

Public Health Wales

Annual Report 2016 / 17



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Chair's Foreword



This is my eighth and final foreword for the Annual Report as I approach the end of my time as Chair of Public Health Wales on the 31st July. I think back not just over another busy and successful year for Public Health Wales, but also reflect on the changing public health landscape since our organisation was formed in 2009.

Some things have not changed: economic uncertainty, huge pressures on the NHS in Wales and the public health challenges facing us to realise a healthier, happier and fairer Wales remain.

Nevertheless, we can be optimistic about the future. Wales is leading the way in the legislative arena with the Welsh Government's passing the Well-being of Future Generations (Wales) Act and more recently, the Public Health (Wales) Bill. Both pieces of legislation put health at the forefront of decision making in Wales and help us all to create the Wales we want for ourselves and our children. I am immensely proud of the significant contribution Public Health Wales has made to the development of these laws and our leading role in taking them forward.

Against all these challenges, for the eighth year in a row we have returned a balanced budget – an achievement everyone in Public Health Wales can be proud of. As we enter the final year of our existing Strategy,

originally developed in 2015, we have worked hard to review our existing priorities and Strategy as part of the annual refresh process. This articulates what we will achieve through the delivery of our priorities to have maximum impact on health and wellbeing in Wales.

Public Health Wales is expertly supported and scrutinized by our dedicated Non Executive Directors. I wish to thank Professor Simon Smail who stepped into the role of Acting Chair for a period of time last year in my absence and led the organisation admirably. His devoting his time to the organisation and his enthusiasm have been a great source of comfort during my time away.

I also wish to thank Dr Carl Clowes and Professor Gareth Williams who have come to the end of their tenure with us. Both have been greatly valued, highly committed and influential members of our Board since Public Health Wales was established in 2009. I welcome our new Non Executive Directors

Jack Straw, Professor Shantini Paranjothy and Judi Rhys as Local Government, University and Third Sector members of our Board, respectively. They join us when we are considerably expanding our joint working with these most important sectors and I have no doubt that their respective knowledge, experience and expertise will be a valuable asset to the Board. They will surely enjoy the support I have gained working with a dedicated and dynamic Chief Executive, her formidable Executive Team and our greatest asset, the staff of Public Health Wales.

This Annual Report demonstrates the progress we have already made in engaging communities, individuals and our partners to achieve a common goal of a health system that meets the needs of our people in Wales and sets out how we intend to involve people in making this a reality rather than an aspiration.

Finally, and most importantly, I would like to turn again to our staff, and thank them. I am so incredibly proud of the work they do and how much we achieve because of their commitment to making a step change in the health and wellbeing of the people of Wales.

We are a relatively small organisation yet our work is known and admired worldwide and our staff must take the credit. I always enjoy talking to colleagues about their own areas of work. I'm always reminded of the diverse nature of the organisation and I am so proud of how everyone is working together to achieve a healthier, happier and fairer Wales. It has been a great privilege and a joy at work being part of a team of highly dedicated, loyal and comradely people who form Public Health Wales. I greatly look forward to watching our organisation blossom further in the coming years.

Professor Sir Mansel Aylward CB
Chairman, Public Health Wales

Statement of Accountable Officer's Responsibilities

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

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

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

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



Signed: _____

Dr Tracey Cooper

Chief Executive and Accountable Officer,
Public Health Wales

The Public Health Wales Annual Report is made up of a suite of documents that describe our work between April 2016 and March 2017. The documents can be read together or as four stand-alone documents.

- 1 Performance Report** (pages 5 - 43)
Here we set out how we have performed against our Strategic plan and the seven priorities within that Plan
- 2 Accountability Report** (pages 44 - 103)
This includes our Corporate Governance Statement, Remuneration and Staff Report and National Assembly for Wales Accountability and Audit Report
- 3 Financial Statements** (104 -109)
This report sets out the Operating and Financial Review of Public Health Wales for 2016/17. The Public Health Wales Accounts proforma can be viewed at www.publichealthwales.org/performance
- 4 Sustainability Report** (110 -127)
This section explains our commitment to sustainable development

Annual Quality Statement

Public Health Wales has also produced an Annual Quality Statement which has information about the quality of our services and what we are doing to always provide the best service to the people of Wales. Our report can be viewed at www.publichealthwales.org/performance.

Young Persons Annual Quality Statement

For the first time this year we worked with young people from across Wales and statutory/voluntary organisations to produce a Young Persons Annual Quality Statement. The young people highlighted that they wished to convey key health and wellbeing information to others in a more youth friendly and approachable manner. To empower the young people we provided communication training and supported them in highlighting their key areas of interest based on previously published Public Health Wales news stories. In addition they worked with the designers to influence the final look and feel of the publication. The document shares the work of Public Health Wales in the young people's own words.

Most of the photographs in the Annual Report were taken by members of staff, to capture living and working in Wales and Welsh culture.

Performance Report



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Chief Executive's Foreword



Welcome to the section of our Annual Report that explains how we have performed over the last year against the priorities that we have set ourselves to improve health and wellbeing and reduce health inequalities for our people in Wales.

Our aim is to create a healthier, happier and fairer Wales. As a national public health agency, our job is to focus on adding the most value and making the biggest impact on health and wellbeing.. In this section you will read more about our strategic plan and our priorities for action.

We have over 1600 people across Wales who are extremely talented, dedicated and committed to making a difference in everything they do. We undertake a wide range of activities that cover the various aspects of public health and I am very proud to share with you the work that all of our people have done over the last year in this report. There are a number of things that stand out for me personally that I feel illustrate our commitment to working differently and with others to improve the health of our population.

I have been delighted by the many examples of cross sector working that have taken place in the last year and the research and associated reports that have

been produced by teams across the organisation that are shaping policy in Wales. Our staff have also provided high quality, key services that protect the health of the population, including processing 1.3m samples in our microbiology laboratories, providing screening programmes and delivering a strong health protection service across Wales. We also have teams providing wide-ranging support to many sectors and settings to improve health and well-being across Wales and also our 1000 Lives Improvement Service have been delivering diverse advice and support to our NHS colleagues to help them improve patient safety and patient outcomes. None of this would be possible without our strong enabling functions that all align to support our people and organisation to be the best that we can be.

Quite simply, we could not achieve anything without our committed people working in collaboration to achieve shared goals.



Looking forward, we have begun a major piece of work to develop our new strategy, which will take a longer term view of our focus and priorities. We need to ensure that we add most value in addressing the needs of our population and, critically, actively listening to the voices of individuals and communities and informing all of what we do by the best available evidence.

As we do this, we are embracing the opportunities presented to us by the Well-being of Future Generations (Wales) Act. We will focus on the five ways of working that set out how we engage with individuals about improving their own wellbeing, as well as how we join forces with other organisations across Wales to ensure a better, healthier future for our present and future generations.

Finally, I would like to say a big thank you to all of our fantastic people across Public Health Wales and the wide range of partners who have worked closely with us over the last year. I also would like to say an enormous thank you to our Chairperson, Professor Sir Mansel Aylward, whose tenure comes to an end at the end of July 2017. Mansel has been a pivotal leader and driver for Public Health Wales, and public health in Wales, and has made a substantial difference to the organisation since its establishment. We will all miss Mansel hugely and we wish him well in his new chapter.

Dr Tracey Cooper

Chief Executive, Public Health Wales

INTRODUCTION

Our Strategic Plan sets out the work we are undertaking over three years to create a healthier, happier and fairer Wales.

Along with all health boards and trusts in Wales, we were required by Welsh Government to develop a strategic plan (also known as an Integrated Medium Term Plan) for 2015-18. This annual report tells you what we have done in 2016-2017, the second year of this three year cycle.

We are reporting our progress against our seven priority areas of work, which are:

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

We stay focussed on achieving our priorities because we know that the challenge is big. However, we cannot and should not be tackling public health on our own, and are pleased to share many examples of cross sector working. By engaging others we can tap into their knowledge and expertise and ensure a unified and informed approach to tackling public health issues.

This Performance Report outlines the vast amount of work that our people across the organisation, and our partners who have been working with us, have achieved during 2016 - 2017. As always, we are not able to showcase every piece of work that has been undertaken although the Report endeavours to provide detailed examples from across the organisation.

Going forward, during 2017 – 2018 we are embarking on an extensive engagement and evidence gathering exercise in order to develop a new ten year strategy, and an associated first three year plan, for Public Health Wales. This is particularly important given the challenges and opportunities for present and future generations and the changing environment around us and much of the work contained in this Report begins to pave the way for this.

We look forward to any comments that you may have on this Report and if you would like to share your views with us please contact general.enquiries@wales.nhs.uk.

The next few pages illustrate what a busy year it has been and the huge contributions all our staff have made towards achieving our strategic priorities. We also set out our key focus areas for 2017-2018.

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Strategic Priority 1

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

The conditions we experience when we're born and as we grow, work and age can promote or detract from our health. Public Health Wales needs to address these issues as we work with our partners and in genuine collaboration with communities. We do this by delivering action in a number of settings like schools and workplaces and on the leading behaviours that harm health like tobacco and physical inactivity.

"We've taken big strides this year. We cannot make sufficient impact on our own, so we seek to work with others through what is called a systems approach, to make sure we're doing the best we can for the Welsh public."

"We are working more closely than ever before with our partners to prevent poor health, and to harness our resources to make a bigger collective impact. We have also been involving our communities, listening to what they want from us and working with others to provide solutions."

Dr Chrissie Pickin, Executive Director of Health and Wellbeing



CASE STUDY: Public services unite to create a Well Wales

The launch of Cymru Well Wales has brought together organisations from across Wales who are working differently to improve health and wellbeing.

Cymru Well Wales is a movement of motivated organisations that are committed to working together to secure better health and wellbeing for the people of Wales tomorrow. Together, we recognise that good health requires a whole-of-society approach.

Partners in Cymru Well Wales pledge a commitment to:

- Acting today to prevent poor health tomorrow
- Improving wellbeing by harnessing activity and resources to amplify our collective impact
- Thinking and working differently to tackle health inequalities

- Empowering our communities in all that we do
- Learning from others to design innovative action for the future

Partners come from a variety of sectors, including local authorities, government, health, housing, police, fire and rescue services, environment, education, workplaces, sports and the charitable and voluntary sector. We share resources, expertise, knowledge and energy to do everything we can to contribute to the greater good of society.

Cymru Well Wales's first priority areas for action are: improving outcomes in the first 1000 days of life; reducing adverse childhood experiences (ACEs) in Wales; and tackling poverty in Wales by increasing employability.



CASE STUDY: Help Me Quit

Help Me Quit is the single brand, and point-of-contact, for all NHS stop smoking support in Wales – designed to give the biggest number of smokers the best chance of quitting. It encompasses all the NHS stop smoking support across Wales that includes Stop Smoking Wales, Community Pharmacy and Hospital services. We created it as the first step towards an integrated NHS smoking cessation system for Wales.

With a single brand, a free-phone number, text referral route and a new interactive website, Help Me Quit makes it easier for smokers to access help to quit. It recognises that not all smokers are the same and their support needs differ depending on their nicotine dependency, motivation levels and their social barriers. By having a single point of contact it ensures that all clients are placed at the forefront of their quit attempt.

The website features success stories from real people telling their stories of being helped to give up in the different service offers, like Sian, from Caerphilly, who decided to visit her local pharmacy after several failed attempts and managed to quit smoking once and for all and Wendy who chose to get support through Stop Smoking Wales in a local group.

We developed the brand in collaboration with its target audience. We listened to

smokers who told us they wanted to know more about the range of free NHS stop smoking support that is available from NHS Wales. Working in partnership with the Smoking Cessation Sub-group to establish the first step towards an integrated service, carrying out market research with smokers helped us to work in partnership with health boards, community pharmacists and others to launch 'Help Me Quit.'

Smoking remains the single largest cause of preventable ill-health in Wales, and a significant cause of health inequity. Recent data from the Welsh Health Survey indicates that there are around 490,000 smokers in Wales.

The Welsh Government set an ambitious target to reduce smoking rates to less than 16% by 2002 and to treat 5% of the adult smoking population through NHS stop smoking services. Since these targets the proportion of smokers being treated through NHS stop smoking services has been consistently lower than the 5% target set by Welsh Government. Research suggests that smokers in Wales have a low level of awareness of NHS stop smoking service treatment options but 70% think about stopping smoking. In order to meet these challenges, the Wales Tobacco Control Strategic Board's Smoking Cessation Sub-Group is leading the development of an integrated system for stop smoking services in Wales.



Our achievements in 2016/17

- We developed the proposals for the Adverse Childhood Experiences Development and Support Hub in partnership with Cymru Well Wales. Adverse Childhood experiences are stressful events that occur in childhood which are remembered throughout adulthood
- We developed an alternative Welsh focused approach to replace Change4Life, a UK campaign that encourages people to make healthy choices
- We produced a Public Health Outcomes Framework tool for Wales, which will be able to analyse factors that may affect the health and wellbeing of the people of Wales
- We developed the Alcohol Licensing Guide for Health Boards with Local Public Health Teams
- The launch of the Welsh “Making Every Contact Count” network has brought together partners from inside and outside the NHS in Wales. It aims to empower staff to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. We now have health boards, local authorities, emergency services and universities doing their bit to make every contact count
- We developed the Thinking About Your Drinking guide to support Chief Medical Officer guidelines

Our focus in 2017/18

- Working with health boards to implement the agreed new model for smoking cessation in each area of Wales
- Implementing a new social marketing programme to address childhood obesity
- Establishing an alcohol prevent partnership across sectors and agreeing priorities for action to reduce alcohol related harm
- Developing a programme of work to promote mental wellbeing, emotional literacy and resilience among young people
- Implementing the agreed national level action to support Making Every Contact Count in Wales
- Implementing an agreed programme of support for communities and voluntary organizations through our Healthy and Well Communities Programme
- Ongoing development of Cymru Well Wales initiative
- Developing a system for health information provision in local communities



"We know that focussing on the early years of life is where we can make the biggest difference, and prevent ill-health"

Strategic Priority 2

Working across sectors to improve the health of our children in their early years

Every child deserves the best possible start in life. We know that the early years of life are where we can make the biggest difference to ensure that future generations grow up healthy and happy.

Our work on Adverse Childhood Experiences tells us that children who spend their early years in supportive and low-stress environments are more likely to perform well at school and grow into healthy, happy adults.

We have been leading work with our partners to prevent and mitigate these Adverse Childhood Experiences, along with improving outcomes for children in their first 1000 days.

"We know that focussing on the early years of life is where we can make the biggest difference, and prevent ill-health. We're continuing to work in partnership on early intervention programmes and are also focussing on making sure that Public Health Wales' wider work on Adverse Childhood Experiences is at the heart of the early years system in Wales."



Julie Bishop, Director of Health Improvement

CASE STUDY: 10 steps to a healthy weight

Public Health Wales launched "10 Steps to a Healthy Weight" in 2016. Each of the steps is a positive action which can be taken to help prevent children being obese at age 5.

Currently, one in four children in Wales is overweight or obese when they start school, which means they are more likely to be overweight as a teenager and as an adult. The steps are designed to support professionals and help families across Wales to help prevent childhood obesity.

By providing simple guidance covering the first five years of life, Public Health Wales is helping people to give their children and grandchildren the best start in life, and helping us to create a healthier future generation for Wales.



Our achievements in 2016/17

- Our First 1000 Days programme is taking big steps forward, to ensure that every pregnancy in Wales can result in the best outcome, and that children are supported and equipped to meet developmental milestones in speech, language, and cognitive, social and emotional development.
- We agreed the core components of the First 1000 Days Programme and supported the embedding of Adverse Childhood Experiences approach into the work developed by Torfaen and Wrexham 1000 days pathfinder programmes
- We developed the Every Child Programme as a focus for all work relating to early years. This involved incorporating work on 10 Steps to a Healthy Weight; Bump, Baby and Beyond; First 1000 Days and Breastfeeding
- We delivered the JustB/Byw Bywyd youth smoking prevention programme, which has achieved strong engagement with schools across Wales



Our focus in 2017/18

- Supporting the establishment of local First 1000 Days Collaboratives in additional local authority areas
- Establishing an Adverse Childhood Experiences prevention and support programme plan
- Holding Adverse Childhood Experiences prevention and support awareness and training sessions, identifying 'champions' in key settings and developing a communication strategy



Strategic Priority 3

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

The first point of contact we usually have with the health system is primary care – our doctors, practice nurses, dental practices, health visitors, community pharmacies, high street optometrists and a range of healthcare providers.

Around 95% of the times people in Wales come into contact with the NHS it is through primary care, so it's vital that these services work for them and anyone who may be looking after them.

We work together with these services to make sure we're all doing the very best job we can. This means developing new ways of working and supporting people with a greater focus on prevention and reducing inequalities.

"Primary care plays an absolutely vital part in improving the health and wellbeing of our communities. That is why we've been working with health boards and primary care clusters to develop a new model for sustainable primary and community care.

"This includes delivering leadership and skills development and training, promoting social prescribing, workforce development and facilitating shared learning opportunities."

Rosemary Fletcher, Programme Director, Primary and Community Care Development and Innovation Hub



CASE STUDY: Primary Care One Wales

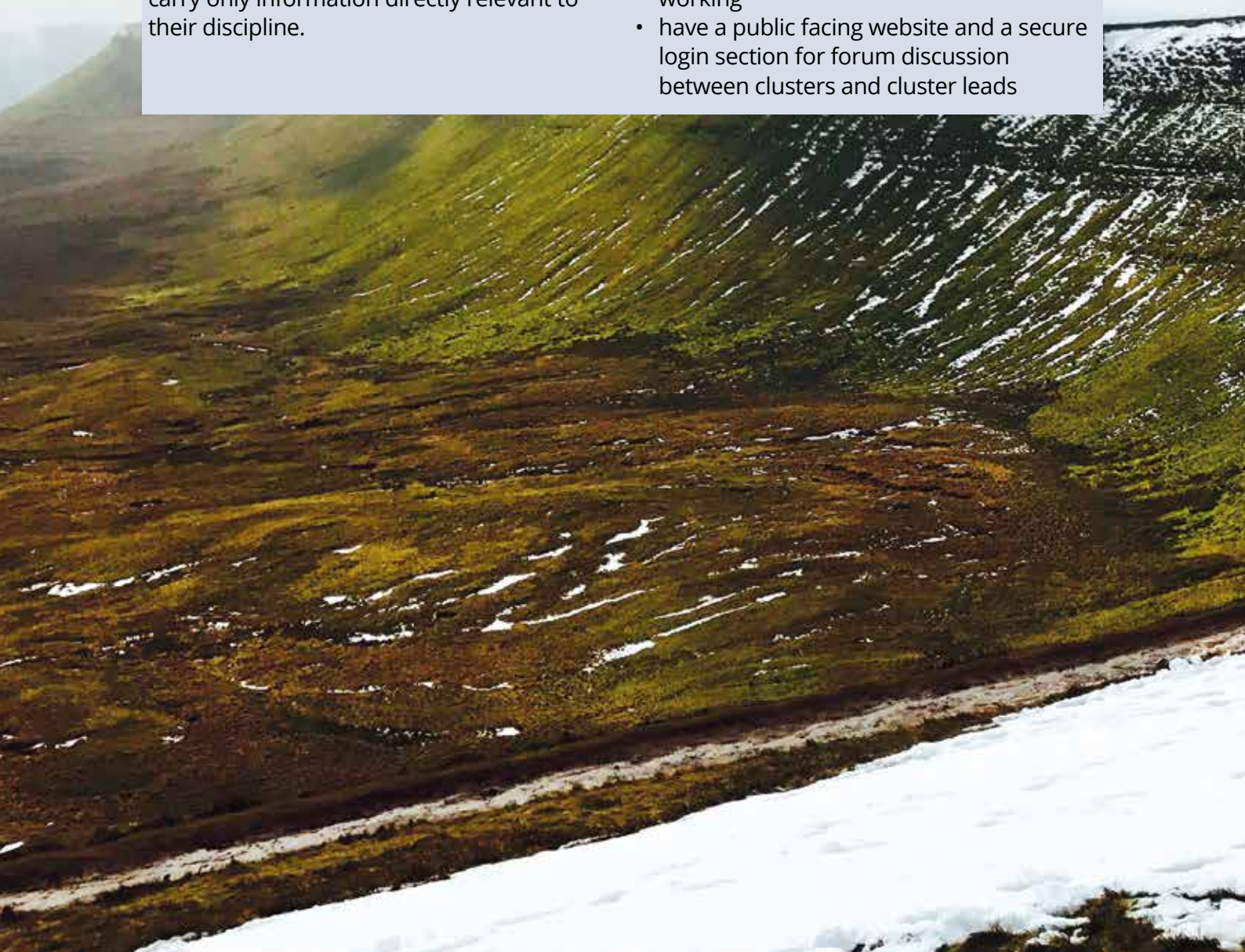
The Primary Care One Wales (known as PCOne) website is being developed to promote primary care cluster collaboration in Wales and aims to support cluster development at a national level.

Primary Care One Wales provides sources of information specific to clusters and cluster leads across Wales as well as the wider primary and community care audience. PCOne website will be the 'umbrella brand' under which profession specific websites like GPOne will sit. The PCOne website will provide the context of primary care across all sectors whereas the profession-specific sites like GPOne will carry only information directly relevant to their discipline.

The vision of the singular websites is to give professionals and stakeholders working in, or with an interest in, primary care in Wales a source of up to date information both nationally and locally.

