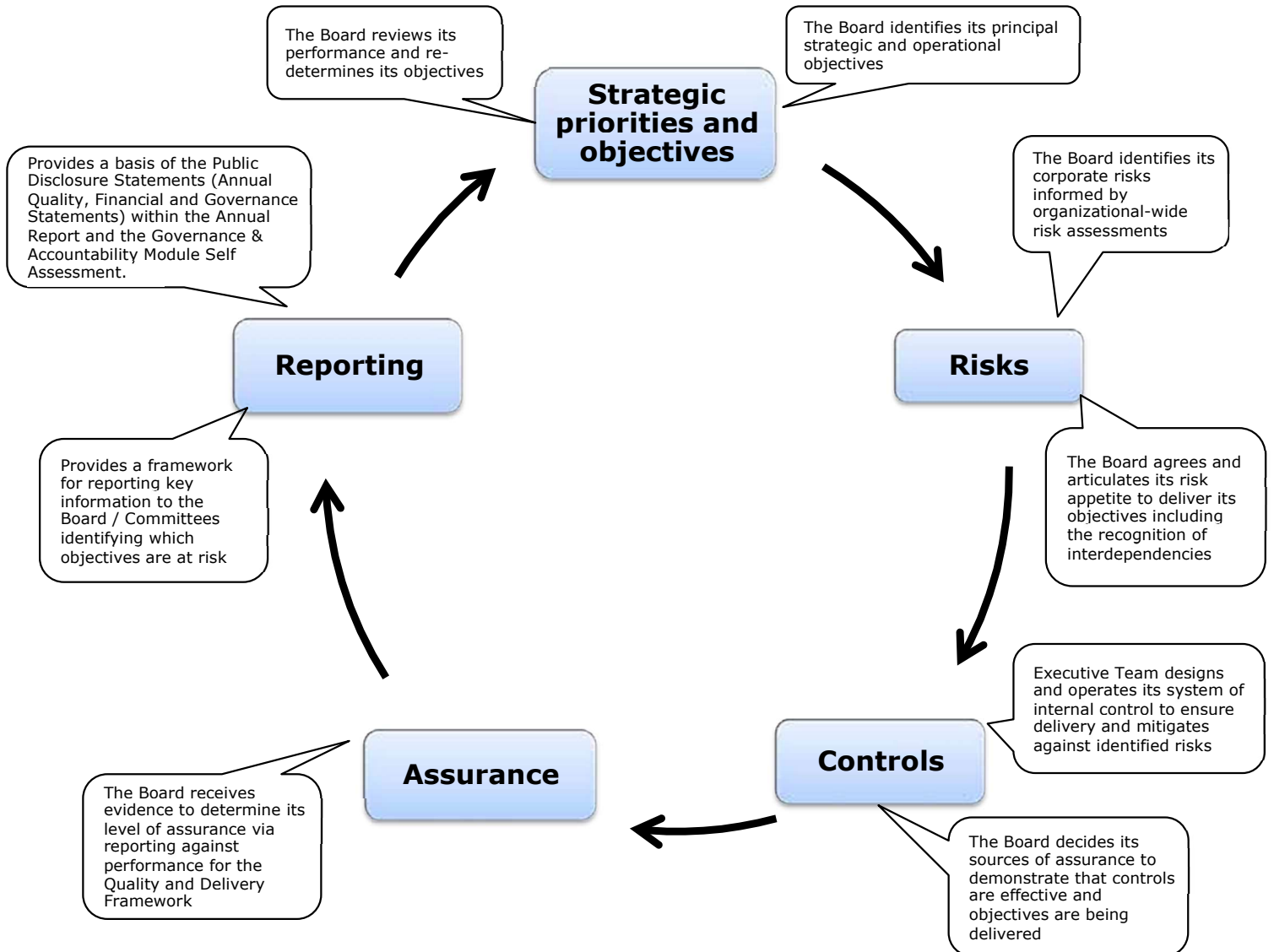
The Remuneration and Terms of Service Committee met twice during 2014/15 and was quorate on each occasion. As a result of the national pay freeze, which has been observed in Public Health Wales, the Committee mostly considered applications in respect of the voluntary early release scheme. In April 2014, the Committee considered the Remuneration of the Director of Nursing, following a re-evaluation of the job description.

2.3.5 Advisory groups

In support of the Board we also have a Staff Partnership Forum, Joint Medical and Dental

Negotiating Group and a Joint Negotiating Committee. More information on these groups is provided at section 8.7. We do not have a Stakeholder Reference Group.

Figure 3 System of Internal Control



The system of internal control has been in place in the Trust for the year ended 31 March 2015, and up to the date of approval of the Annual Report and Accounts.

The Board Assurance Framework is used to monitor, proactively seek assurance and ensure shortfalls are

3 System of Internal Control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational 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.

addressed through the scrutiny of the Board and its Committees. The flow diagram below describes the assurance framework for the organisation.

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

4 Capacity to handle risk

Risk is an inevitable and ever present element of our daily working lives. In order for us to deliver on our objectives, allow innovation and create opportunities, we must take risks. Therefore, if properly planned and constructively managed, taking risks can provide us with opportunities to develop and deliver services in new and innovative ways.

Risks are a perfectly acceptable part of what we do. It's how we identify, assess and control these risks which is important. We recognise that, from time to time, things will go wrong and failures will occur. It is important that we learn from our failures, along with those from elsewhere, and use these experiences to help inform and improve our services and practices. The Board has received training on risk appetite. More work is planned for 2015/16 for the Board to assess different programmes and functions and agree the risk tolerance level for each area. As part of this process the Board will also agree a risk appetite statement.

The management of risk is therefore an essential organisational function with the Board taking overall responsibility for ensuring that effective risk management arrangements are in place and the Executive Team is responsible for the overall management of risk on a day-to-day basis.

In addition, we capture risks at every level in the organisation, from day to day risks faced by the staff on the ground, to the strategic risks at Board level. Individual divisions, service areas, teams, programmes and laboratories are responsible for maintaining their own risk registers. These risks are prioritised according to a wide range of criteria, enabling principal risks to be escalated to the Board. Risks are allocated to Executive leads and are reviewed at each Executive Team meeting.

Divisional Directors review their divisional risks regularly, ensure action plans are in place and monitor progress against the action plans.

The Board receives the corporate risk register regularly and has reviewed the assurance in place for each risk. The Audit Committee has reviewed the risk management process and provided assurance to the Board on the system of assurance. The Information Governance Committee has reviewed and scrutinised all information governance risks. The Quality and Safety Committee has reviewed all risks relating to quality and safety.

In December 2014, the Wales Audit Office Structured Assessment reported that *the Trust has improved its focus on its strategic and operational priorities, and related risks, and its governance arrangements, though some aspects are improving too slowly*. The report recommended that *'the way in which corporate and divisional risks and mitigating actions are described can be confusing to the reader. Before presenting the risk register to the next meeting of the Board, the Trust should review each risk and respective mitigating actions to ensure greater clarity for the reader'*. The Board has accepted this recommendation and taken action to provide greater clarity. The format of the risk register has been revised. The Audit Committee also received an internal audit review into risk management arrangements which identified a number of areas for improvement (see section 2.2.1).

We have continued to develop and embed our approach to risk management. We identified a need to review the risk management process to ensure risk is embedded across the organisation and linked to our three year integrated plan. During the year we updated the Risk Management policy and introduced a supporting risk assessment procedure. The Board received risk management training at a session in February 2015.

As part of the planning process for 2014/15 sixteen high level risks were identified as an accurate reflection of the main risks which could prevent, or delay, the organisation meeting its objectives and priorities. Each risk was identified as a risk to *strategic delivery*. During the year, the risk register was continuously reviewed and updated. An example of action taken to mitigate risks is the risk which was considered extreme at the beginning of the year and which was, therefore, closely monitored by the Board and Executive Team. This was a risk relating to the achievement of specific smoking cessation targets. Action was taken to change the way in which the Stop Smoking Wales service was delivered in order to improve access and performance, and there was an increase in social media and mass marketing campaigns to encourage more people to access the

service. Following the action taken, the risk was reduced from extreme to high.

As part of the planning process and development of the three year Integrated Medium Term Plan, which included full engagement with stakeholders, the sixteen high level risks were reviewed and consolidated into nine corporate risks. 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.