PCOne objectives are to:

- be a central source of information relevant to primary care clusters, cluster leads and other primary care professionals across Wales
- enable clusters to collaborate and support each other to share best practice across cluster areas
- reflect the needs of primary care professionals in developing cluster working
- have a public facing website and a secure login section for forum discussion between clusters and cluster leads

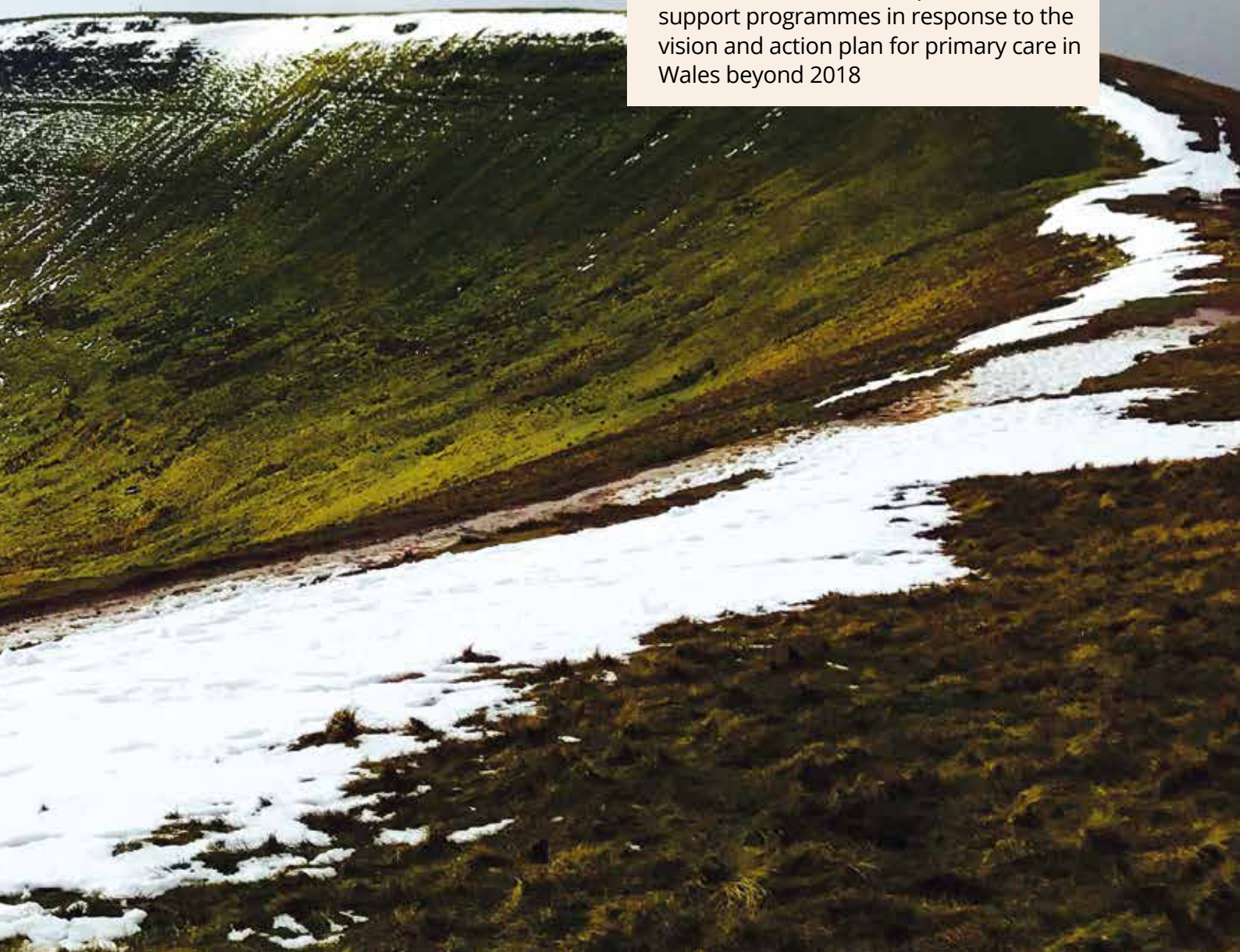


Our achievements in 2016/17

- We established the Primary and Community Care Development and Innovation Hub and delivered the agreed national work programme
- We published updated General Practice Population Profiles online, developed automated reports for individual clusters and scoped evidence for social prescribing
- We facilitated the emergence and agreement of a model for Primary and Community Care in Wales through shared learning from 24 pacesetter projects

Our focus in 2017/18

- Engaging with partners to look at different or innovative ways of delivering care by primary and community care teams, learning from experience and evidence
- Further development and promotion of Primary Care One as a central source of information and information sharing amongst clusters
- Supporting primary care focused pharmacy networks to support local implementation of public health programmes
- Assessing the impact of the Primary and Community Care Development and Innovation Hub and developing proposals for further cluster development and support programmes in response to the vision and action plan for primary care in Wales beyond 2018



Strategic Priority 4

Supporting the NHS to improve outcomes for people using services

We have an important role to play in supporting the NHS to improve outcomes for the people using its services, with a focus on reducing harm to patients and improving the quality of care and experiences for patients in Wales.

"The NHS in Wales is on a journey of quality improvement and we have seen great success over the past year. We aim to support the Welsh health service by focussing on re-shaping health services and rebalancing the relationship between patients and health professionals using the principles of Prudent Healthcare."

"We do this by supporting local and national improvement programmes across the spectrum: both physical and mental health, from home and community to tertiary care,

from prevention to end of life care. We also provide staff in NHS Wales with the tools and techniques to improve, share, embed and showcase learning.



"Our remit does not end there. We collaborate with public services, voluntary organisations and academia to ensure a multi agency approach to the design and delivery of national improvement programmes. There's much more to be done – we know that – but there is a national commitment to increasing improvement capability across our health service and using patient safety as a driver for providing higher quality health care."

Dr Aidan Fowler, Director for NHS Quality Improvement and Patient Safety



CASE STUDY: Improving Quality Together

Quality improvement capacity is being spread throughout NHS Wales. However, to achieve and embed improvements reliably at scale and build sustainable capability through teams, organisations and the whole system, there needs to be a national commitment to a coordinated approach.

Improving Quality Together (IQT) is the national quality improvement learning programme delivered by 1000 Lives Improvement for all NHS Wales staff, trainees, and educators, providing a common and consistent approach to improving the quality of services.

November 2016 saw the launch of LINCymru and the new Improving Quality Together website: two online quality improvement training platforms provided

by the Wales Deanery and 1000 Lives Improvement respectively which also enable project sharing and knowledge mobilisation.

LINCymru stands for 'Leadership and Improvement Network Cymru.' It is a quality improvement network for junior doctors and dentists in training that helps identify and share quality improvement projects throughout Wales.

Together the two platforms make it easy for NHS Wales' students, trainees and professionals to access the best in quality improvement skills development training, resources including quality improvement projects happening throughout Wales, and mentoring and peer support to help provide a seamless and integrated educational journey.



Our achievements in 2016/17

- We provided health board specific guidance and information to support the reduction of Healthcare Associated Infections in Wales
- We provided evidence based immunisation guidance, training, education and public information to support health boards, including support for the seasonal flu campaign
- We made strong progress on the development of Public Health Wales' role in the national Antimicrobial Resistance programme. This included developing key indicators for prudent antimicrobial use
- We launched Choosing Wisely Wales in September 2016 and agreed a core set of low value interventions
- We delivered a portfolio of service development programmes supporting the 'Together for Mental Health Strategy and Delivery Plan' and the 'Together for Children and Young People'
- We supported the design of the new 'Detecting Cancer Earlier' programme
- 33% of staff completed Improving Quality Together Bronze (up from 20% in March 2016)

Our focus in 2017/18

- Coordinating Public Health Wales actions to support health boards and trusts to continue to reduce Healthcare Associated Infections
- Delivering national improvement programmes that clearly combine quality improvement methodology and focus on each of the four prudent healthcare principles
- Providing improvement support to health boards and trusts through the unscheduled care programme by focusing resources on admission avoidance, effective community care and the flow of patients through the system
- Supporting organisations with early detection and prevention of acute deterioration through three programmes, including reducing sepsis in paediatrics, reducing Acute Kidney Injury in pre-hospital care and reducing acute deterioration in primary care
- Integrating Improving Quality Together (IQT) into medical education in Wales, working in partnership with universities, the Wales Deanery (Health Education Wales) and trainees
- Delivering national co-production/shared-decision making training in high impact areas linked to improvement priorities



Strategic Priority 5

Influencing policy to protect and improve health and reduce inequalities

We develop, implement and evaluate policy and research that is vital to improving health and wellbeing. Our role is to inform and support policy development, delivering high quality research and working towards becoming a recognised international centre of excellence for investment in health, wellbeing and sustainable development.

"We have continued to advocate for a health-in-all-policies approach to local and national decision making, while building capacity to undertake the health impact assessments required for this approach. This links closely with a sustainable health agenda that we pursue through initiatives like the Health & Sustainability Hub for Public Health Wales.

"We continue to invest in evidence and planning to protect the health of people in Wales. Our work on public health approaches in preventing and responding to mass unemployment events recognises how health can play a central role in creating economically resilient communities as well as in providing the necessary support when communities are affected by economic events.

"After measuring the impact of Adverse Childhood Experiences (ACEs) on health

harming behaviour, ill health and health care in Wales we are now working with Welsh Government to understand how many individuals exposed to ACEs can avoid their damaging consequence.

By examining resilience in the people of Wales we are mapping the sources of support that people draw from Welsh community and culture and how this can be harnessed to improve health.

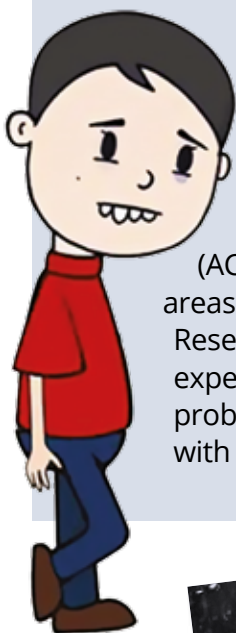
"The Policy, Research and International Directorate recognises that there will always be new challenges to public health and that dealing with these frequently requires working on an international basis. Consequently, we have now developed our first 10 year international strategy. We are working with the World Health Organisation to expand our work on Making a Difference onto a pan-European basis and have worked closely with the Commonwealth Office to produce an international policy toolkit for preventing interpersonal, collective and extremist violence."

Professor Mark Bellis, Director of Policy, Research and Development



CASE STUDY: New animation tells an ACE story

We have produced a short animated film to raise awareness of ACEs' their potential to damage health across the life course, and the roles that different individuals and agencies can plan in preventing ACEs and supporting those affected by them.

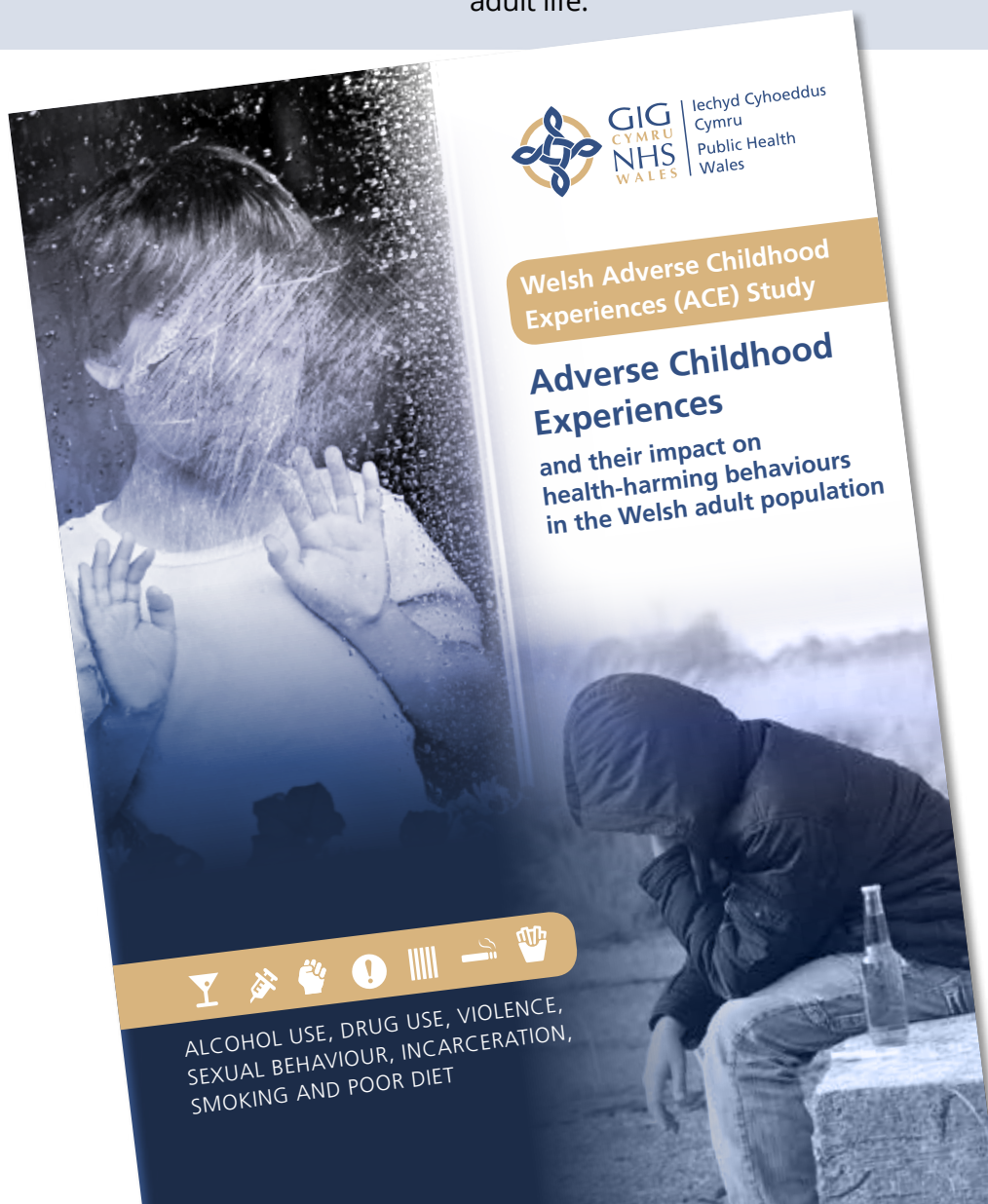


Tackling Adverse Childhood Experiences (ACEs) remains one of our key areas of focus as an organisation. Research shows how experiencing abuse and other problems in childhood are linked with increased levels of chronic

disease in adulthood and much greater use of healthcare.

But it doesn't have to be that way. Early intervention can help reduce the number of ACEs children suffer in Wales and the right support from parents and professionals can help prevent those who have suffered ACEs from developing ill health throughout their lives. This means healthier, happier people and a reduced burden on our health services.

This animation brings ACEs to life in a personal way following the story of one little boy and how his childhood experiences impacted the course of his adolescent and adult life.



Our achievements in 2016/17

- We developed 'Making a Difference: Investing in Sustainable Health and Wellbeing' for the people of Wales. It is a road map for sustainable investment in health improvement for Wales
- We published our third ACEs report, which shows an increased risk of diabetes, heart disease and other long term health conditions in adults linked with harmful childhood experiences
- We led the research agenda on developing ACE-informed practices across primary care and schools, as well as the innovative project with South Wales Police and the South Wales Police and Crime Commissioner. This is focussed on understanding vulnerability demand and how Policing, in collaboration with other agencies, can be more effective in preventing problems before they escalate through a sustainable and long term approach
- We embraced the opportunities for public health offered by the ground-breaking Well-being of Future Generations (Wales) Act when we launched the Health and Sustainability Hub for Public Health Wales. The hub has already helped establish our first Well-being Statement and Objectives and is now supporting sustainability work within Public Health Wales and with its stakeholders
- The Policy, Research and International Directorate recognises that there will always be new challenges to public health and that dealing with new challenges to public health frequently requires working on an international basis. Consequently, we have now developed our first ten year International Health Strategy, following wide consultation and mapping of international activity across the organisation

- We developed and piloted a first of its kind training resource on Global Citizenship, tailored to health professionals in Wales (with the Welsh Centre for International Affairs)
- We agreed and implemented joint action plans with criminal justice and housing

Our focus in 2017/18

- Leading a research programme with a focus on health and sustainability, Adverse Childhood Experiences, the Well-being of Future Generations (Wales) Act and in anticipation of the implications of the EU transition
- Supporting the development of joint well-being objectives with other Public Bodies/ stakeholders to contribute to maximizing Public Health Wales' contribution to the Well-being goals
- Producing and disseminating timely organisation position statements, policy briefings and consultation responses on an ongoing basis, informed by evidence, research and learning from international policy and practice
- Promoting and reinforcing Public Health Wales' international vision, commitment and engagement through the launch of our International Health Strategy and the development of its governance structure and implementation plan
- Establishing a cross-organisational 'International Hub/Network' to support health protection, improvement, promotion and reducing inequalities across Wales
- Increasing capacity for Health Impact Assessments and support and advising Welsh Government, with a focus on the requirements of the Public Health (Wales) Bill

Strategic Priority 6

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

An important part of Public Health Wales's role is understanding as much as we can about the risks to our population from infectious disease and environmental hazards, and making sure families are kept safe and have the information they need to protect their health.

Vaccination and screening programmes are both good examples of how Public Health Wales is working to protect people from serious illnesses all year round.

To make sure we respond in the best possible way to public health threats, we are looking at modernising the services that we deliver, such as screening and microbiology, to ensure that they are of the highest quality, safe and as effective as possible. This will involve the introduction of new technology and improvements in service delivery aimed at making real and tangible improvements to the people of Wales.

"The last year has been a busy and productive one, with significant achievements in our health protection, screening and microbiology divisions. Waiting times for screening results have exceeded standards in our cervical, bowel and breast screening programmes, and a new screening programme, Diabetic Eye Screening Wales, has been successfully

integrated into Public Health Wales.

"I'm proud to say that performance and uptake in the flu immunisation programme is, together with other UK nations, higher than in all other European countries bar one, and that we have exceeded the target for vaccinating healthcare workers against flu, offering increased protection to the patients they work with."

"We have successfully delivered the Wales response to a UK-wide patient notification exercise for patients at risk from infection following cardiac surgery, and have refreshed and published a new emergency response plan."

"In the next year, we look forward to further progressing and implementing modern testing techniques in our microbiology laboratories. We are also working hard towards introducing new types of testing into Cervical Screening Wales and Bowel Screening Wales during the next year, which will see benefits for the populations we screen."

Dr Quentin Sandifer, Executive Director, Public Health Services



CASE STUDY: Battling flu

Tireless work by health boards across Wales, overseen by the Vaccine Preventable Disease Programme (VPDP) of Public Health Wales, resulted in the second highest uptake of flu vaccine in Europe this year.

The Wales flu programme's performance was, together with other UK countries, the best in Europe bar one, with targets for vaccinating healthcare workers exceeded.

Every season, co-ordinated efforts are made across NHS Wales to ensure that people at risk of serious complications from the flu virus receive vaccination. This includes people aged 65 and over, people over six months of age with long-term health conditions, children eligible for the nasal flu vaccine, pregnant women and those working with people in at-risk groups including frontline healthcare staff and carers.

A national awareness raising campaign, close work with primary care and school nursing services, engagement with the third sector and enhanced flu surveillance are all part of the drive to beat flu.

In the past, frontline NHS staff have been particularly hard to reach, but the 2016/17 campaign ended with 51.5 per cent of staff vaccinated, with this figure as high as 66.8 per cent in one NHS Wales trust.

This equates to fewer vulnerable patients at risk of being exposed to flu, a virus that circulates every year between October and March and which can lead to serious complications and even death.

Planning is already under way for this year's Beat Flu programme, with hopes of building on last year's success and seeing even more people in target groups protected against flu.

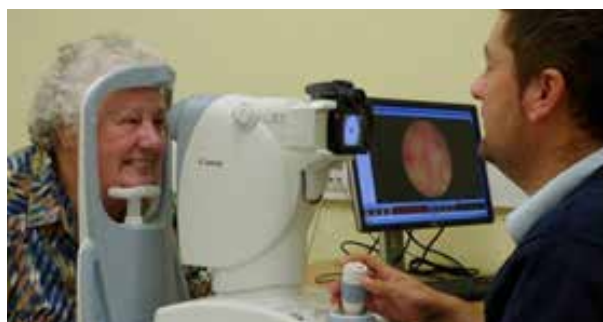


Our achievements in 2016/17

- We supported local authorities and health boards in the control of individual cases/ outbreaks of communicable disease and environmental incidents
- We successfully delivered an all Wales Patient Notification Exercise for patients who may have been put at risk of infection during heart surgery, on behalf of NHS Wales
- We progressed UKAS accreditation, an important quality standard for our Microbiology laboratories
- We are working towards the establishment of genomic testing, a new technology to be used in our Microbiology laboratories, including focussing on developing a diagnostic service for HIV resistance and Mycobacterial sequencing
- We successfully transferred and integrated Diabetic Eye Screening Wales into the Screening Division
- We secured Ministerial agreement to implement primary human papilloma virus (HPV) testing in Cervical Screening Wales in October 2018 and faecal immunochemical test (FIT) testing in Bowel Screening Wales in 2018-19
- We developed and implemented a refreshed Emergency Response Plan for Public Health Wales
- We refreshed our approach to developing an All Wales Microbiology (clinical and laboratory) Network, including completing the North Wales service redesign
- We completed the cervical cytology Laboratory Information Management System (LIMs) implementation

Our focus in 2017/18

- Working as a single fully integrated directorate capable of delivering all its services with a minimum of duplication
- Establishing an operational model for delivering an integrated infection service for regional delivery reflecting local need
- Supporting the roll out of prison health services in a new prison in North Wales
- Implementing a national surveillance system for blood borne viruses from screening to treatment outcome to reduce rates of related liver disease
- Agreeing the future vision of Microbiology services for Wales based on an agreed set of roles and functions and aligned to national priorities for infection prevention and control and the management of infectious disease
- Further developing a genomics led Healthcare Associated Infection service, subject to funding
- Implementing the pilot and planning the introduction of HPV primary testing in Cervical Screening Wales
- Planning the introduction of FIT testing in Bowel Screening Wales
- Supporting health boards into implementing successful interventions to improve uptake from evaluated pilots in primary care clusters



Strategic Priority 7

Developing the Organisation

We want to make Public Health Wales the best it can be so that we can achieve our vision for a healthy, happier and fairer Wales by delivering our priorities. We also want to make it a great place to work that attracts great people, grows the skills of our staff and is a diverse and healthy place to work.