The risk register is published on the Public Health Wales website (<http://www.publichealthwales.wales.nhs.uk>) with the Board papers for each Board meeting. The published register provides more details regarding the nature of the risk and the mitigating actions being taken by the organisation.

We report all serious incidents to the Quality and Safety Committee and Welsh Government in full. Root Cause Analysis investigations are also undertaken. The Committee also monitors progress against actions identified to ensure that they are completed within the timescales set. In 2014/15 we reported a total of three Serious Incidents to the Welsh Government. All Serious Incidents are reported by the Screening Division. Two relate to procedural issues and a serious incident team was set up to review the issues, find the causes and identify lessons to be learnt. Further training was provided as a result of the incidents and increased scrutiny was added into the standard procedures to reduce the likelihood of similar incidents happening in future. The third incident related to a reduction in capacity of the service due to an unplanned absence. It identified the fragility of the service and action was taken to work with the health board to increase resilience within the service. Each case was reviewed thoroughly and reported to the Quality and Safety Committee through the Putting Things Right highlights report which can be found on the Quality and Safety Committee website (<http://www.wales.nhs.uk/sitesplus/888/page/64585#qual>). The Quality and Safety Committee also ensures that lessons are learnt from serious incidents and that these lessons are embedded in future practices. During the year an internal audit review was completed on incident reporting and substantial assurance was provided.

The NHS Wales Shared Services Partnership, Audit and Assurance Services provide our internal audit function. Their programme of reviews provides an independent

and objective opinion on the adequacy of the systems of risk management, control and governance by measuring and evaluating effectiveness.

5 Doing Well, Doing Better: Standards for Health Services in Wales

We use the *Doing Well, Doing Better: Standards for Health Services in Wales* as our framework for gaining assurance on our ability to fulfil our aims and objectives for the delivery of safe, high quality health services. This involves us completing a self assessment of performance against the standards across all activities and at all levels throughout the organisation. An evaluation of this self assessment is undertaken by the Audit and Assurance Service and a plan for improvement is developed, which is further considered by the Quality and Safety Committee.

As part of this process, we complete the Governance & Accountability assessment module and have:

- openly assessed performance using the maturity matrix
- responded, where received, to feedback from Healthcare Inspectorate Wales. No feedback was received during 2014/15
- put plans in place to achieve the improvement actions identified within clearly defined timescales proportionate to the risk.

Areas for improvement have been identified and are reflected in the actions identified from the Standards for Health Services in Wales self assessment. Progress against these actions is monitored and reported on a quarterly basis to the Executive Team and the Quality and Safety Committee and reports are available on the Public Health Wales website

(<http://www.publichealthwales.wales.nhs.uk>). The following improvements were identified and completed during the year:

Standard 5: Citizen Engagement and Feedback Our Public and Stakeholder Engagement Strategy sets out the approach for formally gathering feedback from the public and stakeholders. The impact of the strategy had not been evaluated. This will be reviewed and an action plan will be developed to support implementation and evaluation.

Standard 26: Workforce Training and Organisational Development

Compliance with statutory and mandatory training required improvement. A Statutory and Mandatory Training Policy was approved and awareness raising was rolled out during the year. Compliance in all statutory and higher mandatory areas has increased

and additional training sessions have been booked for 2015/16.

We considered the following levels of performance for 2014/15. Also included is a comparison with scores achieved in previous years. The organisation is constantly changing. We recognise, as the organisation has evolved and grown over the years, that there are always new areas which require improvement. Therefore, the overall scores have remained the same for the past four years.

Public Health Wales NHS Trust					
	Do not yet have a clear, agreed understanding of where they are (or how they are doing) and what / where they need to improve	Are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action	Are developing plans and processes and can demonstrate progress with some of their key areas for improvement	Have well developed plans and processes and can demonstrate sustainable improvement throughout the organisation / business	Can demonstrate sustained good practice and innovation that is shared throughout the organisation/ business, and which others can learn from
Setting the Direction			* ° X		
Enabling Delivery			* ° X		
Delivering results achieving excellence			* ° X		
Overall			* ° X		

* 2012/13

° 2013/14 X

2014/15

This process has been subject to independent internal assurance by the organisation's Head of Internal Audit. No recommendations arose from this assurance process. The Quality and Safety Committee is responsible for the monitoring of progress against the Corporate Standards for Health Services Improvement Plan.

The Standards for Health Services are embedded within our activities and structures. Each of the Corporate Standards for Health Services has an Executive Lead and nominated Corporate Lead, along with a responsible Board Committee. In addition, the revised Healthcare Standards are built into relevant Policies and Procedures as appropriate.

Divisional Directors are also required to develop and lead arrangements to cascade and embed the standards that are relevant to their work. To assist with this a **protocol** has been developed to provide

staff with details of their roles and responsibilities in relation to the management of the Standards for Health Services.

6 UK Corporate Governance Code

We are required to comply with the *UK Corporate Governance Code: corporate governance in central government departments: code of good practice 2011*. The information provided in this Governance Statement provides an assessment of how we comply with the main principles of the Code as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the organisation's assessment against the Governance and Accountability Module undertaken by the Board and also evidenced by 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 Trust's

wider Annual Report. There have been no reported departures from the Corporate Governance Code.

7 Integrated Medium Term Plan

We developed a draft Integrated Medium Term Plan, which was approved by our Board in March 2014. However, our administrative duty was not met, as further work was required and the plan was not approved by the Minister at that time. The Board also approved a one year operational plan for 2014/15.

The operational plan supports the aims and policies of the Welsh Government and fits within the *NHS Wales Planning Framework*. The plan guides the delivery of our **strategy** and the achievement of a healthier, happier and fairer Wales through our three commitments *improve health and wellbeing and reduce health inequalities; improve the quality, equity and effectiveness of healthcare services; and protect people from infectious and environmental hazards*. It demonstrates financial balance and covers a one year period for 2014/15.

Performance against the one year plan was reported to the Board on a quarterly basis. Reports included a mixture of quantitative and qualitative measures to assess performance internally and externally against the organisation's strategic objectives and the targets set in the Quality and Delivery Framework. This has maintained an improvement in performance reporting to the Board. This has also assisted a more integrated approach to finance, workforce and service planning and provides a clearer approach to demonstrating achievement of the organisation's objectives. We achieved a balanced financial position at the end of 2014/15 and achieved all savings targets as outlined in the one year operational plan.

We have reviewed our plan during the year to ensure it continues to meet our needs and those of our partners and stakeholders. Our Board held a strategy day in July 2014 where it discussed the organisational aim of achieving a healthier, happier and fairer Wales and the best way we could achieve this aim. This was followed by three stakeholder events which involved extensive discussions with partners. We identified set of key priorities that will have maximum impact on improving the health of, and reducing health inequalities, in our population. A plan for 2015-18 has been developed taking account of the shared priorities agreed at the series of workshops held during 2014. This three year

Integrated Medium Term Plan was approved by our Board on 26 March 2015 and was subsequently approved by the Minister for Health and Social Services on 2 June 2015. A new one year operational plan explaining how we will deliver the first year of the Plan was approved by the Board in April 2015.

8 Additional Assurance Disclosures

8.1 Ministerial Directions

Whilst Ministerial Directions are received by Local Health Boards, these are not always applicable to Public Health Wales. All Ministerial Directions issued throughout the year are listed on the Welsh Governance website (<http://gov.wales/legislation/subordinate/nonsi/?lang=en>). During 2014/15 six Non-Statutory Instruments were issued by the Welsh Government. Each of these were aimed specifically at services which are delivered by health boards, so no action was required by Public Health Wales.

In addition to the above Non-Statutory Instruments Public Health Wales receives letters from the Minister where we are required to take action. Any letters which are received are reported at each Board meeting in the Board Secretary's Governance report, with further information on what action has been taken in response to the letter.

In September 2014, the Welsh Government reintroduced Welsh Health Circulars, which replaced Ministerial letters. Public Health Wales has acted upon, and responded to, all Welsh Health Circulars which have been issued since September 2014 and which were applicable to Public Health Wales.

8.2 1000 Lives Improvement

The 1000 Lives Improvement team is part of Public Health Wales. The team develops and provides active improvement support for the NHS, with the NHS.