"We can only achieve this priority in collaboration from across the enabling functions who work together to make sure our staff can do their best."

"A major focus of work for us in the next year is developing our 10 year strategy. This will give us a longer term approach to tackling the public health challenges ahead of us. I'm

excited by the staff and stakeholder engagement planned over the next year that will ensure this strategy is well informed and best meets the needs of the future.

"The breadth of achievements under this priority illustrate the teams and functions dedicated to supporting our staff and ensuring they can do their best and contribute individually and collectively to a healthier, happier and fairer Wales."

Phil Bushby, Director of People and Organisational Development



CASE STUDY: Our Space

Over 500 staff relocated in 2016 from eight different locations across south east Wales to new premises in Cardiff. This was the first phase of the Our Space programme, which aims to provide a healthy and happy environment for all Public Health Wales staff to work in.

The new building was designed to support collaboration, socialisation and learning

while being environmentally stable. The work was so effective it won two awards and was highly commended in two categories at the NHS Sustainability Awards.

Looking forward, we are already applying the same principles to an accommodation move in Swansea and will be working hard to ensure everyone has a great environment to work in.



CASE STUDY: Our Values

We recognise that the most valuable asset we have is our people.

In order to achieve the targets we have set ourselves, we need to mobilise our most important asset and unlock our potential. This isn't just about what we do, but also about having a shared understanding of how we do things.

This 'how' is reflected in our newly launched Values which reflect how we treat each other, how we approach our work and our everyday behaviours.

We developed them with our colleagues through consultation and focus groups, and launched them at our 2017 staff conference.

Our Values are:

**Working together -
with trust and respect -
to make a difference.**

We will be working hard over the coming year to ensure they are embedded within the organisation and adopted by all of us.



Our achievements in 2016/17

- We developed the Quality and Impact Framework to ensure we monitor the quality and impact of the work we do, as well as measuring our quantitative performance. We're now taking forward an implementation plan to ensure it applies to all members of staff
- We developed a Business Continuity Strategy and implemented plans and processes which will ensure we can deliver our services as well as possible and recover quickly in the event of an incident or disaster
- We delivered our sixth Welsh Public Health Conference in November 2016, attracting over 500 delegates from Wales and beyond to discuss Health in Wales: the Shape of Things to Come
- Our Board and Welsh Government approved our balanced, refreshed Strategic Plan and Operational Plan for 2017/18, which set out our priorities for action
- We achieved a balanced budget for 2016/17 and set a balanced budget for 2017/18
- We shared a Staff Survey action planning methodology and toolkit across the organisation which helped us to agree organisational priorities and develop detailed plans
- We developed a succession plan for Non Executive Directors (NEDs) and completed a recruitment exercise for three NED appointments during the year

Our focus in 2017/18

- Continuing the Our Space programme by completing the move of staff from Oldway Centre, Swansea and the Screening Administration Staff, Carmarthen, to new office accommodation in the Swansea area
- Developing a new 10 Year Strategy for Public Health Wales
- Continuing to implement the Quality and Impact Framework
- Developing and piloting a workforce training and development programme
- Delivering a strategic financial programme that assesses the value and efficiency of our services
- Conducting and implementing a review of the engagement, communications and web resource across the organisation
- Developing and implementing a risk management system working towards compliance with no major non conformities when assessed against the requirements of ISO31000
- Developing a decision making framework for the Board and organisation taking account of the provisions of the Well-being of Future Generations (Wales) Act and the five ways of working

International achievements 2016/17

Public Health Wales is committed to improving health and wellbeing and reducing health inequalities in Wales and beyond. This section sets out the key areas of work for the organisation on the international stage during 2016/17.

The International Health Division (IHD) has been working to build its capacity, develop and focus its programme of work and to increase its impact across the organisation, nationally and internationally. It has also built on the success of the integrated International Health Coordination Centre and strengthened support and coherence across NHS Wales. Major achievements include:

- Developing and strengthening a programme of work with the World Health Organization (WHO) Regional Office for Europe (EURO) and globally with partners including but not limited to the United Nations Development Programme (UNDP) and the Commonwealth Secretariat. Achievements include:
 - o Collaborating closely with the WHO Venice Office, working towards recognition as a WHO Collaborating Centre on 'Investment for Health and Sustainable Development'
 - o Organising Wales Study Visit 'Sustainable Development Approaches to Health and Equity' with 19 representatives across Europe, visiting sites and learning about Wales' unique sustainable development legislation and practices
 - o Building knowledge to address Adverse Childhood Experiences (ACEs), including prevention and response to child abuse; and their impacts across the life course

- o Active engagement and leadership with the WHO EURO and its Regions for Health Network (RHN), developing joint reports on alcohol, violence and injury prevention across the life course; and investment for health and wellbeing
- o Professor Mark Bellis is the WHO UK Focal Point for Violence and Injuries Prevention and the WHO Wales Focal Point for the European RHN

- Beginning and successfully progressing work to develop a Public Health Wales International Health Strategy, including:

- o A wide range of inclusive consultation and engagement opportunities for staff and stakeholders to inform the development of the document
- o Mapping of Public Health Wales' international partnerships and collaborations, giving a clearer picture of where the organisation has connections and how we can build on these links in a more strategic, coherent and effective way

- Strengthening the network and activities of the International Health Coordination Centre (IHCC) in Wales across the health boards and trusts, supporting the Charter for International Health Partnerships implementation, in particular:

- o Developing a first of its kind pilot training course on Global Citizenship, reflecting the Globally Responsible Wales Wellbeing Goal and tailored to health professionals, in collaboration with the Welsh Centre for International Affairs (WCIA) and Cwm Taf University Health Board (CTUHB)

- o Developing and carrying out a programme of work on developing international partnerships and supporting external income generation across Wales, in collaboration with Welsh Government. This has included two funding catalogues and several workshops, tailored to different health boards/trusts
- o Maintaining positive relationships with the Wales for Africa Health Links Network (WFAHLN) and the Hub Cymru Africa, supporting the delivery of the Wales for Africa Health Conference and various events, such as the WFAHLN Sharing Learning Events and the Hub Conference
- Organising an annual Charter celebration event “Networks and Partnerships: Wales Collaborating for Global Health”, attended by over 60 delegates and 170 online via live stream. The conference included a ministerial address from Rebecca Evans AM, Minister for Social Services and Public Health; Dr Frank Atherton, Chief Medical Officer for Wales; Dr Christoph Hammelman, WHO EURO; Clive Needle, EuroHealthNet; Dr Joanne Nurse, the Commonwealth Secretariat; Dr Neil Squires, PHE; as well as representatives of Health Boards and Trusts, Wales for Africa, WHO Healthy Cities, WHO Regions for Health, THET, Welsh Government and others
- Publication of ‘European Funding for Health in Wales’ catalogues, explaining and promoting European funding opportunities for the NHS in Wales
- Publication of several international policy briefings, such as on Brexit in collaboration with the Policy Division
- Taking part in the development of a supporting document for the Inter-action Council ‘Pathfinder for Global Health’
- Representation of Public Health Wales at the annual meetings of EuroHealthNet and the WHO EURO RHN; participation in the European Health Forum Gastein and the European Public Health Conference; and active engagement with the PHE and NHS Scotland Global Health Committees; UK’s Department of Health International Health; and Cardiff University

Raising the organisational profile and impact

The IHD team has been working to raise Public Health Wales’ profile and impact, building on and linking with the Well-being of Future Generations (Wales) Act, the Health 2020 European Strategy and the 2030 Agenda for Sustainable Development, including:

- Development and regular publication of an e-bulletin ‘Health Within and Beyond Welsh Borders’
- Development and launch of a new website for the IHCC and IHD

Well-being of Future Generations (Wales) Act 2015

In March 2017, Public Health Wales published its first well-being statement and objectives in response to the Well-being of Future Generations (Wales) Act 2015. The seven well-being objectives aim to maximise the organisation's contribution to achieving each of the well-being goals in the Act.

The well-being objectives reflect where the organisation is at this 'point in time', in the second year of its original three year strategic plan. The well-being objectives build on Public Health Wales' strategic priorities and have been informed by conversations with stakeholders and staff.

Public Health Wales' well-being objectives:

Well-being of Future Generations (Wales) Act 2015

1. Build capacity and support system change, to protect and improve health and reduce inequalities
2. Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment
3. Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life
4. Minimise public health risks from current and emerging diseases, environmental hazards and emergencies
5. Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage
6. Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales
7. Strengthen our role in global health and sustainable development, realising the benefits of international engagement

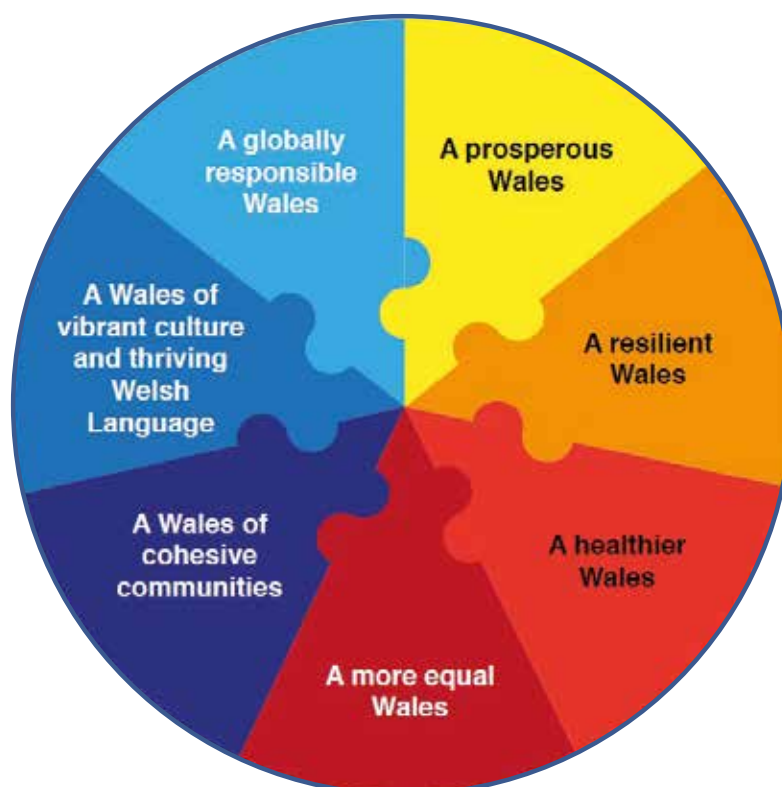


“Within Public Health Wales and across the public health community there is a strong commitment and shared optimism for this Act, which will help us to re-focus our efforts to tackle Wales’ pressing issues, including health inequalities. We look forward to working with our staff, stakeholders and citizens as we proceed to implement these objectives and further support health, wellbeing and sustainability for our current and future generations in Wales.”

Dr Tracey Cooper, Chief Executive,
Public Health Wales

Public Health Wales’ Annual Report for 2017/18 will include an update on the organisation’s progress in meeting its wellbeing objectives, and will reflect on the first annual review of the organisation’s wellbeing objectives and the published Local Well-being Plans of Public Services Boards.

You can read ‘Public Health Wales: Our Well-being Statement’ here:
www.publichealthwales.org/future-generations



Performance analysis

To help support improvements in each of our services, we have set a number of ambitious targets in our Strategic Plan to help measure and monitor how we are achieving a healthier, happier and fairer Wales. These indicators are used by our Board and Executive Team to monitor progress during the year to ensure we deliver the most effective services that we can.

This section provides an overview against our key performance indicators. Table 1 provides a summary of our performance during 2016/17, along with comparator data for the previous two years. A narrative overview is also provided for each area, which highlights further information about our services and any key achievements and challenges within each.

Our latest figures show that we have maintained, or made further improvements, in a number of areas over the past year. These include the number of smokers that are carbon monoxide validated as giving up smoking, the number of pregnant women and over 65s receiving the influenza vaccine, rates of healthcare associated infections, and performance across the majority of our screening programmes.

Whilst we recognise that significant progress has been made in a number of areas, we will continue to strive for improvements in 2017/18 in order to reach, and exceed, our targets. How we aim to do this is set out in our Strategic Plan.

TABLE 1

Indicator	Standard/ Target	Performance 2014/15	Performance 2015/16	Performance 2016/17
Stop Smoking Wales				
Percentage of smoking population treated by Stop Smoking Wales	2.01% (annual)	1.2%	1.4%	1.2%
Percentage of smokers carbon monoxide validated as successful	40%	40.5%	42.1%	48.8%
Childhood Obesity				
Percentage of reception class children (aged 4/5) classified as overweight or obese	Reduction	26.1%	26.2%	Not available ¹
Health Improvement Programmes				
National Exercise Referral Scheme - Take up	12,984	14,579	15,370	15,810
National Exercise Referral Scheme - number of 16 week consultations	6,492	8,884	8,177	8,739
National Exercise Referral Scheme - number of 52 week consultations	3,244	4,310	4,557	4,438

Indicator	Standard/ Target	Performance 2014/15	Performance 2015/16	Performance 2016/17
Healthy Working Wales - organisations completing a Corporate Health Standard full assessment	20	24	22	26
Healthy Working Wales - organisations achieving a Small Workplace Health Award	80	102	95	58
Vaccination and Immunisation				
Uptake of all scheduled childhood vaccinations at age 4	95%	86.2%	85.3%	84.6%
Influenza vaccination uptake among the over 65s	75%	68.1%	66.6%	66.7%
Influenza vaccination uptake among under 65s in high risk groups	75%	49.5%	46.9%	46.9%
Influenza vaccination uptake among pregnant women	75%	72.4%	75.6%	75.9%
Influenza vaccination uptake among frontline healthcare workers	50%	42.9%	47.3%	51.2%
Screening²				
Breast screening uptake	70%	72%	72.9%	70.2%
Breast screening normal results sent within two weeks of screen	90%	91.3%	96.3%	98%
Breast screening assessment appointments within three weeks of screen	90%	31.6%	52.1%	69.2%
Breast screening per cent women invited within 36 months previous screen	90%	16.4%	64%	84.7%
Bowel screening waiting times for screening test results	95%	98.7%	91.3%	93.1%
Bowel screening waiting time for colonoscopy	95%	59.1%	82.6%	82.2%
Cervical screening laboratory turnaround times: within three weeks	100%	65.2%	56.4%	87.9%

Indicator	Standard/ Target	Performance 2014/15	Performance 2015/16	Performance 2016/17
Cervical screening waits for results: within four weeks	90%	66.9%	68.3%	94.8%
Abdominal aortic aneurysm screening uptake	80%	74.7%	73.9%	82.3%
Newborn hearing screening per cent entering screening programme	95%	99.5%	99.5%	99.5%
Microbiology				
Microbiology – Clinical Pathology Accreditation status (awaiting move to internationally recognised standard ISO 15189)	Accredited	Accredited	Accredited	Accredited
Healthcare Associated Infections³				
Clostridium difficile rate (per 100,000 population)	<=28	42.63	40.11	33.78
Staph aureus rate (per 100,000 population)	<=20	29.92	27.94	27.65
Quality				
Number of written concerns/ complaints received	N/A	65	50	45
Written concerns / complaints responded to within target timescales	100%	75%	74%	72%
Number of serious untoward incidents (SUIs) reported	N/A	4	6	3
SUI investigations completed within target timescales	90%	75%	84%	100%
Staff and resources				
Sickness absence rate	<=3.25%	3.7%	3.95%	3.62%
Percentage of medical staff undertaking revalidation appraisal within the last 15 months	100%	100%	100%	99.9%

- ¹ The 2017 release for the Child Measurement Programme for Wales relates to the findings from the measurements of children in reception year aged four to five during the academic year 2015/16.
- ² The screening programme figures presented for 2016/17 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
Lead Informatics and Data Services Manager
Screening Division of Public Health Wales
No 2 Capital Quarter, Tyndall Street
Cardiff CF10 4BZ

Tel: 029 20227744

Email: Screening.Information@wales.nhs.uk

- ³ Welsh Government introduced a new reduction expectation for total Staph aureus bacteraemia during 2016/17. Further information about Healthcare Associated Infections can be found in the accompanying narrative which follows.



Stop Smoking Wales

Stop Smoking Wales is a specialist health service that provides sessions for smokers who want help to give up. Our programme plays an important role in reducing the impact of tobacco on the health of people in Wales. In 2016/17, we have continued to work closely with health boards to deliver collectively the target for the number of treated smokers in each health board area. We committed to treating 10,624 smokers in Wales which equates to around 2% of all smokers nationally of which the proportion treated by Stop Smoking Wales will vary by health board.

Latest figures show that whilst the percentage of smokers treated by Stop Smoking Wales slightly fell between 2015/16 (1.4%) and 2016/17 (1.2%), the percentage of smokers who are carbon monoxide validated as successful has risen from 42.1% to 48.8% during the same period. Performance should also be considered against a background decline in attendance at stop smoking services across the United Kingdom.

Helping to reduce the number of people smoking in Wales will continue to be a key element of our work alongside our partners in 2017/18 as we aim to reach the Welsh Government target of reducing smoking rates to 16% by 2020. A new Help Me Quit brand will be launched that covers all NHS stop smoking services in Wales to make it easier for smokers to access the support they require to quit smoking.

Childhood Obesity

The Child Measurement Programme for Wales is a surveillance programme set up so that we may better understand how children in Wales are growing. The information collected will help people working in health services and other public

sector services understand patterns of child growth so they can plan services accordingly.

At a national level there has been very little change in the prevalence of healthy weight, overweight or obesity over the last year, with more than a quarter of children (26.2%) in reception year classified as overweight or obese.

National Exercise Referral Scheme

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

In 2016/17, over 15,800 individuals who were referred took up a place in the scheme, exceeding our targets for the third year in succession. Of these, nearly 4,500 individuals completed the 52 week consultation, which again surpassed the targets set (3,244).

Healthy Working Wales

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

Healthy Working Wales achieved its target of 20 for organisations completing a full assessment (26), although the number of organisations achieving a small workplace award saw a decline at 58 (Target 80).

Screening

Public Health Wales delivers a number of national screening programmes aimed at the early detection and treatment of potential health problems. A key priority for us over the last few years has been to improve and maintain our performance within each of these. This is set out within our Strategic Plan and is based on a series of performance indicators, which we have developed and actively monitor for each programme.

Table 1 shows that during 2016/17 we have maintained, or made further progress, on the improvements in performance we made over recent years. For example, significant improvements have been achieved within our Cervical Screening Programme, particularly for turnaround times and waits for results. These have seen improvements of over 31% and 25% respectively over the last year.

Improvements from 2015/16 can also be seen within our Breast and Abdominal Aortic Aneurysm Screening Programmes, such as with the increase in women invited to breast screening within 36 months. This has risen to 84.7% from 64% the previous year. We have also maintained performance within our Bowel Screening Programme, such as with waiting times for test results. Our focus over the next year will be to continue the improvements that we have made, which we have set out in our Strategic Plan.

More detailed information on each programme's performance can be found on the Screening for Life website.

Vaccination and Immunisation

Public Health Wales works to support health boards, through policy development, training and the provision of information, to

achieve targets in relation to a number of key vaccination and immunisation indicators.

Table 1 shows improvements, or similar levels of performance, from 2015/16 for a number of key indicators, including uptake of influenza vaccine for pregnant women and frontline healthcare workers. In particular, uptake for healthcare workers rose nearly four per cent from 47.3% to 51.2%. A number of other indicators, such as childhood vaccines at age 4, have maintained a similar level of performance from the previous year (85.3% in 2015/16, 84.6% in 2016/17).

More detailed information for each health board can be found on the Public Health Wales website.

Healthcare associated infections

Healthcare associated infections (HCAI) are infections that develop as a direct result of medical or surgical treatment or contact in a healthcare setting. They can occur in hospitals, health or social care settings in the community and can affect both patients and healthcare workers.

Common HCAs include *Clostridium difficile* (C.difficile) and *Staphylococcus aureus* (Staph aureus). We monitor the number of these infections on a monthly basis for every health board/NHS trust that treats inpatients in Wales.

Table 1 provides an overview of rates for Wales and shows reductions in number on previous years. This is particularly the case for C.difficile, which has reduced from 42.62 to 33.78 per 100,000 population between 2014/15 and 2016/17. Staph aureus rates have remained more consistent over this period but also show a reduction from 29.92 to 27.69 per 100,000 within the same period.

We will continue to work closely with health boards to support them to reduce rates of healthcare associated infections in Wales. More detailed information for each health board can be found the Public Health Wales website.

Concerns

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

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

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

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

During 2016/17 Public Health Wales received 45 complaints, of which 89% were acknowledged with two working days and 72% were responded to within the 30 day target timescales. In addition, three Serious Incidents were reported to the Welsh Government, with each investigation completed within the target timescales.