The Public Health Wales approach to quality has been reviewed as part of a wider review of clinical governance arrangements. The Executive Team structure has also been revised which has created a new directorate which will incorporate the 1000 Lives Improvement team.

The 1000 Lives Improvement team delivers service improvement expertise and to builds improvement skills capacity in Public Health Wales and the wider NHS

in Wales. 1000 Lives improvement is a key resource for driving quality improvement in the NHS. This is primarily achieved through the Improving Quality Together learning programme which provides a common language for quality.

8.3 Hosted Bodies

During 2014/15, Public Health Wales agreed to host two bodies:

8.3.1 Bevan Commission

The Bevan Commission provides independent advice to the Minister for Health and Services on the delivery of the Welsh Government's Prudent Healthcare Programme for Wales. Public Health Wales has agreed to host the Bevan Commission until March 2016 and has put in place a hosting agreement which provided details of the responsibilities of the Public Health Wales Board and the hosted body. A Director and two members of staff are employed by Public Health Wales as the Core Support Team for the Bevan Commission. The Chair of the Bevan Commission is also the Chair of Public Health Wales and protocols have been followed to ensure there are no conflicts of interest.

8.3.2 NHS Wales Collaborative

The NHS Wales Collaborative brings together the South Wales Collaborative; the Programme Management Unit and the Chief Executives Support Unit. The Collaborative was established on 1 February 2015 and a hosting agreement is being prepared between Public Health Wales and the NHS Chief Executive Management Team. The hosting agreement, once approved, will provide details of the responsibilities of the Public Health Wales Board and the hosted body.

8.4 Civil Contingencies/Business Continuity

We have an Emergency Response Plan which details the organisation's response to a wide range of incidents and threats. The plan provides an overarching framework for our response to incidents and outbreaks, including the mobilisation of additional resources. This plan was put to the test during the NATO Summit held in Newport on 3 – 5 September 2014. The recent outbreak of Ebola Virus Disease in

West Africa has also triggered our Emergency Response Plan.

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 and the Adaptation Reporting requirements are complied with. We monitor our Carbon footprint using 2014/15 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do.

Key divisions within Public Health Wales, such as Screening, Health Protection and Microbiology, have established business continuity arrangements in place. As part of these arrangements, relevant staff are aware of their duties as described within the plans. The Information management and technology installed infrastructure has been tested to ensure the network is available across multiple sites in the event of local emergencies or one or more buildings suffering unforeseen problems.

8.5 Sustainability

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

Public Health Wales is fully engaged in the Welsh Government's development of the Wellbeing of Future Generations Bill. The Bill aims to tackle the generational challenges Wales faces in a more robust, joined up and integrated way. The Bill will place a new well-being duty on public bodies in Wales to carry out sustainable development which includes setting and publishing well-being objectives that are designed to maximise the contribution to achieving each of the well-being goals set out in the Bill.

8.6 Equality

A Strategic Equality Plan was adopted by the Board in April 2012. The plan details the actions we are taking to address and improve equality related issues in all parts of the organisations. The plan also laid out an additional objective to 'embed Equalities into organisational performance and Executive and Board Decision Making'. As part of the plan, all new and revised policies and strategies are subject to an equality impact assessment (EQIA).

An equality group has been established to oversee the strategic equality plan, to ensure under-represented groups are properly considered and that measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

8.7 Staff

We engage with our staff in a number of ways which are part of the checks and balances we undertake to enable good governance. Formal consultative fora are well established through the Partnership Forum, Joint Medical and Dental Negotiating Group, and the Joint Negotiating Committee for Agenda for Change staff. Representatives from the Partnership Forum attend and contribute to Board meetings as full, non-voting members. 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 and regular staff feedback using e-surveys. 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. Staff events were held in the autumn of 2014 where staff were invited to contribute to the new strategy which has been developed.

A leadership and development programme has been developed in response to our ambitious three year Integrated Medium Term Plan, a substantial programme of change and in response to staff feedback. The programme for staff includes strengthening staff understanding of their governance responsibilities. Two modules of the programme were piloted in 2015 and the remaining areas will be rolled out during 2015/16.