Information on the types of complaints received and how we have responded is detailed within the Putting Things Right Annual Report.

Staff and resources

More information on our staff and resources can be found in the staff and remuneration section of the report on page 86.



Accountability Report



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

INTRODUCTION

The purpose of the Accountability section of the Annual Report is to meet key accountability requirements as required by the Welsh Government. It is made up of the Corporate Governance Report, the Remuneration and Staff Report and the National Assembly for Wales Accountability and Audit Report.

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Corporate Governance Report

Directors' Report

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

Requirement Cross-Reference	
1. The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Annex 1 in the Annual Governance Statement.
2. The composition of the management board (including advisory and non-executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Annex 1 in the Annual Governance Statement.
3. The names of the directors forming an audit committee or committees (recommended).	See Figure Annex 1 in the Annual Governance Statement.
4. Details of company directorships and other significant interests held by members of the management board which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the Register of Interests 2016/17.
5. Information on personal data related incidents where these have been formally reported to the information commissioner's office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See Page 77 in the Accountability Report and Financial Statements (Annual Governance Statement).
6. Information on environmental, social and community issues.	See the Annual Sustainability Report 2016/17.
7. Published sickness absence data.	See Page 86 in the Accountability Report and Financial Statements (Remuneration and Staff Report).
8. As a public sector information holder, Public Health Wales can confirm that the organisation has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

Scope of Responsibility

Public Health Wales exists to protect and improve health and wellbeing and to reduce health 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 setting the strategic direction, ensuring that effective governance and risk management arrangements are in place and holding the Executives to account in the effective delivery of the strategic plan for the organisation. As Chief Executive of the Board, 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 mission, aims and objectives, whilst safeguarding the public funds and the organisation's assets. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

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

Governance Framework

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

sharing corporate responsibility for all the decisions of the Board.

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

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

The organisational structure was revised in 2015/16, which led to the re-configuration of directorates and new appointments to the Executive Team. As a consequence of this, and in line with good practice it was agreed that a review of Board committees was necessary to determine whether appropriate operating and assurance arrangements were in place to reflect the new structure. The development and introduction of an integrated Risk Management Framework and Board Assurance Framework (BAF) also had implications for the Board and its committees, including the management and oversight of strategic risks. A revised committee structure would strengthen the alignment of the respective scrutiny responsibilities and duties of each committee to the strategic priorities, objectives and corporate risk function.

We have adopted, where appropriate, the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the *Public Health*



Wales NHS Trust (Membership and Procedures) Regulations 2009 (as amended) into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved for the Board, a scheme of delegations to officers and others, and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the organisation. These documents, together with the range of corporate policies set by the Board, contribute to the Governance Framework.

During the year work has been ongoing to further strengthen the governance framework for the organisation and test its robustness.

The Standing Orders make reference to the arrangements for establishing committees of the Board and stipulate that, as a minimum, the Board must establish Committees which cover the following aspects of Board business: Quality and Safety; Audit; Information Governance; Remuneration and Terms of Service.¹ The review determined that a specific committee should be retained for all areas, with the exception of information governance. The business of the Information Governance Committee would be incorporated within the newly named

Quality, Safety and Improvement Committee (previously known as the Quality and Safety Committee).²

It was also agreed that the Developing the Organisation Committee would be stood down. A new People and Organisational Development Committee was established and this change strengthened the required focus on our people in addition to developing the organisation as a whole.

The Board approved the revised committee structure in June 2016. It determined that this structure best met the needs of the organisation whilst taking account of any regulatory or Welsh Government requirements.

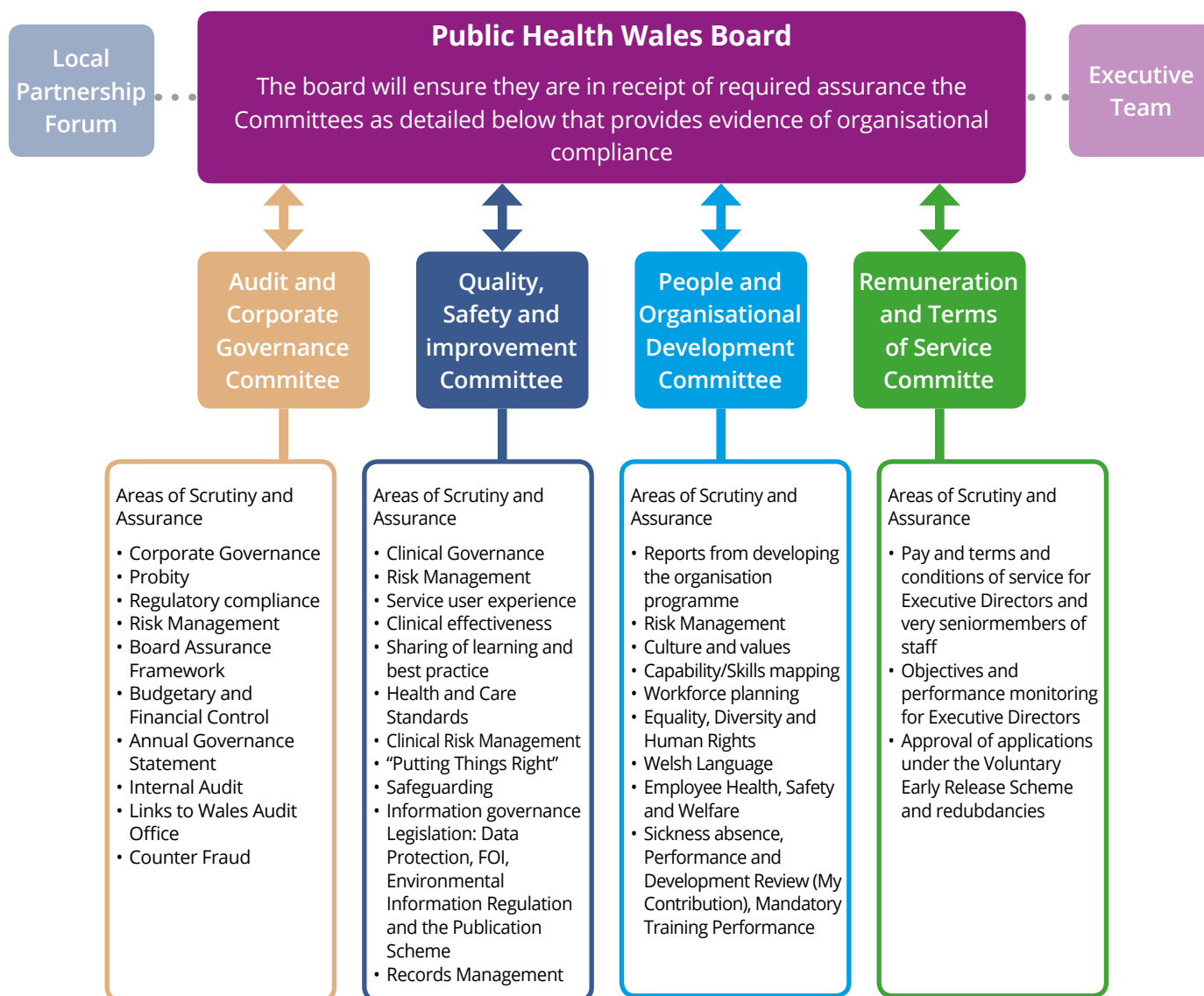
The terms of reference for each committee were approved and in addition to these individual committee terms of reference, "Standard Terms of Reference and Operating Arrangements for All Committees of the Board" were developed. These detailed the provisions common to all committees and were designed to sit alongside the individual committee terms of reference.

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

¹The Trust does not have its own charity therefore the Board is not a Trustee and does not require a Charitable Funds Committee. The Screening Service does have access to a small fund which falls under the remit of the Velindre Cancer Centre Charity. The Deputy Chief Executive and Executive Director of Operations and Finance manages this fund on behalf of the Trust. A Mental Health Act Committee is also not required.

²This Committee was formerly named the Quality and Safety Committee. 'Improvement' was included to include. This name change was approved by the Board at its meeting on 29 November 2016.

FIG 1: OVERVIEW OF GOVERNANCE FRAMEWORK



Some themes will run throughout all Committees, for example:

Performance Management

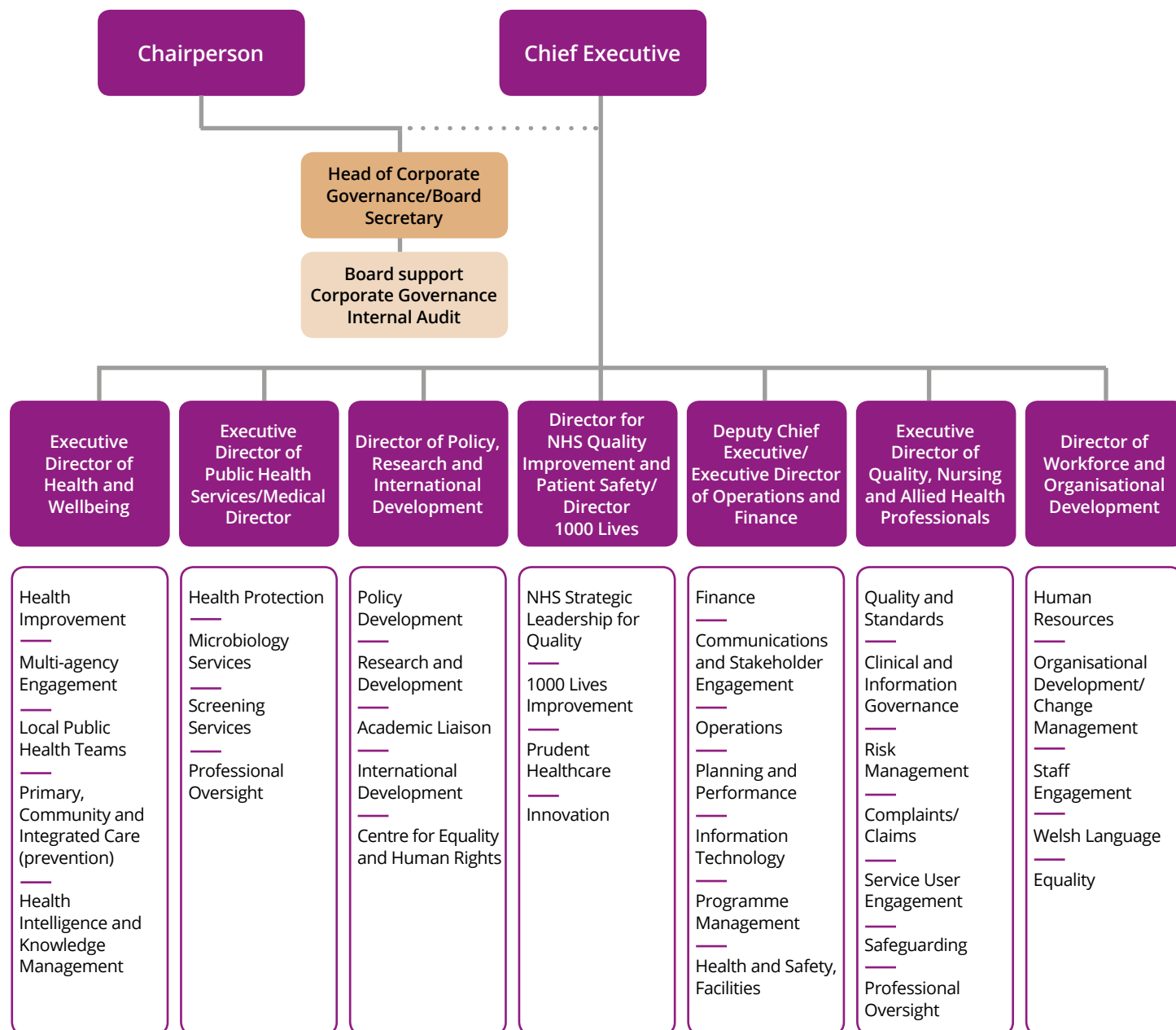
Well-being of Future Generations (Wales) Act 2015

Health and Care Standards (with Quality, Safety and Improvement Committee considering the annual report)

Furthermore, during the year a number of products have been developed to further strengthen the corporate infrastructure, while providing a stronger focus on quality (see page 65), risk management (see page 63), performance and delivery (see page 71).

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

FIGURE 2: EXECUTIVE TEAM AND DIRECTORATE STRUCTURE



Financial performance, quality and risk management, workforce information and delivery against the organisation's strategic and operational plans are scrutinised at meetings of the Board, Board Committees, the Executive Team and at various operational team meetings across the organisation. During the year the Board has concluded that whilst the information they received was acceptable there is the

potential for some improvement. This will be taken into account when considering potential improvements early in the new financial year.

The Board has considered its effectiveness and ongoing development throughout 2016/17. Following the recommendations of an external consultancy report in August 2015, a comprehensive board development plan was introduced for 2016/17. The plan

has addressed how the Board receives and considers information, learns together, measures effectiveness and plans succession. During 2016/17 the Board undertook a number of development sessions which covered topics that included risk, strategic planning, and two sessions on organisational values and behaviours. In March 2017 Board members also completed a self-assessment questionnaire which covered relevant areas of the *UK Corporate Governance Code: corporate governance in central government departments: code of good practice 2011*, the *Good Governance Guide for NHS Wales Boards*, and the *Healthcare Improvement Quality Partnership Good Governance Guide*. The outcomes of the self-assessment will be used to inform the Board Development Plan in 2017/18.

Key issues considered by the Board

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

Risk Management

The Board has received regular updates on, and participated in, the further development and strengthening of risk management arrangements across the organisation. On taking up post in May 2016, the Chief Risk Officer conducted a review of the risk management framework and the training programme and determined the best way forward for the organisation.

The Board now has oversight of risk management through the Board Assurance Framework (BAF), which was approved in June 2016. A new Risk Management Policy Framework and the Corporate Risk Management Policy is currently out for consultation and is expected to be approved in early 2017/18.

For further details see page 24.

Public Health Wales received a positive Wales Audit Office Structured Assessment Report for 2016 with regard to the ongoing improvements in risk management across the organisation. Further details of the assessment findings are provided on page 26.

Strategic Planning

The Board led a refresh of the organisation's Strategic Plan 2017-2020 (the Integrated Medium Term Plan). See page 32 for further details. This included a review of the external and future environment, legislative levers and drivers, population demographic changes and a full Strengths Weaknesses Opportunities and Threats (SWOT) analysis of the organisation.

Alongside the refresh of the IMTP the organisation has also developed its Well-being Statement and Well-being Objectives as required by the Well-being of Future Generations (Wales) Act 2015. During their development a future generations "lens" was applied to identify areas of our work which exemplify the sustainable development principles where we can maximise our contribution towards the well-being goals.

As this is the final year of the IMTP the organisation has already commenced with the development of the strategy which will take it forward from 2018 onwards. The strategy will be developed, taking into account the sustainable development principle and five ways of working as required by the Well-being of Future Generations (Wales) Act 2015.

Business Continuity and Emergency Planning

The Board approved the Public Health Wales Emergency Response Plan and Business Continuity Incident Management Process

at its meeting on 29 November 2016. The plans, developed as the result of a review undertaken in 2015, were formally adopted in December 2016.

For further details see page 38.

Corporate Policy and Control Document Management

The Board approved a revised process for the management of organisational policies, procedures and other written control documents in September 2016.

The revised arrangements enabled enhanced corporate control of documents, re-affirmed the importance of equality and health impact assessments in policy development and ensured that approval processes were consistently applied across the organisation.

Board and Executive Team membership

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

Annex 1 outlines the membership of the Board for 2016/17 and also highlights the membership of the Committees and areas of responsibility that are championed by the members of the Board. In addition to Board and Committee membership, Non-Executive Directors also participate in, and support, organisational groups and change programmes where appropriate. These include, for example, Welsh language, and modernisation programmes.

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

The current Executive Team and organisational structure has been in place since 1 April 2015. There has been stability within the team during 2016/17 and the only change has been to the Director of People and Organisational Development position. Hywel Daniel undertook this role in an acting capacity from 1 April 2016 - 26 June 2016 and Philip Bushby took up the post from 27 June 2016. This has led to the strengthening of governance across the organisation.

Departure and appointment of Non-Executive Directors

In 2015/16, amendments to the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009* were made to broaden the eligibility criteria of the three 'representative' non-executive director roles – local authority, university and third sector - to enable more open and fair competition in recruitment.

The Public Health Wales National Health Service Trust (Membership and Procedure) (Amendment) Regulations 2016 were made on 28 January 2016, were laid before the National Assembly for Wales on 2 February 2016, and came into force on 15 March 2016. During 2016 arrangements have been made to appoint to these revised roles as detailed below:

Local Authority Member

Pending the amendment of the Regulations, the Local Authority Non-Executive

Director position remained vacant throughout 2015/16. To ensure that there remained strong links with local government during this time, Alison Ward, Chief Executive of Torfaen County Borough Council, was appointed on an interim basis from 1 May 2014 – 31 October 2016.

Jack Straw, formerly Chief Executive of the City and County of Swansea (2011-2016), was appointed by the Cabinet Secretary for Health, Well-being and Sport to fill this vacancy on a permanent basis from 1 November 2016.

University Member

Professor Gareth Williams completed his final term of office as a Non-Executive Director on 31 March 2017.

Following an open recruitment process, the Cabinet Secretary for Health, Well-being and Sport appointed Professor Shantini Paranjothy, School of Medicine, Cardiff University, to succeed Professor Williams from 1 April 2017.

Third Sector Member

Dr Carl Clowes OBE completed his final term of office as a Non-Executive Director on 31 March 2017.

Following an open recruitment process, the Cabinet Secretary for Health, Well-being and Sport appointed Judi Rhys, Chief Executive, Arthritis Care, to succeed Dr Clowes from 1 April 2017.

Public Health Wales Chair

During the year the Chair of Public Health Wales, Professor Sir Mansel Aylward CB, has been unwell and arrangements were made for Professor Simon Smail CBE, Vice-Chair of Public Health Wales, to undertake this role in an acting capacity from 1 December 2016 – 30 April 2017.

Succession Planning for 2017-18

Sir Mansel will also complete his final term of office on 31 July 2017. The Welsh Government commenced recruitment for a new Chair in February 2017.

Professor Simon Smail CBE, Vice-Chair of Public Health Wales, will reach the end of his final term of office on 30 September 2017. Succession plans are in place and we will be working closely with Welsh Government to support the recruitment process.

Public Health Wales will also need to appoint a new Vice-Chair. This will be an internal process that is separate from the appointment of a new Non-Executive Director and Chair.

Senior Staff Appointments and Departures

Melanie Westlake was appointed interim Board Secretary and Head of Corporate Governance from 1 April 2016 and later appointed to the role on a permanent basis from 1 October 2016.

Staff Representation at Board Meetings

Stephanie Wilkins, lead UNITE Representative and Secretary of Public Health Wales Staffside, has attended and contributed to Board and Committee meetings as a non-voting member throughout 2016/17 (for attendance see Annex 1). This has been in her capacity as representative from the Local Partnership Forum.

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



Board Diversity

In 2014/15, the Board acknowledged the gender imbalance of the Board. The Board is pleased that appointments made in 2016/17 will mean that from 1 April 2017 the Board will have a 50/50 gender balance. Three of the seven Non-Executive Directors will be female as are three of the five Executive Directors (see details of the recent appointments – page 13).

There remains a geographical imbalance among the Board members, with limited representation from rural communities in Wales. The departure of Dr Carl Clowes on 31 March 2017 also had the consequence that the Board no longer has a fluent Welsh-speaking member. This will be taken into consideration in planning the recruitment of the next Non-Executive Director in 2017, for which the ability to speak Welsh will be an essential requirement.

There also remains a lack of members from under-represented groups. In 2015/16, we participated in a Welsh Government and NHS Centre for Equality and Human Rights pilot programme – ‘All Aboard’ - to increase diversity of public appointments in Wales. We hosted two individuals from under-represented groups to shadow Board members for a 12 month period. One of these participants accepted an offer to continue with the organisation for a further twelve months, until 31 March 2017. This enabled the individual to gain further experience of health service governance. Building on the pilot programme, we intend to develop our own scheme in 2018/19 as part of our ongoing commitment to the equality and diversity agenda.

In the recruitment process for all of our new Non-Executive Directors in 2016/17 we actively promoted the post to under-represented groups and will continue to do so in future recruitment.

Board Committees

The Board has established four standing Board Committees, chaired by Non-Executive Directors, that have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, an assessment of current risks and performance monitoring. With the exception of the Remuneration and Terms of Service Committee, papers and minutes for each meeting are published on the Public Health Wales website. Private sessions of Committees are held as required to receive and discuss sensitive or protected information. Chairs of the Committees provide reports to the Board meeting following each Committee meeting. Minutes of Committee meetings are also presented once approved by the relevant committee.

Each Committee also produces an annual report, which provides a summary of business undertaken during the year. The Committee annual reports provide the Board with assurance that they are working effectively and contribute to the overall assessment of Board effectiveness.

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

Public Health Wales has not established a Charitable Funds Committee as it does not have its own charity. It does have access to a fund administered by Velindre NHS Trust and the Executive Director of Finance has delegated authority to manage this fund. The following paragraphs provide highlights of reports received by Committees throughout the year. These highlights provide evidence of the governance framework working in practice.

Audit and Corporate Governance Committee

As a consequence of the Committee restructure (Page 48), from June 2016 the Audit Committee was reconstituted as the Audit and Corporate Governance Committee. The amendment to the name was made to reflect the committee's oversight of corporate governance issues.

The Audit and Corporate Governance Committee met five times during 2016/17 and was quorate on all five occasions. The Committee provides advice and assurance to the Board on the systems of internal control, governance and efficient and effective use of resources by overseeing and monitoring a programme of internal and external audit.

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

FIGURE 3: INTERNAL AUDIT REPORTS ASSURANCE RATINGS 2016/17


Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Environmental Sustainability Report 2015/16			✓	
Annual Quality Statement				✓
Risk Management			✓	
Claims Reimbursement				✓
Workforce Management			✓	
Policy and Procedure Management			✓	
Financial Systems Review				✓
Health and Care Standards				✓
Electronic Staff Record				
Business Continuity Planning			✓	
Regulatory Compliance (Welsh Language)		✓		
Workforce Planning (Follow-up)			✓	

During 2015/16 a limited assurance was received for Workforce Planning. A follow up review took place during the year which provided a reasonable level of assurance. In 2016/17 one limited assurance report was received for Welsh Language Compliance. Public Health Wales recognises this as an area for improvement and an action plan has been put in place to address the report recommendations.

Wales Audit Office (WAO) provided the Committee with regular progress reports on external audits and monitored progress against recommendations. The Committee received periodic updates from the Executive Director of Public Health Services/ Medical Director with regard to the findings of a report, *NHS Consultant Contract: Follow-up of previous audit recommendations*. The audit assessed whether job planning processes had been strengthened across

the organisation in accordance with the recommendations of the Auditor General's 2013 Report: *Consultant Contract in Wales: Progress with Securing the Intended Benefits*; which set out how the amended consultant contract was being implemented across Wales. The review found that consultant job planning at Public Health Wales remained ineffective and the Trust still had a limited understanding of consultant commitments. The Committee approved the management response which provided a phased approach to addressing the follow-up audit's recommendations. It has closely monitored progress against agreed milestones within the management response.

In December 2016 – January 2017, the Committee undertook a Self-Assessment to assess its performance and 'effectiveness'. An online questionnaire, based on guidance in the *NHS Wales Audit Committee Handbook*,



The Audit and Corporate Governance Committee discussed the risk management and assurance arrangements that had been developed for the organisation.

was developed and circulated to Committee members and attendees in October 2016. Respondents included representative responses from WAO and NHS (Internal) Audit and Assurance Services. The results and report were considered by the Committee at an informal workshop in January 2017. Although the results were broadly positive, it was clear that further development was needed in a number of areas including member induction, training and the Committee's role in providing oversight of clinical audit. An action plan was developed and approved by the Committee in March 2017.

NHS Wales Shared Services Partnership carries out a number of functions on behalf of Public Health Wales. The Audit and Corporate Governance Committee receives reports from the internal audit function which provide it with assurance that these

functions are efficient and cost effective. Public Health Wales also has representation on the NHS Wales Shared Services Partnership Committee where any issues, which have been identified, are shared and fed back to the Committee.

The Audit and Corporate Governance Committee discussed the risk management and assurance arrangements that had been developed for the organisation.

The Committee receives the Board Assurance Framework (BAF) at each meeting and has oversight of those elements of the BAF which apply to its particular risks. It also receives the BAF in its entirety in order to seek assurances that the risks are being effectively managed and that the controls which are in place are adequate and fit for purpose. The Committee's role is to challenge the Executive on the management

of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

Information Governance Committee

The Committee restructure resulted in the Information Governance Committee being stood down, effective from June 2016. Consequently, the Information Governance Committee met once (in June) during 2016/17 and was quorate on this occasion. Responsibility for information governance has been transferred to the Quality, Safety and Improvement Committee.

At its final meeting, held on 3 June 2016, the Information Governance Committee received reports on information governance risks, incidents, statutory and mandatory training compliance and Freedom of Information Act requests. It also received an update report on progress against recommendations that applied to Public Health Wales that had arisen from an Information Commissioners Office (ICO) Audit of Information Governance Training.

Quality, Safety and Improvement Committee

As a consequence of the Committee restructure, it was proposed that the Quality and Safety Committee was re-designated as the Quality, Safety and Improvement Committee. It was felt that "Improvement" appropriately reflected the remit and purpose of the Committee with regards to the provision of direction, dynamism and a universal approach to quality. This change was approved by the Board on 29 November 2017.

As noted above, the Committee is now responsible for providing advice and assurance to the Board to enable it to discharge its responsibility for information

governance (see page 66). Operational management continues to be overseen by the Information Governance Working Group, which provides reports to the Committee. The Committee received the Information Governance Committee Legacy Statement at its meeting in October 2016.

The Quality, Safety and Improvement Committee met four times during 2016/17 and was quorate on all four occasions.

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

At the beginning of each meeting the Committee received a story from the perspective of service users or a member of staff. The stories included lessons learnt and action taken in response to the key messages from the story. This ensured the Committee 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. Some of the key items received by the Committee in 2016/17 included:

- an update on actions identified following the Francis Review, Trusted to Care Review (Andrews), the Gift of Complaints (Evans) and the Joint Review of Betsi Cadwaladr University Health Board. This update amalgamated any relevant actions from the above reviews and implementation is monitored annually by the Committee.
- a progress report following the transfer of Diabetic Eye Screening Wales (DESW) to Public Health Wales from Cardiff and Vale University Health Board. The Committee

was assured that the integration of DESW was a smooth transition

- a summary regarding the United Kingdom Accreditation Service (UKAS) assessment of the microbiology network against ISO 15189:2012. There were some areas identified where improvements were necessary to ensure full compliance with the new standard of accreditation. The network had maintained Clinical Pathology Accreditation (CPA) since 2009, and the October 2016 assessment recommended that CPA accreditation was maintained for the microbiology laboratories in the interim, while improvements were made to address the areas of non-compliance identified in the ISO 15189:2012 assessment
- updates on progress against the quality agenda identified within the IMTP and on the development of the Quality and Impact Framework, approved by the Board in November 2016. The Committee approved the Implementation Plan in January 2017, on which the Committee would receive updates. The Executive Director for Quality, Nursing and Allied Health Professionals also provided an update with regard to the implementation of the Skills and Career Framework for Health Care Support Workers. For further details on these developments in quality governance see page 65.

From 1 April 2016 Public Health Wales implemented Nursing and Midwifery Council Revalidation. The Committee was assured that training had been provided to all nurses currently working in a nursing role and to their appropriate managers. The Board later approved the adoption of an all Wales NHS Revalidation Policy.

The Quality, Safety and Improvement Committee received a quarterly Putting Things Right report which is an analysis of incidents, complaints, claims and compliments to identify trends, themes and

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

The Committee also reviewed all serious incidents reported within Public Health Wales and to the Welsh Government. For each serious incident the Committee queried what lessons had been learnt and reviewed the action plan which detailed the improvements made as a consequence.

Details of serious incidents are provided on page 74.

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

It also received and considered the section of the BAF which applied to its particular risks.

People and Organisational Development Committee

As a consequence of the Committee restructure, the Developing the Organisation Committee was stood down. The People and Organisational Development Committee was established to strengthen the required focus on our people in addition to developing the organisation as a whole. It was determined that the key areas of focus would be: people, Welsh language, equality, diversity and human rights, and health, safety and welfare.

The Committee monitored staff compliance levels for Statutory and Mandatory training, as detailed in the Core Skills Framework. Updates were provided at each meeting. In February 2017, it was reported that the aggregate figure for completion of mandatory training within Public Health Wales was 80%. The organisational compliance target (to reach by March 2017) is 95%. An update was received on the implementation

of staff e-learning, via the Electronic Staff Record, across the organisation.

This development would enable Public Health Wales to undertake a more effective and accurate compliance monitoring process and subsequently a more proactive and targeted management of compliance. All staff had access to e-learning via ESR from 1 February 2017.

The Committee considered how to improve the quality of the data it receives for monitoring and assurance. This included discussions on the development of a People Performance Dashboard to function as a central mechanism to manage all key people metrics across the organisation, informed by available data, best practice and peer consultation. Once approved, this management information will be reported to the Committee at every meeting in 2017/18.

The Committee agreed the interrelationship between the Board and the Committee in respect of monitoring delivery of actions in response to the NHS Staff Survey. It was agreed that oversight for the organisational staff survey plan is maintained at Board-level, with responsibility for refining and delivering the plan delegated to the Executive Team. Responsibility for providing assurance to the Board that the plan is being delivered is delegated to the Committee.

Responsibility for the oversight of organisational Health and Safety was transferred from the Quality, Safety and Improvement Committee to the People and Organisational Development Committee. The Committee received the Health and Safety Strategy Review and approved the Action Plan at its meeting in October 2016. As part of the new governance arrangements, the Committee received updates from the Health and Safety Group at every meeting. Further details are

provided on page 68.

The Committee also considered the Public Health Wales Values and Behaviours, which had been approved by the Board on 26 January 2017. It was agreed that the Committee would assume responsibility for providing assurance to the Board with regards to the launch and embedding of the Values. The Values and Behaviours were launched at the Staff Conference on 5 April 2017.

The Committee has also discharged its responsibilities with regard to equality and diversity. It approved the Equality Annual Report 2015/16 at its February meeting. The Committee provided oversight of the development of the Implementation Plan for the Public Health Wales Strategic Equality Plan, 2016 - 2020 (approved by the Board in March 2016). Once approved, the Committee will be responsible for reviewing progress and providing assurance to the Board. Further information on equality is provided on page 72.

The Committee received and considered the section of the BAF which applied to its particular risks.

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met seven times during 2016/17 and was quorate on each occasion.

The Committee considered and approved the appointment and remuneration for the newly appointed Director of People and Organisational Development and the Board Secretary and Head of Corporate Governance. It also considered applications in respect of the Voluntary Early Release Scheme (VERS) and any special severance payments. The matters approved by the Committee were ratified by the full Board. The Remuneration Report provides further information regarding these matters.

Board and Committee meetings held during 2016/17

Figure 4 outlines the dates of Board and Committee meetings held during 2016/17.

All of the Public Health Wales Board and Committee meetings were quorate during this period. Escalation arrangements are in place to ensure that, in the event of a committee not being quorate, any matters of significant concern would be brought to the attention of the Chair of the Board.

FIGURE 4: BOARD AND COMMITTEE MEETINGS 2016/17

Board/Committee	2016/2017						
Board	28 Apr	30 Jun	29 Sep	29 Nov	26 Jan	23 Mar	
Audit and Corporate Governance	5 May	2 Jun	6 Sept	19 Jan	14 Mar		
Quality, Safety and Improvement	12 Apr	5 Jul	6 Oct	25 Jan			
Information Governance*	2 Jun						
People and Organisational Development**	20 Oct	7 Feb					
Remuneration and Terms of Service	26 May	30 Jun	28 Jul	29 Sep	29 Nov	26 Jan	23 Mar

*Dissolved from June 2016 (see page 18).

** Established in June 2016 (see page 20)

Note: The Developing the Organisation Committee did not meet in 2016/17.

Review of Standing Orders and Scheme of Delegation and Reservation of Powers

An interim review of the Public Health Wales Standing Orders, Scheme of Delegation and Reservation of Powers was undertaken during 2016/17. Amendments were made:

- to the organisation's 'principle place of business', due to the re-location of the organisation's headquarters
- to amend the period for circulation of agendas and supporting papers to board members prior to board meetings from 10 to 7 calendar days

The amended Standing Orders were published in November 2016.

A review of the detailed Scheme of Delegation to Trust Officers is currently under review. This work will be progressed in 2017/18.

The Purpose of the System of Internal Control

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

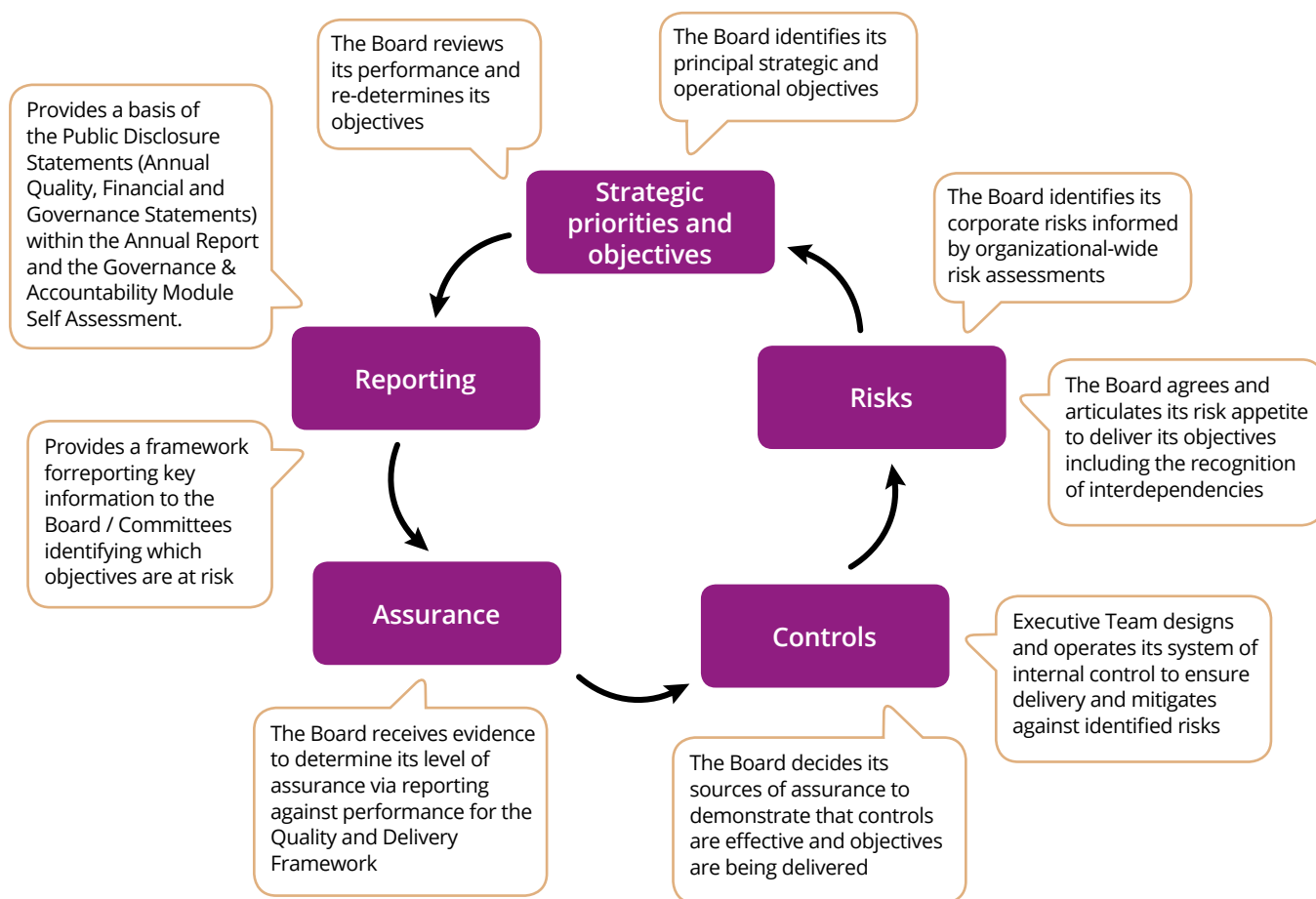
The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively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

31 March 2017 and up to the date of approval of the annual report and accounts.

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

This is illustrated in Figure 5.

FIGURE 5: BOARD ASSURANCE FRAMEWORK SYSTEM



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

- schemes of delegation
- policies and procedures

- performance data
- financial management information
- quality and safety processes

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

Capacity to Handle Risk

In 2016 considerable advances were made across Public Health Wales in relation to progressing the organisation's risk management system. The Chief Risk Officer took up post on 2 May 2016 and immediately focused on development of the Board Assurance Framework (BAF) and defining the strategic risks to the organisation. These were approved by the Board in June 2016.

FIGURE 6: PUBLIC HEALTH WALES KEY STRATEGIC RISKS 2016/17

Strategic Risk	Risk Score
There is a risk that Public Health Wales will fail to meet its statutory and regulatory obligations (e.g. Health and Safety, Welsh Language Act).	25
There is a risk that Public Health Wales will fail to retain or recruit suitably trained / qualified staff particularly in key positions and ensure the availability of appropriate capability.	16
There is a risk that Public Health Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal and safe Microbiology service, particularly in North Wales.	16
There is a risk that Public Health Wales will fail to respond effectively to new and emerging government priorities.	16
There is a risk that Public Health Wales will deliver products and/or services which fail to meet the required quality standards.	16
There is a risk that Public Health Wales will not be able to progress essential cross sector work, by influencing key partners and the Welsh Government.	16
There is a risk that Public Health Wales will fail to effectively implement the requirements of the Well-being of Future Generations (Wales) Act 2015 or be unable to realise the opportunities provided by the Act to achieve population health gains.	15
There is a risk that Public Health Wales will fail to achieve the transformation and service redesign requirements to deliver strategic priorities at the required pace.	12

The Board received updates on each risk and the respective actions at Board meetings from June 2016. It approved any amendments to the BAF, including the extension of individual action due dates.

In January 2017 the Board approved the addition of a specific risk with regard to the ability of the organisation to recruit and retain sufficient medical microbiologists,

particularly in North Wales. The Board also agreed that the risk "that Public Health Wales will fail to return a balanced budget" was moved from the Strategic Risk Register to the Corporate Risk Register for ongoing monitoring by the Executive Team. This operational risk had been managed in the year as financial performance continues to be in line with the forecasted financial break even position.



In March 2017, The Board also agreed to close the risk “that Public Health Wales will suffer a disruption to its key products and services of such a magnitude that it will compromise the organisation’s ability to deliver on its strategic priorities”. It was agreed that performance against the organisation’s Operational Plan is monitored and service, workforce and financial planning is taking place across the organisation to ensure plans are developed ahead of any potential disruption or implications being identified.

A review of strategic risks was undertaken in late 2016 to ensure alignment with the refreshed IMTP and these redefined risks were approved in March 2017. The Board will seek assurance regarding the redefined risks in 2017/18 and the BAF will be reviewed and controls and assurances will be mapped as appropriate.

There has been much emphasis on training during the year, with a total of 54 risk handlers trained across the organisation to support Directors, and risk owner training offered to all senior managers who are expected to take on these responsibilities. Guidance documents, nominated risk handlers, and a submission form available on the web-based incident reporting and risk management software,

Datix, all provide staff with support for reporting risks across the organisation. This makes the identification, reporting and management of risks more streamlined and effective.

A review of the Datix platform has been undertaken and changes have been made to streamline the process and make it more accessible. This has resulted in a system which allows for the consistent generation of risk registers to a corporate standard.

In addition, risks are captured at every level, from day-to-day risks faced by the staff on the ground, to the strategic risks at board-level. Individual directorates, 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 through our governance arrangements.

Executive/divisional directors are responsible for regularly reviewing their directorate/divisional risk registers, and for ensuring that effective controls and action plans are in place and monitoring progress.

The Executive Team review the Corporate Risk Register at their monthly business meeting, and the Board Assurance

Framework is reviewed bi-monthly in readiness for formal Board meetings.

There has been ongoing review of the effectiveness of the risk management arrangements during 2016/17.

The Chief Risk Officer has revisited the maturity matrix used to assess the organisation last year. The methodology was primarily based on a modified version of the HM Treasury Risk Management Framework 2009. The assessment showed an improvement, when compared to that undertaken in 2015/16, moving from a Level 2 to a Level 3: 'Risk management applied consistently and thoroughly across the organisation – Good'. However, a new maturity model is currently under development to provide a clearer assessment of the position. This will be suggested for approval in 2017/18.

An internal audit of the risk management system concluded that 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.'

In February 2017, the WAO Structured Assessment reported that: *a BAF was in place and that work to embed a risk management framework at an operational level was ongoing. Changes to the Committee structure were improving scrutiny of strategic risks with plans in place to further improve Board and Committee effectiveness.*

It was noted that: *robust directorate risk registers would be in place by March 2017 with arrangements for updating risks mirroring those for the BAF. At that time, the organisation intends to reassess organisational maturity in relation to risk management and annually thereafter.*

The BAF is published on the Public Health Wales website with the Board papers for

Board meetings. The BAF has been presented at all formal Board meetings since its adoption in June 2016.

Quality Governance Arrangements

As Chief Executive and Accountable Officer, together with the Board and Executive Team, I am responsible for ensuring that systems, processes and people both support and provide services and programmes which are safe and of optimal quality.

Quality, Nursing and Allied Health Professionals Directorate

The Quality, Nursing and Allied Health Professionals (AHP) Directorate, which was established in April 2015, has a pivotal enabling role within the organisation and is responsible for the following functions:

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

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

operational management of the organisation and the delivery of the corporate objectives. The Executive Director is also the Chair of the monthly Executive Team meetings that focus on quality and impact.

The Executive Director of Public Health Services/Medical Director is professionally accountable for medical staff employed by Public Health Wales. The Executive Director also has shared responsibility with the Executive Director for Quality, Nursing and Allied Health Professionals for ensuring clinical governance across the organisation.

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

In November 2016 the Board approved the Quality and Impact Framework. The Framework sets out the vision to be a quality and impact focused organisation, including the various components that we will use to demonstrate and measure against. In addition to the framework the organisation is also working towards establishing a quality improvement hub, to support and inspire innovation and continuous improvement across our functions, services and programmes.

There are a number of existing corporate groups that support the work of the Quality, Safety and Improvement Committee which assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety (see page 19). These include:

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

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

The Annual Quality Statement (AQS) is produced for the public and provides information about the work, function and progress of Public Health Wales. It is developed with involvement from service users and existing third sector networks that represent the public. The AQS was recommended for Board approval by the Quality, Safety and Improvement Committee on 15 May 2017 and will be published on the Public Health Wales website no later than 31 July 2017.