As an employer with staff entitled to membership of the NHS Pension Scheme, we have control measures in place to ensure all employer obligations contained within the Scheme's 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 12 to the accounts provides details of the scheme, how it operates and the entitlement of employees.

9 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the systems 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. The following text provides examples of the review of effectiveness which has been undertaken throughout the year.

9.1 Internal Audit

Internal Audit provides me as Accounting Officer, and the Board through the Audit Committee, with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee, and is focused on significant risk areas and local improvement priorities approved by the Board.

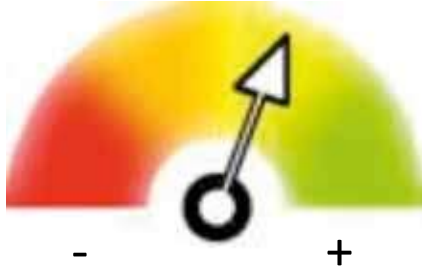
The overall opinion by the Head of Internal Audit, NHS Wales Shared Services Partnership on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for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

The Head of Internal Audit has concluded:

*"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.”

Reasonable assurance



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.

In reaching this opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively, with the only exceptions being risk management and the recruitment and appointment of temporary staffing, where limited assurance was provided. Further information about the recommendations made and subsequent action taken is provided in section 2.2.1. The Audit Committee tracks all recommendations made by the Head of Internal Audit and ensures that they are addressed within the organisation.

9.2 Counter Fraud

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales. Their work plan for 2014/15 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 Committee. The Audit Committee received the counter fraud and corruption annual report for 2014/15 and the local counter fraud specialist provided the following declaration:

I declare that the Anti-Fraud, Bribery and Corruption work carried out during the financial year 2014/15, within the Public Health Wales NHS Trust, has been self reviewed against the NHS Protect Standards for Providers - Fraud, Bribery and Corruption/ NHS Standard Contract and the rating as detailed in Appendix 4 (green for all standards) has been achieved.

9.3 External Audit – Wales Audit Office

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office undertakes the external auditor role for Public Health Wales on behalf of the Auditor General. The Wales Audit Office completed their Structured Assessment for 2014/15 and overall they concluded that:

- Sound financial management continue to ensure the Trust breaks even and to meeting savings targets
- The Trust has improved its focus on its strategic and operational priorities, and related risks, and its governance arrangements, though some aspects are improving too slowly
- Arrangements for seeking and responding to service user feedback are improving

Some recommendations were made relating to identifying and recording divisional risks; service user experience; and information governance. The Audit Committee tracks all recommendations made by the Wales Audit Office and ensures that they are addressed within the organisation.

9.4 Information Security

Public Health Wales did not report any data security lapses during 2014/15.

Sustainability Report 2014-2015

Overview

The annual Sustainability Report provides a summary of the organisation's performance during 2014/15, including information on our key achievements. In particular, this includes the Our Space programme and work to support the Future Generations and Wellbeing Bill, which reflects our ongoing commitment to embedding sustainable development and delivering real performance improvements within this area. The report conforms to the public sector requirements as set out in the FReM, supplemented by HMT Guidance: 'Sustainability Reporting in the Public Sector.'

Key achievements during 2014/15

Our Space Programme

The Our Space Programme has made significant progress over the last year to consolidate the current number of premises occupied by Public Health Wales and create 'a workplace for the future.' The programme sets out to provide a premise that is sustainable and energy efficient, providing a modern, fit for purpose, environmentally sustainable office environment. This will include energy efficiency by design, e.g. the maximum use of natural light, recycling facilities and the use of recycled materials.

The planned consolidation of Public Health Wales facilities, as part of Our Space, will have a beneficial impact in terms of potential energy savings. The consolidation of Public Health Wales premises will ensure a far more robust reporting and recording system. This will allow for definitive utility usage consumption reporting, cost analysis and energy goal saving initiatives (to be developed), whilst also reducing the need for business travel.

Our Space looks to provide a platform for future environmental and sustainability performance

comparisons and environmental improvements, ensuring a reduction in both the Public Health Wales carbon footprint and overall operating costs.