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

Information Governance

Public Health Wales has well established arrangements for information governance to ensure that information is managed in line with relevant information governance law, regulations and Information Commissioner's Office guidance. The Quality, Safety and Improvement Committee (see page 19) provides oversight, advice and assurance to the Board with regard to information governance issues.

The Caldicott Guardian for Public Health Wales is the Executive Director of Public Services/Medical Director and is the responsible person for protecting the confidentiality of patient and service-user

information and enabling appropriate information sharing.

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

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

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

The tool which Public Health Wales uses for assurance purposes is the Caldicott Principles into Practice (C-PiP) toolkit. The C-PiP assessment supports our applications to the Confidentiality Advisory Group (CAG) for 'Section 251 support' which is currently required for many of our services, including screening programmes and the cancer registry. This provides protection in law against breaching the common law duty of confidentiality by processing personal data without consent. Independent assurance reports are then provided by NHS Wales Informatics Service. Gaps in this assessment are subject to an action plan, the progress

on which is reported to the Quality, Safety and Improvement Committee. The plan will be presented to the Wales Information Governance Board in October 2017 to provide assurance that Public Health Wales is progressing towards our target of 91% compliance. In the meantime, the actions are being pursued as part of the Risk and Information Governance Workplan.

Work is well advanced on the development of the Information Asset Register (IAR), as required under Section 16(7) of the Reuse of Public Sector Information Act 2015. The IAR will provide the organisation with a much clearer understanding of its information assets, which in turn allows for a better understanding of the risks that the assets present. Due to the dynamic nature of such a register in an organisation with such complex information requirements as Public Health Wales, this is an extensive piece of work which will remain a key element of the workplan for the Risk and Information Governance team for the foreseeable future.

In order to further strengthen our Information Governance arrangements, an Information Governance Policy Framework has been approved.

Health and Care Standards for Health Services in Wales

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

The onus is on Public Health Wales to demonstrate that the standards are being used and are met on a continuous basis. To achieve this directorates and divisions undertake a self assessment against each of the standards to determine what areas are doing well and identify areas where improvements may be required. This year a peer review process was introduced to enable scrutiny of divisional/directorate

self-assessments. Representatives of Internal Audit attended this event to observe the process being followed as part of their audit of the arrangements for Healthcare Standards. This audit will evaluate and determine the adequacy of the systems and controls in place for the completion of the self-assessments.

Self assessment reports from each directorate has been presented to the Executive Team so that a collective organisational assessment, based on the returns of the seven directorates, could be agreed. Overall the position for 2016/17 had improved from the previous year. An internal audit review of the Health and Care Standards has been undertaken, although the report has not yet been received.

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

Health and Safety

A Health and Safety Framework Review was undertaken by Capita in February 2016 which analysed the health and safety provision across the organisation. The report, published in July 2016, identified gaps and risks, and made a series of recommendations to ensure Public Health Wales' compliance with legislative requirements.

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

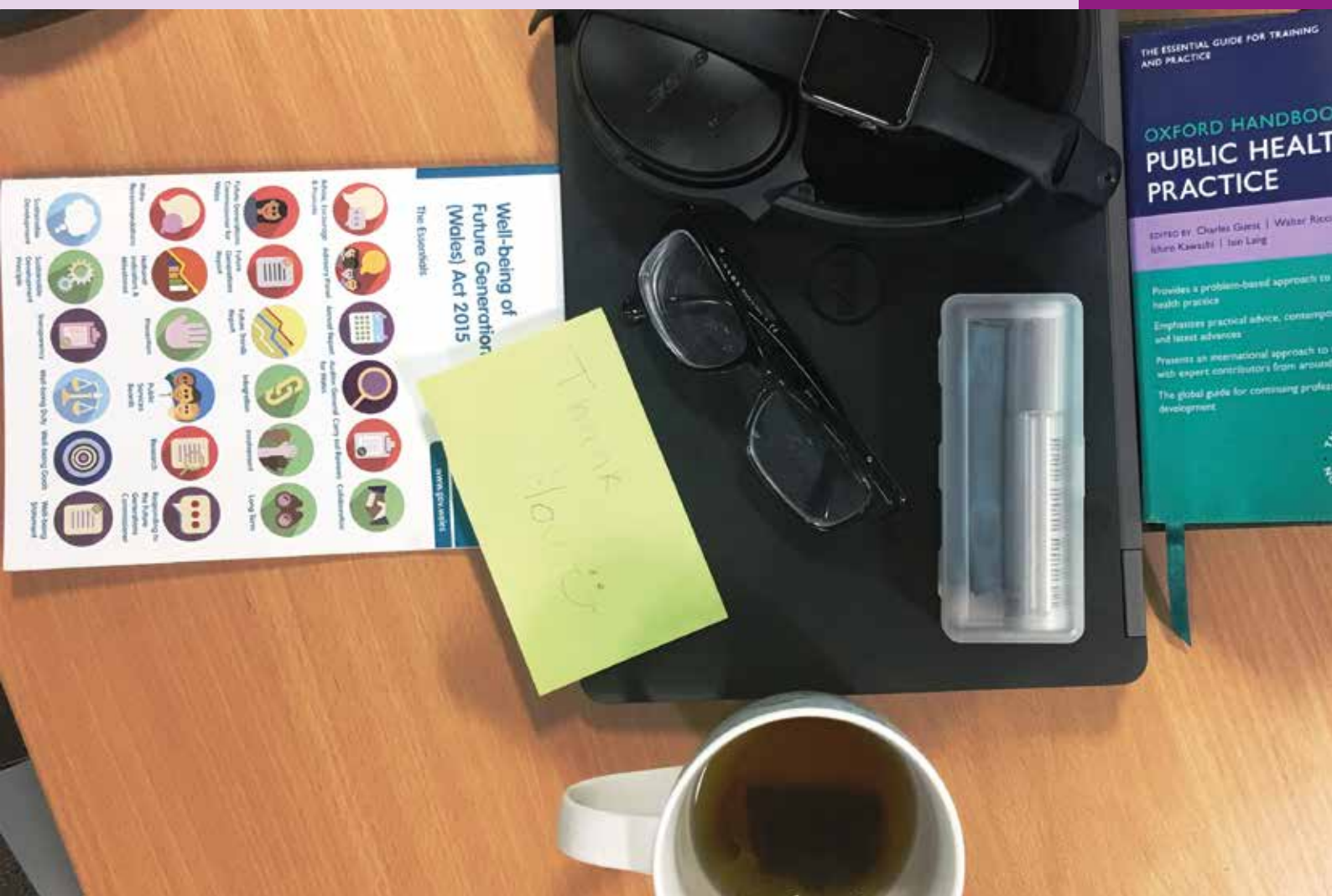
- The responsibility for oversight of health and safety was transferred from the Quality, Safety and Improvement Committee to the People and Organisational Development Committee.

- The Health and Safety Group was restructured with new Terms of Reference developed to address the new governance arrangements.
- A single Health and Safety Action Plan was developed which drew on the Capita and Public Health Wales internal reviews. Approved by the People and Organisational Development Committee in October 2016, the Plan had clear links to Health and Care Standards, appropriate prioritisation, timescales and accountabilities, and formal reporting mechanisms between the directorate and the group. Progress on the plan is reviewed on a quarterly basis.

Additionally, a dedicated Health and Safety Risk Register will be developed in consultation with the Chief Risk Officer. Work to progress this will be undertaken in Quarter 1, 2017/18.

The Action Plan also contains actions to enhance senior leadership of the organisation's health and safety. One action requires Board members to undertake an accredited Directing Safely Course and another for Non-Executive Directors to undertake scheduled "walkabout" inspections. Executive management is the responsibility of the Deputy Chief Executive/ Executive Director of Finance and Operations. At an operational level, a Head of Facilities and Health and Safety was appointed and commenced in post in January 2017.

A revised Health and Safety Policy was also approved by the Board in March 2017. This policy would be supported by sub-policies and a suite of detailed procedures and control documents which were under development.



Integrated Medium-Term Plan

Public Health Wales refreshed its three year strategic plan (also known as our Integrated Medium Term Plan), which was formally approved by our Board in March 2016. The Plan was subsequently approved by the Minister for Health and Social Services in June 2016, therefore satisfying the statutory duty for Public Health Wales to have an approved plan in place. Our strategic plan guides the action we undertake, and the resources we allocate, to deliver our seven strategic priorities. It articulates what we will achieve through the delivery of our priorities to have the maximum impact on health and wellbeing in Wales.

The Public Health Wales Strategic Plan 2017-20 has been formally approved by our

Board in March 2017 and has been submitted to Welsh Government for approval by the Cabinet Secretary for Health. Public Health Wales is currently awaiting the outcome of this decision.

Our Strategic Plan is refreshed on an annual basis as part of our internal planning arrangements. These arrangements are set out in our internal planning guidance, which outlines the approach and process by which Public Health Wales will refresh its Strategic Plan and develop an Operational Plan and balanced budget. This is underpinned by detailed Internal Planning Guidance to support staff in the development of requirements. These documents detail the governance arrangements for the development, including the role of the Board, Executive Team and directorates.



The Board has responsibility for setting the strategic direction, which informs the development and refresh of the plan. Detailed Board discussions to support development takes place as part of our strategic 'look back and forward' process, which we undertake annually. This examined the strategic and operational factors that may impact upon our priorities, along with reviewing progress and performance.

This process sets the strategic direction and context for the detailed plans to deliver each of our priorities to be developed. Draft versions of the plans were discussed with the Board as part of the development process. This included formal feedback, which resulted in the plans being amended. Draft versions of the strategic plan were formally approved by the Board in January and March 2017 respectively.

The Board actively managed our progress in delivering our plans as part of our performance management arrangements. A performance report is scrutinised by the Board at each Board meeting. Via these reports, the Board was able to receive assurance that progress was being made against actions included in the IMTP. Further assurance has been gained through the Joint Executive Team meeting between Public Health Wales and Welsh Government, which provided positive feedback on our final end of year position for 2016/17. During

2016/17, we continued the development and implementation of performance management and reporting arrangements to monitor our progress against our plan and key performance indicators. A Financial Performance Report is also scrutinised by the Board alongside the performance reports to allow the Board to ensure delivery of the strategic plan is in line with the projected financial position.

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

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

Progress against the action set out in previous years is a key driver in the development and refreshing of our plans. This information plays a key role in

discussions undertaken as part of the 'look back' process and is used by the Board to guide and shape the strategic direction set out in our plans.

Continuous Improvement and Strategic Reviews

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

Strategic Review of Screening Services

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

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

The review report contains twenty recommendations, with suggested timescales for implementation of up to three years. It has been shared with staff, trades unions and senior managers. Staff were encouraged to provide feedback and comments. Actions to meet some of the recommendations were already underway by the time the report was received, including six of the thirteen identified as short term.

Longer term actions will be incorporated into the major 'Screening for the Future' project, which will have several inputs including the external review report and the divisional responses to the recent staff survey. We are establishing a project structure, which will include staff and Trades Union representation, and a project plan.

Recruitment of a fixed-term project manager is underway. Staff will be fully involved in the development and implementation of the project.

External Quality Peer Review of Health Intelligence Division

During June 2016, as part of continuous quality improvement, the Health Intelligence Division took part in a peer review involving peer health intelligence experts from England. This included a review of key documentation, discussions with internal and external stakeholders (including users and suppliers) and consideration of the outputs and processes of the division using a structured tool developed for Observatory peer review.

This review concluded that the division's work was of high quality and trusted and valued. It raised a number of areas for the division to consider, particularly in relation to stakeholder engagement, branding and narrative and working within the division. In addition, it raised a number of issues which needed wider consideration, including opportunities for a more integrated intelligence function across Public Health Wales and clarifying strategic leadership for intelligence functions within Public Health Wales.

Since this review an action plan has been put in place with changes in how internal arrangements, increasing flexibility and improved working with stakeholders. The findings of the review informed the terms of reference for the strategic review of health intelligence functions of the organisation as a whole.

Strategic Review of Health Intelligence Functions

To assist Public Health Wales Executive in setting out the strategic direction for public

health intelligence services across the organisation a strategic review is being undertaken. This recognises that the environment we work in is changing, including the users we engage with and their needs. The opportunities, methods and approaches to identifying, developing and communicating intelligence are also developing.

As an organisation, the intelligence we deliver also needs to adapt and be fit for the future ahead. This includes the agility and approaches to exploit the opportunities of the well-being of our future generations and improve the outcomes for the people of Wales.

This review involves an external team leading a process of engagement and making recommendations relating to:

- the remit of health intelligence services in Public Health Wales
- structure to ensure effective and co-ordinated strategic leadership
- modern models of delivery
- how to best capitalise on policy, technological and resource opportunities for the future

The review's work is informed by an advisory group including the Chief Medical Officer, the Chair of the NHS Informatics Task Force, a Public Services Board chair, the Executive Director of Health and Wellbeing and the Director of Policy, Research and International Development.

Phase 1 of this review has been completed including interviews with key stakeholders to identify areas that need particular focus to address these questions. It is anticipated that a report will be presented to the Executive Team in July 2017.

Review of Dental Public Health

Public Health Wales undertook a review of the dental public health functions and

resource. This was necessary to ensure dental public health functions were prioritised and aligned to maximise the impact of the dental public health team in Wales. The review report made a series of recommendations including three key areas for the team to provide national leadership and deliver on, namely: Oral Health Improvement, Dental Services Innovation and Quality and Oral Health Intelligence. The review report has been shared with external stakeholders including the Welsh Government and review recommendations have been approved by the Executive Team for implementation.

A project board has been established within Public Health Wales to monitor and advise on implementation of the review recommendations. The Dental Public Health Team Lead has been appointed who will work with internal and external stakeholders to lead the implementation of the review recommendations during 2017/18. Progress reports will be provided to the Project Board, the Executive Director of Health and Wellbeing and in accordance with any Public Health Wales governance processes as required.

Mandatory Disclosures

Equality, Diversity and Human Rights

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

Work is underway to fulfil the equality objectives set out in our revised Strategic Equality Plan 2016 - 2020 which was published in March 2016. As an organisation we are also particularly keen to promote equality through positive action ensuring that what we do as part of our everyday

business is fair, fully accessible and inclusive to all populations and individuals, including those who are protected from discrimination under the Equality Act 2010.

Supporting the revised Strategic Equality Plan, an implementation plan has been developed to progress the equality work stream. While corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee, further work is required to ensure that governance arrangements to measure progress against the equality action plan are in place. These arrangements are likely to be different in terms of how the organisation has traditionally monitored progress against equality. In delivering against this plan a firm commitment has been made by all parts and levels of the organisation to consider equality a part of the work they are doing. In line with the public sector reporting duties, the trust will be publishing its annual Equality Report highlighting its progress so far. We will also reporting on our employment, training and equality data.

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

Public Health Wales recognise that more needs to be done to ensure that the services we deliver are inclusive and that the

workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality.

They are starting to engage more with people from protected communities to inform their work. In adopting this practice we will develop strong partnerships with people from protected communities and learn from them and with them. Work is also underway to review our recruitment processes to ensure we are attracting a diverse pool of individuals to our workforce. The organisation is committed to a number of workforce related initiatives, for example Disability Confident, Time for Change and are also considering becoming a member of the Stonewall Diversity Champion Scheme. Supporting such initiatives will move us forward as an organisation in terms of workforce diversity.

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

Welsh Language

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

Over the past six years Public Health Wales has been implementing its statutory Welsh Language Scheme and, more recently, the

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

In September 2015 Stop Smoking Wales became the subject of a statutory investigation under section 17 of the Welsh Language Act 1993. This was as a direct result of a complaint made to the Welsh Language Commissioner by a service user. The complaint related to an allegation that Stop Smoking Wales did not provide face to face smoking cessation sessions (group and one to one) in Welsh in the Cwm Taf area, and was therefore in breach of the Public Health Wales Welsh Language Scheme. A report was issued in June 2016. The Commissioner's report makes recommendations to address the issues raised in the report, and Public Health Wales is working to address these.

Over the next two years there will be sustained focus and momentum with regard to achieving our Welsh language commitments, and the People and Organisational Development Committee, Executive Team and Board will receive regular progress reports. Annual monitoring reports will continue to be presented to the Board, the Welsh Language Commissioner, and the Welsh Government.

Handling Complaints and Concerns

Public Health Wales has arrangements in place to enable it to manage and respond to complaints and concerns in order to meet the requirements of the NHS (Concerns, Complaints and Redress Arrangements) (Wales)

Regulations 2011 and the All Wales Policy Guidance for Putting Things Right. The Quality, Safety and Improvement Committee has oversight of complaints and concerns (see page 58).

In 2016/17 a total of three Serious Incidents, one of which was a 'never event', were reported to the Welsh Government, two of which related to the Screening Division and one to the Microbiology Division. In addition, 45 formal complaints were received for the period.

Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2016/17, Public Health Wales received 55 requests for information by the end of March 2017.

52 of these were answered within the 20 day target, 2 were transferred to another NHS body and 1 was responded to outside of the deadline. None were withdrawn.

Sustainability and Carbon Reduction Delivery Plan

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



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

We monitor the organisation's carbon footprint using 2015/16 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do. To improve this we have specified environmental and social sustainability criteria in our investments in large estates projects. For example, our new premises at No 2 Capital Quarter, Cardiff, has an 'excellent' BREEAM rating. Around 94% of the items of furniture needed for the 550 staff who moved in, were either remanufactured or refurbished on site by five unemployed individuals, some with disabilities. All were trained and a number have moved into permanent employment. The project has delivered a reduction in 134 tonnes of CO₂ emissions and over 40 tonnes of waste to landfill has been avoided. We aim to adopt these principles for future office projects.

Emergency Planning/Civil Contingencies

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

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

- risk assessment
- emergency plans
- warning and Informing
- sharing of information
- cooperation with local responders

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

The organisation regularly collaborates with partner agencies to develop flexible plans to enable a joint effective response to an incident in order to establish resilience in the face of a broad range of disruptive challenges. During 2016/2017 Public Health

Wales has engaged with partners in the planning for pre-hospital major incident response, mass casualty incident response, provision of mutual aid in response to a major incident as well as the UEFA Champions Leagues Final (2017).

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

The Public Health Wales Emergency Response Plan details the organisation's response arrangements to any emergency, incident or outbreak that impacts on or requires the mobilisation of public health resources and capabilities beyond the norm. In 2016/2017, the organisation reviewed the plan incorporating lessons learned from previous incidents and exercises and in light of risk assessment. The organisation has implemented and embedded the plans across the organisation focusing on issue and dissemination, training of key staff as well as validating the plan through exercising.

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

Public Health Wales has an Emergency Planning Group to co-ordinate emergency

planning arrangements within the organisation. As part of a strengthening of the governance of emergency planning, these arrangements were reviewed in the last quarter of 2016/17. Proposals for strengthened internal arrangements have been identified as part of forward planning for 2017/18.

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

Business Continuity

During 2016/17, Public Health Wales took forward the work started in October 2015 to develop the organisation's business continuity arrangements. This includes the development of a Business Continuity Framework, which provides the principles, approach and assumptions that drive the development, implementation and ongoing maintenance of business continuity arrangements within the organisation and an Incident Management Process that describes the response and recovery process for the Public Health Wales management of business continuity incidents which were approved by the Board in November 2016.

In developing our arrangements a Business Impact Analysis was undertaken by each directorate/division to identify the critical functions (key services) and analyse the effect that a business disruption may have on them. This informed the development of business continuity plans for each directorate/division and a business continuity plan for Capital Quarter 2 (the organisation's headquarters).

To further develop and strengthen our business continuity arrangements, a work programme has been developed that describes the actions that will be undertaken over the next three years. The work programme includes actions identified

during the development of the Business Continuity Framework and Process, learning and testing following exercising of the plans and training of the Business Continuity Tactical Management Team. The implementation of the work programme will be overseen by the Business Continuity Group, which includes representation from all services in Public Health Wales.

Data Security

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

Public Health Wales did not report any data security lapses to the Information Commissioners Office (ICO) during 2016/17. In January 2017 Velindre NHS Trust reported a serious untoward incident to the Welsh Government on behalf of Public Health Wales. The incident, which took place in October 2016, had a UK-wide impact and was reported to the ICO by every NHS Wales health board. The incident was a serious "hacking / data breach" of the company employed by Velindre NHS Trust (on Public Health Wales' behalf) to provide radiation dosimeters. An investigation identified that some data held on behalf of the Velindre Trust (and Public Health Wales) was affected. The company confirmed that the immediate threat was quickly addressed and that the affected UK server and entire UK IT Network were rebuilt as a consequence. The company has also undertaken a complete review of its IT security policies and procedures to prevent such an incident from re-occurring.

UK Corporate Governance Code

We are required to comply with the *UK Corporate Governance Code: corporate governance in central government departments: code of good practice 2011*. The information provided in this governance statement provides an assessment of how we comply with the main principles of the Code as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the organisation's self-assessment against the Governance, Leadership and Accountability Standard (as part of the Health and Care Standards), a focussed self-assessment undertaken by the Board in March 2017, and supported by evidence from internal and external audits. Public Health Wales is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation's wider Annual Report. There have been no reported departures from the Corporate Governance Code.

NHS Pensions Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 12 to the accounts provides details of the scheme, how it operates and the entitlement of employees.

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. During 2016/17 13 Non-Statutory Instruments were issued by the Welsh Government. Each of these were aimed specifically at services which are delivered by Local Health Boards, so no action was required by Public Health Wales.

Public Health Wales has acted upon, and responded to all Welsh Health Circulars which have been issued during 2016/17 and which were applicable to Public Health Wales.

Hosted Bodies

Public Health Wales has hosted two bodies during 2016/17:

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 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 were 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 were established to ensure there were no conflicts of interest.

The hosting agreement between Public Health Wales and the Commission was due to cease on 31 March 2016. However, due to ongoing discussions regarding transfer arrangements, it was necessary to extend the agreement until 30 June 2016. The

Commission was officially transferred to its new host organisation, Swansea University, on 1 July 2016.

NHS Wales Health Collaborative

Established on 1 February 2015, the NHS Wales Health Collaborative brings together the South Wales Collaborative, the Programme Management Unit and the Chief Executives' Support Unit.

The initial one-year agreement between Public Health Wales and the Collaborative ceased on 31 March 2016. A revised hosting agreement between Public Health Wales and the NHS Chief Executive Management Team for 2016-19 was approved by the Public Health Wales Board in April 2016. It provides details of the responsibilities of the Public Health Wales Board and the hosted body. The Board receives assurance on compliance with the terms of the agreement through the production of an Annual Compliance Statement and Report from the collaborative. The Report for 2016/17 was received by the Audit and Corporate Governance Committee in March 2017.

In September 2015, the Board approved the Collaborative taking over the organisation and management of the clinical networks in the NHS following an extensive exercise led by NHS Chief Executives. This consequently required an approval by the Board to host the networks through the Collaborative. The majority of staff were transferred by the end of July 2016. The Collaborative has its own risk management process and risks from their Corporate Risk Register would be escalated to this Board as appropriate.

The Collaborative also acted on behalf of NHS Wales in hosting an outcomes focused joint working project with the pharmaceutical company Novartis. This was conducted under a formal Joint Working Agreement (JWA) that ran from summer

2015 to the end of September 2016. As the host body for the Collaborative, Public Health Wales acted as the formal signatory to the JWA. The Board received a report on the outcomes of the project in January 2017. Lessons from the project are being used to inform the development of an NHS Wales framework for future partnership working with industry.

Staff and Staff Engagement

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

In support of the Board and Executive we have one formal advisory group - the Partnership Forum. This has not met in 2016/17 although meetings are scheduled for 2017/18.

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

Review of Effectiveness

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

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

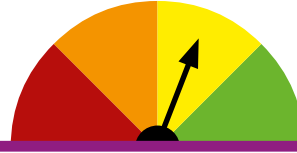
Internal Audit

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

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

The Head of Internal Audit has concluded:

Reasonable assurance



"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."

In reaching this opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas. Continued improvements had been identified since the previous year with regard to organisational risk management, although it was noted that the introduction of new risk management policies and procedures had been delayed. Systems and arrangements for financial governance and management, policy and procedure management and business continuity have also been strengthened.

The one exception, however, during 2016/17 was Welsh Language Compliance where a small number of control weaknesses were identified which led to the conclusion of limited assurance. An action plan has been put in place in response to the report recommendations.

The Audit and Corporate Governance Committee tracks all recommendations made by the Head of Internal Audit and ensures that they are addressed within the organisation. For further details of the reports received see page 55.

Counter Fraud

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales. Their work plan for 2016/17 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit and Corporate Governance Committee. The Audit and Corporate Governance Committee received the Counter Fraud and Corruption Annual Report for 2016/17. A Self Risk Assessment was undertaken against the NHS Protect Standards for Providers – Fraud, Bribery and

Corruption/NHS Standard Contract. Public Health Wales achieved a 'green' rating for each of the standards, which means there are no areas identified for improvement.

External Audit – Wales Audit Office (WAO)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The WAO undertakes the external auditor role for Public Health Wales on behalf of the Auditor General. The WAO completed their Structured Assessment for 2016 and overall they concluded that the organisation had continued to strengthen corporate governance arrangements and has made progress in addressing previous recommendations. Financial arrangements were working well but Board reporting on performance against the budget strategy and the IMTP milestones could be improved.

Specifically, the report concluded that:

- financial planning and budgetary management continued to work well but the content and format of financial reporting could be improved
- corporate governance and Board assurance arrangements were largely sound and continued to mature. This included arrangements for strategic and operational planning, although Board reporting on progress against IMTP milestones would need further development
- the organisation continued to strengthen governance arrangements for quality through the ongoing implementation of the quality and impact framework.
- the organisation's arrangements for engaging service users and seeking feedback continued to evolve and arrangements for learning from complaints and incidents continue to improve

The report made a number of recommendations relating to financial planning. Specifically, that:

- where savings rely on reducing or withdrawing funding to external organisations, we should discuss the plans with these organisations before finalising directorate budgets
- we ensure that the nature of risk associated with individual savings schemes are recorded for every scheme
- we ensure that that (re)investment plans include sufficient detail on costs and timescales as early as possible in the budget setting process
- we review the format and content of Board finance reports to ensure that information enables the Board to track performance; provide assurance on the implications of financial performance on the quality, safety and delivery of services; and, provide better links to the performance delivery framework in the IMTP

Approaches to the organisation's financial planning will be adjusted to address these issues. The report also recommended that the BAF include more explicit linkage between strategic priorities and the strategic risks recorded in it. We agreed that details of strategic priorities would be appended to the BAF in order to strengthen links. A final recommendation regarding quality governance recommended that we agree which management group would maintain oversight of the recommended actions arising from the 'Review of Lessons Learnt from Incidents, Concerns and Claims'. It has been agreed that oversight would be monitored by the Service User Experience and Learning panel with exception reports received by the Executive Team.

Quality of Data

It was recognised in the Board Self-Assessment undertaken in March 2017 that although the Board felt that the information it and its key committees received generally supports scrutiny and assurance, there were gaps in some areas.

Conclusion

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

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

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



Signed: _____

Dr Tracey Cooper

Chief Executive and Accountable Officer,
Public Health Wales



Annex 1: Board and Committee Membership/Attendance 2016/17

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2016/17***	CHAMPION ROLES
Professor Sir Mansel Aylward CB	Chair (Period of absence: 7 December 2016 – 30 April 2017)		<ul style="list-style-type: none"> • (Chair) Board • (Chair) Remuneration and Terms of Service Committee 	3/6 4/7	Veterans
Professor Simon Smail CBE	Vice Chair (Acting Chair: 7 December 2016 – 30 April 2017)		<ul style="list-style-type: none"> • (Vice Chair/Acting Chair) Board • (Vice Chair/Acting Chair) Remuneration and Terms of Service Committee • (Chair) Quality, Safety and Improvement Committee 	5/6 7/7 4/4	Putting things right Safeguarding
Dr Carl Clowes OBE	Non-Executive Director	Third Sector Member	<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee • Quality, Safety and Improvement Committee • Information Governance Committee • Remuneration and Terms of Service Committee • People and Organisational Committee 	4/6 5/5 1/2 1/1 6/7 2/2	
Professor Gareth Williams	Non-Executive Director	University Member	<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee • Remuneration and Terms of Service Committee • People and Organisational Development Committee 	6/6 3/4 5/7 2/2	Service user experience
Terence Rose CBE	Non-Executive Director		<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee (Chair – 1 April 2016 – 30 June 2016) • Quality, Safety and Improvement Committee • Information Governance Committee • Remuneration and Terms of Service Committee • People and Organisational Development Committee (Chair – from 30 June 2016) 	6/6 3/3 2/2 1/1 6/7 2/2	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2016/17***	CHAMPION ROLES
Kate Eden	Non-Executive Director		<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee (Chair – from 30 June 2016) • Quality, Safety and Improvement Committee • Remuneration and Terms of Service Committee • Information Governance Committee (Chair) 	5/6 5/5 4/4 6/7 1/1	
Alison Ward CBE*	Interim Non-Executive Director (1 April 2016 – 31 October 2016)	Local Authority Member	<ul style="list-style-type: none"> • Board 	2/3	
Jack Straw OBE	Non-Executive Director (from 1 November 2016)	Local Authority Member	<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee • Remuneration and Terms of Service Committee • People and Organisational Development Committee 	3/3 2/2 3/3 1/1	
Tracey Cooper	Chief Executive		<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee** • Remuneration and Terms of Service Committee** <p>Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee. The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p>	6/6 2 7/7	
Huw George	Executive Director of Operations and Finance/ Deputy Chief Executive		<ul style="list-style-type: none"> • Board • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Remuneration and Terms of Service Committee** 	6/6 5/5 2/2 5/7	
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director		<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee** • Information Governance Committee** 	5/6 3/4 0/1	
Dr Chrissie Pickin	Executive Director of Health and Wellbeing		<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee** 	6/6 3/4	

NAME	POSITION	AREA OF EXPERTISE REPRESENTATION ROLE	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2016/17***	CHAMPION ROLES
Rhiannon Beamont-Wood*	Executive Director of Quality, Nursing and Allied Health Professionals		<ul style="list-style-type: none"> • Board • Quality, Safety and Improvement Committee** • Information Governance Committee** • Audit and Corporate Governance Committee** • People and Organisational Development Committee** 	6/6 4/4 1/1 3/4 2/2	
Professor Mark Bellis OBE	Director of Policy, Research and International Development		<ul style="list-style-type: none"> • Board* • Quality, Safety and Improvement Committee** 	5/6 0/3	
Hywel Daniel (interim from 1 April 2016 – 26 June 2016)	Director of People and Organisational Development		<ul style="list-style-type: none"> • Board* • Remuneration and Terms of Service Committee** • People and Organisational Development Committee** 	1/1 1/1 1/2	Welsh Language
Phil Bushby (from 27 June 2016)			<ul style="list-style-type: none"> • Board* • Remuneration and Terms of Service Committee** • People and Organisational Development Committee** 	4/5 4/6 1/2	Equality
Dr Aidan Fowler	Director of NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service		<ul style="list-style-type: none"> • Board* • Quality, Safety and Improvement Committee** 	5/6 1/4	
Melanie Westlake (from 1 April 2016)	Board Secretary and Head of Corporate Governance		<ul style="list-style-type: none"> • Board** • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** • Information Governance Committee** • Remuneration and Terms of Service Committee** • People and Organisational Development Committee** 	6/6 5/5 4/4 1/1 6/7 2/2	
Stephanie Wilkins*	Representative of Partnership Forum		<ul style="list-style-type: none"> • Board** • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** • Information Governance Committee** • People and Organisational Development Committee** 	5/6 Stephanie Wilkins was invited to attend committee meetings from September 2016. There is no explicit requirement for her to attend every meeting.	

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

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

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

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

Remuneration and Staff Report



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

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

The definition of "Senior Manager" is:

"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

For Public Health Wales, the senior managers are considered to be the regular attendees of the Trust Board meetings, i.e. the Executive Directors, the Non-Executive Directors and the remaining Board-Level Directors.

Remuneration and Terms of Service Committee

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

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

All Executive Directors' pay and terms and conditions have been, and will be, determined by the Remuneration and Terms of Service Committee within the

Framework set by the Welsh Government.

During 2016/17 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Professor Sir Mansel Aylward CB (Chair)
- Dr Carl Clowes (Non-Executive Director)
- Kate Eden (Non-Executive Director)
- Terence Rose (Non-Executive Director)
- Professor Simon Smail (Non-Executive Director and Vice Chair (Note: Acting Chair from 7 December 2016-30 April 2017 inclusive))
- Jack Straw (Non-Executive Director (from 1 November 2016))
- Professor Gareth Williams (Non-Executive Director)

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

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

Hywel Daniel was Interim Director of People and Organisational Development from 1 April 2016 to 26 June 2016. Melanie Westlake was Interim Board Secretary on secondment from Cardiff and Vale University Health Board from 1 April 2016 and was appointed into the post from 1 October 2016.

During 2016/17, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):

Approved the appointment and remuneration for the following:

- Director of People and Organisational Development at £99,000;
- Board Secretary and Head of Corporate Governance at £72,051

Approval of the following agreements:

- Approval of 6 applications, totalling £161,172 under the Voluntary Early Release Scheme
- Approval of 4 settlement agreements totalling £65,805

Salary and Pension Disclosures

Details of salaries and pension benefits for senior employees are given in Annexes 1 and 2.

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

The single figure includes the following:

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

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

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

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

As the pension benefit figure is calculated on the basis of an increase in the year, any new staff joining the organisation or the Board will show a very high figure.

Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2015/16 figure is 0% as set out by the 2016/17 Greenbury guidance.

Remuneration Relationship

NHS Bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce. This information is provided in note 9.5 to the Financial Statements.

2016/17 Staff Report

Number of senior staff

As of 31 March 2017 there were nine senior staff that made up the Executive Team; they were also Board members or regular attendees. Their pay bands are broken down as follows:

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

Staff Numbers

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

	Permanently Employed (inc Fixed Term) WTE	Agency Staff WTE	Staff on inward secondment WTE	2016/17 Total WTE	2015/16 Total WTE
Administrative, clerical and Board members	804	18	25	847	768
Medical and dental	73	3	26	102	103
Nursing, midwifery registered	57	0	0	57	57
Professional, scientific and technical staff	496	0	0	496	426
Total	1,430	21	51	1,502	1,352

The average WTE figure has increased by 150 due to Diabetic Eye Screening Wales staff transferring to Public Health Wales from 1 April 2016 and Clinical Networks staff transferring to Public Health Wales from 1 October 2016.

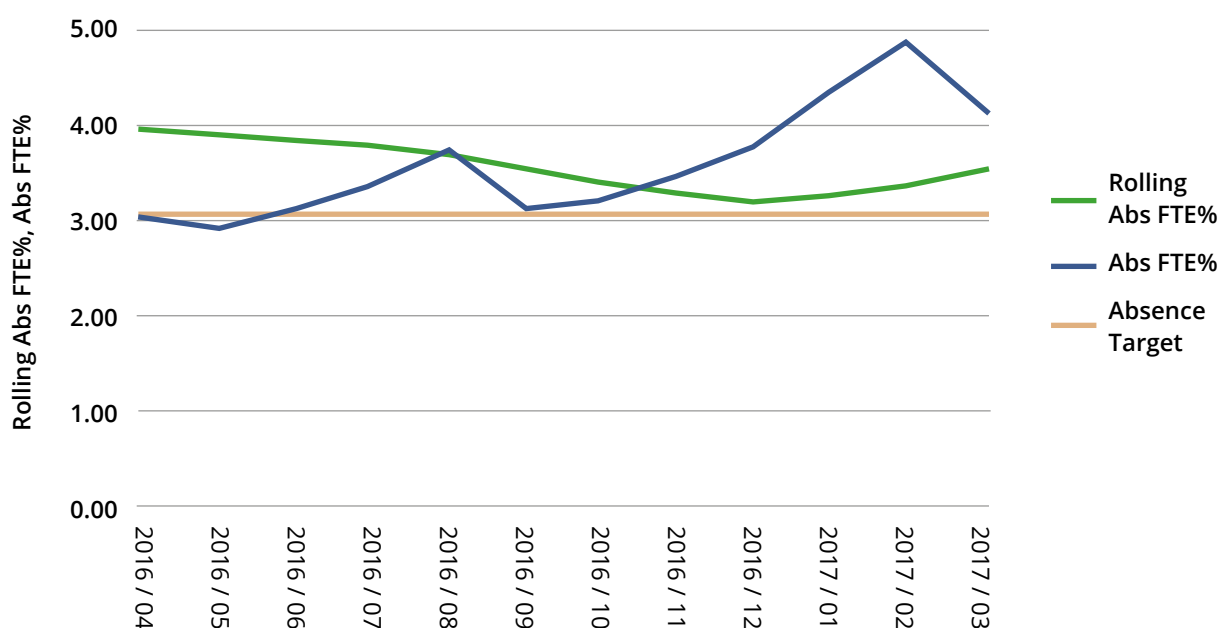
Staff Composition

The gender breakdown of senior staff (Executive Team) and other employees as of 31 March 2017 was as follows:

	Male	Female
Senior Staff (Exec Team)	5	4
Other employees	394 (23%)	1,302 (77%)

Sickness Absence data

Sickness absence timeline (including rolling absence) 1 April 2016 to 31 March 2017



Cumulative Sickness 2016/17

Absence % (FTE)	Absence Days
3.59%	22,285

Sickness by Month 2016/17

Month	Absence % (FTE)
April 2016	3.15%
May 2016	2.95%
June 2016	3.14%
July 2016	3.40%
August 2016	3.70%
September 2016	3.25%
October 2016	3.28%
November 2016	3.56%
December 2016	3.73%
January 2017	4.14%
February 2017	4.62%
March 2017	4.13%



February 2017 was a particularly difficult month for sickness absence in Public Health Wales; however it is entirely predictable that sickness will increase over the winter period. This started to decline in March 2017 and has continued to do so.

In addition, we are still dealing with a significant number of long term sickness cases that we have been working with the service on developing action plans to support a return to work where possible. Work continues to monitor sickness across directorates, and re-audits for hot spot areas are included within the work programme for the People and Organisational Development Directorate in 2017/18.

Additionally a Task and Finish Group has been established with managers, staff and trade unions to develop an action plan to address sickness absence across Public Health Wales. This has been discussed and actions have been allocated with timescales for completion.

Staff policies applied during the financial year

The Trust's workforce policies cover all aspects of employment, from recruitment and selection, training and development to terms and conditions of service and termination of employment. They also set out the guiding principles that influence the way Public Health Wales carries out its employment based activities and the

expectations of all staff. Some of these policies are developed with other NHS organisations on an "all Wales" basis and their adoption is mandatory. Public Health Wales also has a range of policies which enable people with a protected characteristic (including disability) to gain employment with the Trust, and remain in employment where appropriate, should they become covered by a protected characteristic during their employment.

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

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

The All Wales Sickness Absence Policy provides guidance on the support available and provided to employees if they become

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

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

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

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

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

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

Expenditure on Consultancy

For the purposes of the statutory accounts Consultancy is defined as time limited/ ad-hoc assignments that are not considered to be related to the day-to-day activities of the Trust. This can include expenditure on services such as:

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

During 2016/17, Public Health Wales' expenditure on consultancy was £418k.

Tax Assurance for Off-Payroll Engagements

The Trust is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, the Trust has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website.

Exit Packages

The figures disclosed in this note relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data is therefore presented on a different basis to other staff cost and expenditure notes in the accounts.

Table 1	2016-17	2016-17	2016-17	2016-17	2015-16
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	2	2	0	0
£10,000 to £25,000	0	7	7	0	0
£25,000 to £50,000	0	0	0	0	3
£50,000 to £100,000	0	1	1	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	10	10	0	3
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	15,811	15,811	0	0
£10,000 to £25,000	0	134,466	134,466	0	0
£25,000 to £50,000	0	0	0	0	34,875
£50,000 to £100,000	0	76,700	76,700	0	68,054
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	226,977	226,977	0	102,929

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

Annex 1a: Single figure of remuneration (2016/17)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150-155	-	35	180-185
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	120-125	-	9	130-135
Dr Quentin Sandifer, Executive Director of Public Health Services	155-160	-	27	180-185
Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality	100-105	-	25	125-130
Dr Christine Pickin, Executive Director of Health and Wellbeing	125-130	-	30	155-160
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality	175-180	-	134	310-315
Prof. Mark Bellis, Director of Policy Research and International Development	120-125	-	28	145-150
Melanie Westlake, Board Secretary ¹	35-40	-	460	495-500
Phil Bushby, Director of People and Organisational Development ²	75-80	-	18	90-95
Hywel Daniel, Interim Director of People and Organisational Development ³	20-25	-	14	30-35
Non Executive Directors:				
Professor Sir Mansel Aylward	40-45	-	0	40-45
Dr Carl Clowes	5-10	-	0	5-10
Professor Simon Smail ⁴	20-25	-	0	20-25
Terence Rose	5-10	-	0	5-10
Professor Gareth Williams ⁵	0	-	0	0
Kate Eden ⁶	5-10	-	0	5-10
Jack Straw ⁷	0-5	-	0	0-5

¹ Melanie Westlake was Interim Board Secretary on secondment from Cardiff & Vale from 1 April 2016 and was appointed into the post from 1 October 2016. The figures in the table above relate to the period 1 October 2016 to 31 March 2017.

² Philip Bushby joined the organisation on 27 June 2016.

³ Hywel Daniel was Interim Director from 01 April 2016 to 24 June 2016.

⁴ Professor Smail was Acting Chair from 7 December to 30 April 2017.

⁵ Although Professor Williams received no direct remuneration for his duties, Cardiff University was paid £10k per annum by the Trust due to his relationship with them as a former employee and emeritus professor.

⁶ Kate Eden joined the Board on 01 April 2016.

⁷ Jack Straw joined the Board on 01 November 2016.

Please refer to point 3.6 for clarification of the value of pensions.

Annex 1b: Single Figure of Remuneration (2015/16)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	150-155	-	40	190-195
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	125-130	-	111	235-240
Dr Quentin Sandifer, Executive Director of Public Health Services	155-160	-	0	155-160
Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality	100-105	-	0	100-105
Ruth Davies, Director of Workforce and Organisational Development ¹	90-95	-	35	130-135
Dr Chrissie Pickin, Executive Director of Health and Wellbeing ²	40-45	-	9	50-55
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality ³	105-110	-	985	1,090-1,095
Dr Judith Greenacre, Interim Director of Health and Wellbeing ⁴	130-135	-	1,126	1,255-1,260
Prof. Mark Bellis, Director of Policy, Research and International Development ⁵	120-125	-	91	210-215
Keith Cox, Board Secretary ⁶	45-50	-	12	60-65
Non Executive Directors:				
Professor Sir Mansel Aylward	40-45	-	-	45-50
Dr Carl Clowes	5-10	-	-	5-10
Professor Simon Smail	5-10	-	-	5-10
John Spence ⁷	15-20	-	-	15-20
Terence Rose	5-10	-	-	5-10
Professor Gareth Williams ⁸	0	-	-	0

¹ Mrs Ruth Davies left the organisation on 29 March 2016.