Wellbeing of Future Generations (Wales) Act

Public Health Wales continues to engage in the development of the Wellbeing of Future Generations (Wales) Act. During 2014/15, we held an engagement exercise with staff to contribute to the '*Wales we want*' national conversation and to raise awareness of sustainability initiatives within Public Health Wales.

Increased use of technology and reducing the need for business travel

Through the use of technology, Public Health Wales has taken the first steps in harnessing renewable energy by commissioning the installation of solar panels at Magden Park. It is projected that this will save approximately

£10,000 per year on current consumption costs. During 2015/16, further scoping work will be undertaken to ascertain whether alternative energy solutions can be installed in other premises.

In 2014/15, a total of £35,688 was invested in video conferencing equipment in five additional sites across Wales.

Internal Audit

Internal Audit undertook a review of the Sustainability Report in August 2014. Substantial assurance was given as to the effectiveness of the system of internal control in place to manage the risk associated with the production of the Sustainability Report. A number of actions were recommended as part of the review, which have been completed and implemented into the reporting process.

Overview of performance

The purpose of this section is to provide a summary of Public Health Wales' performance during 2014/15. The information provided aims to conform to the requirements for public sector bodies reporting on sustainability, which are set out in the International Financial Reporting Standards (IFRS) NHS Wales Manual for Accounts and supplemented by HM Treasury Guidance: *'Sustainability Reporting in the Public Sector.'*

Estate

The Public Health Wales estate is located across Wales and comprises of 54 properties. The current portfolio

consists of properties that are owned, leased or provided by/shared with other NHS organisations. The primary limitation for accurate reporting and availability of sustainability data is the size and diversity of the Public Health Wales estate. As a result of the current structure, financial and non-financial information is only available for 17 premises.

Data limitations

A number of other limitations on the provision of data include:

- Public Health Wales uses a number of different energy providers. Whilst this can make good business sense, it results in difficulties in obtaining and collating sustainability data.
- The estate is extremely varied in terms of age, location and type of construction. These are all factors that will impact upon sustainability and energy efficiency performance.
- Sustainability data can only be provided where there is accurate and robust metering for the utilities being supplied
- Metering provided by the utility companies can be located within areas not accessible to members of Public Health Wales staff or through the interrogation of the premises Building Engineering Management System (BEMS).
- Where Public Health Wales are hosted within health boards many are unable to provide equivalent consumption and energy costs.
- Public Health Wales often occupies very small areas of shared premises where consumption is low and installation of additional metering is not always viable.
- Individual metering for the Public Health Wales occupied areas is not always available, hosts are unable to provide accurate energy consumption data and costs based on units used.

Summary of 2014/15 performance¹

Area	Financial Indicator			Consumption			Emmissions (1000 Tonnes of CO ₂)		
	12/13	13/14	14/15	12/13	13/14	14/15	12/13	13/14	14/15
Official business travel	£696,256	£902,635	£681,475	1,600,453 business miles	1,775,880 business miles	1,326,496 business miles	490	541	396 ²
Estate Energy - electricity	£174,815	£160,129	£160,291.37 ³	682,684 kWh	1,010,967 kWh ⁴	968,353 kWh	304	500	479 ⁵
Estate Energy - gas	£69,134	£51,868	£49,559.57 ⁶	717,396 kWh	1,008,418 kWh ⁷	704,317 kWh	132	187	130 ⁸
Estate Water	£16,373	£11,733	£12,726.12 ⁹	3,318 Cu.metres	14,889 Cu.metres	3,598.88 Cu.metres ¹⁰	N/A	N/A	N/A
Estate Waste	£7,021	£6,308	£12,429.15 ¹¹	1,331,390 Litres	13.5 Tonnes	4.639 Tonnes ¹²	N/A	N/A	N/A
Total	£963,599	£1,132,673	£916,481	N/A	N/A	N/A	926	1,228	1005

¹ The figures detailed in the performance table show a number of changes in comparison to figures in 2013/14, although comparison to previous years is challenging due to the data reporting issues detailed.

² Calculated using the Department for Environment Food and Rural Affairs Greenhouse Gas Conversion Factor Repository

³ Information included on the following sites – 18 Cathedral Rd; 14 Cathedral Rd; BTW Llandudno; BTW Wrexham; BTW Swansea; Temple of Peace; Oldway Centre; Churchill House; Units 4,5 & 6 Magden Park; Charnwood Court Nantgarw; Llys Castan; Mamhilad; Unit 12 Monmouth Walk

⁴ Information included on the following sites – 18 Cathedral Rd; 14 Cathedral Rd; BTW Llandudno; BTW Wrexham; BTW Swansea; Temple of Peace; Churchill House; Units 4,5 & 6 Magden Park; Charnwood Court Nantgarw; Unit 12 Monmouth Walk

⁵ Calculated using the Department for Environment Food and Rural Affairs Greenhouse Gas Conversion Factor Repository

⁶ Information included on the following sites – 18 Cathedral Rd; 14 Cathedral Rd; St. Davids Parkway; BTW Swansea; Temple of Peace; Oldway Centre; Charnwood Court Nantgarw; Mamhilad

⁷ Information included on the following sites – 18 Cathedral Rd; 14 Cathedral Rd; St. Davids Parkway; BTW Swansea; Temple of Peace; Charnwood Court Nantgarw

⁸ Calculated using the Department for Environment Food and Rural Affairs Greenhouse Gas Conversion Factor Repository

⁹ Information included on the following sites – 18 Cathedral Rd; 14 Cathedral Rd; St. Davids Parkway; BTW Wrexham; BTW Swansea; Temple of Peace; Oldway Centre; Units 4,5 & 6 Magden Park; Charnwood Court Nantgarw; Llys Castan; Mamhilad

¹⁰ Information included on the following sites – 14 Cathedral Rd; St. Davids Parkway; BTW Swansea; Temple of Peace; Charnwood Court Nantgarw; Mamhilad

¹¹ Information included on the following sites – 14 Cathedral Rd; BTW Swansea; Temple of Peace; Churchill House; Units 4,5 & 6 Magden Park; Llys Castan; Clywdian House;

¹² Information included on the following sites – 14 Cathedral Rd; Temple of Peace; Churchill House;

Commentary of performance

The figures detailed in the performance table show a number of changes in comparison to figures in 2013/14, although comparison to previous years is challenging due to the data reporting issues detailed.

Key points

- Decreased business mileage as a result of increased use of video conferencing and improved finance procedures, providing staff with more options to book and pay for public transport.
- Overall electricity consumption has dropped slightly, although costs have remained the same. The reasoning for this is that decreases in energy costs during the latter part of 2014, are unlikely as yet to have been passed onto the customer or contractual arrangements are such that unit costs are locked for the period of the contract.

- There has been a reported drop in gas consumption for the period 2014/15 compared to that of 2013/14. This is due to the unavailability of data during the reporting period.
- There has been a minor change in the cost of water (increased by £993.12). Water charges have generally been available whereby water consumption data has not.
- Reporting on waste has generally remained consistent in terms of the amount premises reporting on its disposal. The charges for the disposal of waste have increased significantly over this reporting period compared to those of the previous period, although overall the amount of waste has reduced.

- As part of the Our Space programme, ensure that sustainability continues to the fore as part of the decision making process
- Engage with the host health boards as to the possibility of providing equivalent consumption and energy costs
- Engagement with the Carbon Trust to identify further energy savings solutions and reduce the organisation's carbon footprint
- Further adoption of renewable energy resources where estate geography and finance allows
- Consider as a matter of course energy saving measures

Environmental Management Governance

Responsibility for sustainability and facilities transferred to the Deputy Chief Executive/Director of Operations and Finance during 2014/15. Issues will continue to be reported to the Board/Executive Team through the monthly report.

Working towards ISO 14001

We continue to make progress towards achieving ISO 14001. Whilst progress to date has been slow, it is anticipated that developments to achieve this standard will advance considerably. Public Health Wales has engaged with Velindre NHS Trust to discuss their experience and what is required to work towards obtaining ISO 14001.

Reporting process development and collection of data

Significant steps have been made in the reporting process and collection of data during 2014/15. Further work will be undertaken during 2015/16 to develop a reporting cycle for sustainability data, which will allow for ongoing monitoring. The Facilities Management System will also be developed further as the recording and reporting of data improves.

Key deliverables for 2015/16

- Introduce more formal measures for sustainability data collection



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Cymru
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