² Dr Chrissie Pickin joined the organisation on 07 December 2015.

³ Dr Aidan Fowler joined the organisation on 01 September 2015.

⁴ Dr Judith Greenacre left this post on 31 March 2016.

⁵ Professor Mark Bellis joined the organisation on 28 April 2015.

⁶ Keith Cox took up a secondment with Welsh Ambulance NHS Trust on the 30 October 2015. This post was covered for 3 months by an agency member of staff, and therefore no salary was included.

⁷ John Spence received additional remuneration during the year for interim Chair.

⁸ Although Professor Williams receives no direct remuneration for his duties, Cardiff University was paid £10k per annum by the Trust as his employer during 2015/16.

Annex 2 - Pension 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 2017 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2016	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'00
Dr Tracey Cooper, Chief Executive	2.5 - 5	0	20 - 25	40 - 45	421	366	55	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	0 - 2.5	0 - 2.5	35 - 40	100 - 105	659	627	32	0
Dr Quentin Sandifer Executive Director of Public Health Services	0 - 2.5	5 - 7.5	50 - 55	155 - 160	1,108	1,009	99	0
Rhiannon Beaumont-Wood, Executive Director of Nursing	0 - 2.5	5 - 7.5	20 - 25	60 - 65	413	370	43	0
Dr Christine Pickin, Executive Director of Health and Wellbeing	0 - 2.5	0	0 - 5	0	06	10	36	0
Dr Aidan Fowler, Director of NHS Quality Improvement and Patient Safety	7.25 - 7.5	12.5-15	50 - 55	130 - 135	862	728	133	0
Prof Mark Bellis, Director of Policy Research and International Development	0 - 2.5	0	5-10	0	97	65	32	0
Melanie Westlake, Board Secretary	20 - 22.5	52.5-55	40 - 45	115 - 120	684	351	333	0
Phil Bushby, Director of People & Organisational Development	0 - 2.5	0	0 - 5	0	14	N/A	14	0
Hywel Daniel, Interim Director of People & Organisational Development	0 - 2.5	0 - 2.5	10 - 15	30 - 35	150	116	8	0

Annex 3 - Pay Policy Statement 2016/17

Introduction and Purpose

The purpose of this policy statement is to clarify Public Health Wales' strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

The annual Pay Policy Statement (the "statement") is produced for each financial year, in accordance with the Welsh Government's principles and minimum standards as set out in the document "Transparency of Senior Remuneration in the Devolved Welsh Public Sector" which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement.

The purpose of the statement is to provide transparency with regard to Public Health Wales' approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:

- a) the definition of "senior posts" adopted by Public Health Wales for the purposes of the pay policy statement
- b) the definition of "lowest-paid employees" adopted by Public Health Wales for the purposes of the pay policy statement
- c) Public Health Wales' reasons for adopting those definitions, and
- d) the relationship between the remuneration of senior posts and that of the lowest-paid employees

Legislative Framework

In determining the pay and remuneration of all of its employees, Public Health Wales will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and, where relevant, the Transfer of Undertakings (Protection of Employment) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the NHS Trust ensures there is no pay discrimination within its pay structures for employees covered by the NHS National Terms and Conditions (Agenda for Change), the Medical and Dental Staff (Wales) Handbook and the Executive and Senior Posts cohort and that all pay differentials can be objectively justified through the use of equality proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

Pay Structure

Senior posts are defined by Public Health Wales as all staff who are not covered by Agenda for Change or Medical and Dental contracts (with the exception of our Executive Director of Public Health Services who also holds the position of Medical Director and is covered by a Medical and Dental Contract).

This cohort of staff are referred to as "Executive and Senior Posts (ESPs)"

- a) In relation to this statement the ESP posts within the NHS Trust are:

Chief Executive
Deputy Chief Executive / Executive Director of Operations and Finance
Executive Director of Health and Wellbeing
Executive Director of Public Health Services

Executive Director of Quality, Nursing and Allied Health Professionals
Director for NHS Quality Improvement and Patient Safety
Director of People and Organisational Development
Director of Policy, Research and International Development

- b) The “lowest-paid employees” within Public Health Wales are paid £16,132 per annum (£8.25 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.
- c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.
- d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP)) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for the all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1st January 2015, the lowest spine points were adjusted to incorporate the Living Wage.
- e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors' and Dentists' Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:
- the need to recruit, retain and motivate suitably able and qualified staff;

- regional/local variations in labour markets and their effects on the recruitment and retention of staff
 - the funds available to the Health Departments, as set out in the Government's Departmental Expenditure Limits
 - the Government's inflation target
 - the principle of equal pay for work of equal value in the NHS
 - the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved
- f) The number of senior posts within the body with a remuneration package of more than £100,000 in bands of £5,000 is:

Number of Staff	Salary (Bands of £5k)
1	100 - 105
0	105 - 110
0	110 - 115
0	115 - 120
2	120 - 125
1	125 - 130
0	130 - 135
0	135 - 140
0	140 - 145
0	145 - 150
1	150 - 155
1	155 - 160
0	160 - 165
0	165 - 170
0	170 - 175
1	175 - 180

- g) The NHS Trust's approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees.

In addition through our workforce planning process we undertake learning needs analysis and Succession Planning processes to identify the developmental needs of all staff. Succession Planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.

- h) Public Health Wales does not use any system of performance related pay for senior posts.
- i) Public Health Wales has a comprehensive approach to performance, development and review and the policies / processes to support this are:

Strategic Workforce Planning Toolkit
My Contribution Policy (Performance Appraisal)
Core Skills and Training Framework
Learning and Development Programme
Management and Leadership Development Programme
Induction Policy and Process

- j) The highest and lowest agenda for change pay points set by Public Health Wales are:
 Highest point - £100,431
 Lowest point - £16,132
- k) The severance policies which are operated by Public Health Wales are;
 - set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions

- the Voluntary Early Release scheme which requires Welsh Government authorization for any payment to be made and
- the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay
- the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

Wider Reward and Recognition Package

- l) Additional Benefits offered by Public Health Wales are;
 - **Annual leave** - staff receive an annual leave allowance of 27 days a year plus bank holidays, rising to 29 days after five years and 33 days after ten years.
 - **Flexible working** – the Trust offers a flexible working policy to help staff balance their home and working life, including: working from home, part-time hours and job sharing options.
 - **Pension** - we are signed up to the NHS pension scheme. If staff join the NHS pension scheme the Trust will contribute 14.3% towards their pension.
 - **Childcare Vouchers** - we offer membership to the childcare vouchers scheme to all employees who have children
 - **Cycle to work scheme** – the Trust participates in a cycle to work scheme, which offers savings of up to 42% off the cost of a new bike
 - **Travel loans** - interest free season ticket loans are available to staff (on an annual basis)



- **Health and well-being** - health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.
- **Occupational Health** - all employees have access to our occupational health services: the service can support staff with stress management, confidential counselling and seasonal vaccinations.

Approach to Providing Support to lower paid staff

Public Health Wales, in keeping with the wider NHS, ensures that all of its employees are paid the living wage of £16,132 per annum.

National Assembly for Wales Accountability and Audit Report

Long Term Expenditure Trends

The following table and graph illustrates the Trust expenditure from 2012/13 to 2016/17.

The expenditure figure is taken from the Operating Expenses note within the financial

statements (note 4). Expenditure has been broken down across 4 headings:

- Welsh Government, NHS and Local Authority Expenditure
- Pay
- Other Non Pay
- Depreciation and Impairments

TABLE 1: LONG TERM EXPENDITURE TREND BY EXPENDITURE TYPE

Expenditure	£000s 2012-13	£000s 2013-14	£000s 2014-15	£000s 2015-16	£000s 2016-17	Total % Increase	12 mths % Increase
Welsh Government / LHBs / Trust / Local Authorities	20,195	19,732	18,968	18,390	20,717	2.59%	12.65%
Pay Expenditure	54,505	61,129	63,980	65,070	72,370	32.78%	11.22%
Other Non Pay	19,393	21,374	21,947	22,036	24,641	27.06%	11.82%
Depreciation and Impairments	4,221	2,798	2,781	3,276	3,462	-17.98%	5.68%
Total	98,314	105,033	107,676	108,772	121,190	23.27%	11.42%

As the above table illustrates, Trust expenditure has increased from £98.314m in 2012/13 to £121.190m in 2016/17: an increase of over 23% over 5 years, and an increase of 11% over the past 12 months.

This reflects the additional functions, programmes and services that have been transferred to the Trust; both from other NHS bodies and from Welsh Government.

These include several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurysm Screening and the Wrexham Microbiology Laboratory. In addition, the Trust hosts the NHS Wales Health Collaborative which transferred into Public Health Wales in 2015/16.

In the past 12 months, the Diabetic Eye Screening Wales service (DESW) transferred into Public Health Wales on 1 April 2016 and

five clinical networks transferred into the NHS Wales Health Collaborative on October 1st 2017. This has resulted in an increase of £12.4m additional expenditure in 2016/17 across all categories of expenditure in 2016/17.

The Audit Certificate of the Auditor General to the National Assembly for Wales

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31st March 2017 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Tax Payers Equity and the Cash Flow Statement and related notes. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs). I have also audited the information in the Remuneration Report that is described as having been audited.

Respective responsibilities of Directors, the Chief Executive and the Auditor

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements, which give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors.





Scope of the audit of financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of: whether the accounting policies are appropriate to Public Health Wales NHS Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Directors and Chief Executive; and the overall presentation of the financial statements.

I am also required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

In addition, I read all the financial and non-financial information in the Explanatory

Foreword and Accountability Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Public Health Wales NHS Trust as at 31 March 2017 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on Regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the



In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the National Assembly for Wales

purposes intended by the National Assembly for Wales and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Opinion on other matters

In my opinion:

- the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers;
- the information contained in the Explanatory Foreword and Accountability Report is consistent with the financial statements

Matters on which I report by exception

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- the Annual Governance Statement does not reflect compliance with HM Treasury's and Welsh Ministers' guidance

- proper accounting records have not been kept
- the financial statements are not in agreement with the accounting records and returns
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed, or
- I have not received all the information and explanations I require for my audit

Report

I have no observations to make on these financial statements.

Huw Vaughan Thomas

Auditor General for Wales
24 Cathedral Road
Cardiff, CF11 9LJ
6th June 2017
Financial Statements



Financial Statements



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Statement of comprehensive income for the year ended 31 March 2017.

You can find our full annual accounts on the Public Health Wales Website.

	2016-17 £000	2015-16 £000
Revenue from patient care activities	92,376	85,975
Other operating revenue	28,861	22,836
Operating expenses	(121,190)	(108,772)
Operating surplus/(deficit)	47	39
Investment revenue	16	27
Other gains and losses	0	0
Finance costs	(47)	(49)
Retained surplus/(deficit)	16	17

Statement of cash flows for the year ended 31 March 2016

	2016-17 £000	2015-16 £000
Cash flows from operating activities		
Operating surplus/(deficit)	47	39
Depreciation and amortisation	3,439	3,337
Impairments and reversals	23	(61)
Interest paid	(47)	(49)
(Increase)/decrease in inventories	(37)	(36)
(Increase)/decrease in trade and other receivables	(3,611)	2,144
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	(1,274)	(81)
Increase/(decrease) in other current liabilities	0	0
Increase/(decrease) in provisions	1,120	(1,111)
Net cash inflow/(outflow) from operating activities	(340)	4,182

Statement of comprehensive income for the year ended 31 March 2017. Continued

	2016-17 £000	2015-16 £000
Cash flows from investing activities		
Interest received	16	27
(Payments) for property, plant and equipment	(5,126)	(794)
Proceeds from disposal of property, plant and equipment	(6)	0
(Payments) for financial assets	0	0
Net cash inflow/(outflow) from investing activities	(5,116)	(767)
Net cash inflow/(outflow) before financing	(5,456)	3,415
Cash flows from financing activities		
Public Dividend Capital received	1,456	0
Public Dividend Capital repaid	0	(1,007)
Capital elements of finance leases and on-SORP PFI	(469)	(620)
Net cash inflow/(outflow) from financing activities	987	(1,627)
Net increase/(decrease) in cash and cash equivalents	(4,469)	1,788
Cash [and] cash equivalents [and bank overdrafts] at the beginning of the financial year	8,597	6,809
Cash [and] cash equivalents [and bank overdrafts] at the end of the financial year	4,128	8,597

Statement of financial position as at 31 March 2016

	31 March 2017 £000	31 March 2016 £000
Non-current assets		
Property, plant and equipment	14,476	13,442
Intangible assets	0	0
Trade and other receivables	146	0
Other financial assets	0	0
Other assets	0	0
Total non-current assets	14,622	13,442
Current assets		
Inventories	158	121
Trade and other receivables	9,597	6,132
Other financial assets	0	0
Cash and cash equivalents	4,128	8,597
Total Current assets	13,883	14,850
Total assets	28,505	28,292
Current liabilities		
Trade and other payables	(7,937)	(10,502)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(3,224)	(2,462)
Other liabilities	0	0
Total current liabilities	(11,161)	(12,964)

Statement of financial position as at 31 March 2016. Continued

	31 March 2017 £000	31 March 2016 £000
Net current assets/(liabilities)	2,722	1,886
Total assets less current liabilities	17,344	15,328
Non-current liabilities		
Trade and other payables	(259)	(104)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(1,469)	(1,111)
Other liabilities	0	0
Total non-current liabilities	(1,728)	(1,215)
Total assets employed	15,616	14,113
Financed by taxpayers' equity:		
Public dividend capital	14,688	13,232
Retained earnings	551	535
Revaluation reserve	377	346
Donated asset reserve		
Government grant reserve		
Other reserves	0	0
Total taxpayers' equity	15,616	14,113

Statement of changes in taxpayers' equity

	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2016	13,232	535	346	0	14,113
Changes in taxpayers' equity for 2016-17					
Retained surplus/(deficit) for the year		16			16
Net gain on revaluation of property, plant and equipment		0	37	0	37
Net gain on revaluation of intangible assets		0	0	0	0
Net gain on revaluation of financial assets					
Net gain on revaluation of assets held for sale		0	(6)	0	(6)
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	1,456				1,456
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/ written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2016	14,688	551	377	0	15,616

Sustainability Report



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INTRODUCTION

The annual Sustainability Report provides a summary of the organisation's performance during 2016/17, including information on our key achievements. Also included is progress on the delivery of the Our Space programme and work to support the Well-being of Future Generations (Wales) Act 2015. This reflects our ongoing commitment to embedding sustainable development and delivering real performance improvements within this area.

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Policy Context

Public Health Wales has produced this report for 2016/17 to conform to the public sector requirements set out in the Government Financial Reporting Manual (FReM). This requires that entities falling within the scope of reporting under the Greening Government commitments and which are not exempted by de-minimis limit or other exemption under Greening Government (or other successor policy), shall produce a sustainability report to be included within the Management Commentary in accordance with HM Treasury issued Sustainability Reporting in the Public Sector guidance.

Background and Profile

Public Health Wales was established as an NHS Trust on 1 October 2009. The Trust is an important service provider with an all-Wales reach. During 2016/17 the Trust had an annual budget of £120m, and it is also a significant public sector employer with 1683 employees. The Trust exists to protect, improve health and well-being and reduce health inequalities for people in Wales. We work locally, nationally and internationally, with our partners and communities, in the following areas:

- Health Improvement
- Health Intelligence
- Health Protection
- Microbiology
- NHS Quality Improvement and Patient Safety

- Primary, Community and Integrated Care
- Safeguarding
- Screening Services

The Public Health Wales estate is located across Wales and currently comprises 53 properties:

25 properties located in South East Wales

16 premises located in Mid & West Wales

12 premises located in North Wales

These premises are used to support the Trust as:

20 Screening Centres

8 Laboratories

22 Offices

1 Records Storage Facility

2 Garages

The current portfolio consists of properties that are owned (2), leased (20) or provided by/shared with other NHS Organisations (31), which creates a challenge in relation to the accurate reporting and availability of sustainability data. As a result of the current structure, financial and non-financial information is only available across 24 premises. This year we are reporting on more premises, despite reducing our estate through the Our Space Programme, as we have also added more premises to the Estate through Diabetic Eye Screening Wales integration with Public Health Wales. We also have more data available across

the premises we are reporting on, which is reflected in the data provided.

The Environmental Management Governance structure currently consists of:

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

Summary of Performance

Our Space Programme

In September 2016 Phase One of the Our Space Programme was completed as we transferred over 550 staff from across 10 premises into our new Headquarters in Number 2 Capital Quarter. Phase One was deemed a considerable success as, in addition to selecting a building that delivered on all its sustainable specifications, the fit out also brought substantial benefits.

In May 2016, Public Health Wales had awarded the contract for the interior design and fit out of Number 2 Capital Quarter to a consortium of inspiring companies; Rype Office, Orangebox and Greenstream

Flooring. Their bid demonstrated the most sustainable approach for delivering on the requirements set out by the tender and work began in July 2016 without compromising on quality standards.

The bulk of the furniture used for the new office was either re-used and re-manufactured from existing furniture or sourced from elsewhere. Many of these items, had they not been re-used, would have been destined for landfill. In the refit 1,143 individual items were re-used; these items were cleaned, repaired and reupholstered.

A further 1,270 pieces were re-manufactured, which involved taking the long life elements of high quality used furniture (like metal frames), checking and resurfacing them, and rebuilding the rest of the item around them.

Items included:

- Office chairs, canteen and meeting chairs
- Carpet tiles
- Office pedestals
- Desk high storage cabinets
- Sofas, white boards and coat stands

In total, around 2,563 items were used for the office refit:

- 45% of the items were re-used
- 49% were re-made
- 6% of the items were sourced from new stock

A mix of new and re-used carpet tiles were used to carpet the offices floor areas; in total 4685 sqm of carpet tiles were installed with 670 sqm (14%) of these being re-used. The percentage of re-used carpets was relatively low due to consistency of re-used stock rather than general availability. In addition the flooring concept was designed to be accessible to all users with a number of the walkways designed with bespoke colour contrasts; this design feature meant

that a greater percentage of carpet tiles needed to be sourced from new stock to meet the design needs. Both new and re-used tiles were supplied and fitted by the third sector organisation, Greenstream Flooring, who provide job training and career pathways for the unemployed.

Although the ratio of re-use to new was lower than first anticipated, the use of re-used tiles supplied and fitted by Greenstream Flooring made a significant contribution to the project as it aligned closely with Public Health Wales's overarching aims and objectives of extended community benefits.

We have also begun Phase two of the Our Space Project, which is looking at our accommodation in Mid and West Wales.

This is following the same principles we adopted for our move to Number 2 Capital Quarter, with sustainability embedded into the specification. Through an option appraisal process the Executive Team agreed that Matrix House in Swansea Enterprise Park was the preferred option for an accommodation move from Oldway House, with some staff also coming from St Davids Park, Carmarthen.

We expect Matrix House to provide much better energy performance in comparison to the premises we are vacating. Matrix House currently has an energy performance asset rating of 66, which we expect to improve even further. This is down to the Landlord of the property installing a brand new climate control system at our request. The building will also have LED lighting throughout as well as double glazing.

We have also extended our Number 2 Capital Quarter contract with Rype Office to provide the same level of recycling, re-use and re-manufacture of furniture for our occupation in the building. However, as we are only now at the design stage, we are

unable to provide exact figures, but hope to provide further information on the inevitable success of this project in 2018/19.

Well-being of Future Generations (Wales) Act

The Well-being of Future Generations Act aims to improve our social, economic, environmental and cultural well-being. Public Health Wales and other public bodies, including Natural Resources Wales, local health boards and local authorities, must work better with people and communities and each other, think more about the long-term, look to prevent problems and take a more joined-up approach. This will help us to create a Wales that we all want to live in, now and in the future.

The Act also puts in place a 'sustainable development principle' which means that Public Health Wales (alongside the other public bodies) must act in the manner of sustainable development, defined as 'development that meets the needs of the present without compromising the ability of future generations to meet their own needs' (Brundtland Report). There are five 'ways of working' which Public Health Wales will need to think about to show that the organisation has applied this sustainable development principle:

- long-term
- integration
- involvement
- collaboration
- prevention

Public Health Wales has created its own 'Health and Sustainability Hub' (Policy, Research and International Development Directorate) which has several supporting roles in maximising the opportunities for public health from this pioneering legislation.

In response to the Act Public Health Wales has now published its well-being statement and objectives. The seven well-being objectives reflect where we are as an organisation at this 'point in time', as we begin the third year of our original three year strategic plan.

The well-being objectives build on Public Health Wales' strategic priorities and have been informed by conversations with stakeholders and staff.

We have developed our well-being objectives by applying the five ways of working. Public Health Wales' well-being objectives are to:

1. Build capacity and support system change, to protect and improve health and reduce inequalities
2. Give our children the best start in life including opportunities to grow, play and learn in a healthy and safe environment
3. Support the NHS to deliver high quality, equitable and sustainable services that meet the needs of citizens at every stage of their life
4. Minimise public health risks from current and emerging diseases, environmental hazards and emergencies
5. Influence policy, planning and design to create sustainable, culturally thriving and cohesive communities, to tackle the wider determinants of health and to break the cycle of poverty and disadvantage
6. Maximise the potential of our natural and cultural resources to promote physical and mental health and well-being and contribute to a low carbon, environmentally resilient Wales
7. Strengthen our role in global health and sustainable development, realising the benefits of international engagement

The Hub's programmes of work include:

- Supporting Public Health Wales, as a public body in the Act, with its contribution towards each of the well-being goals, and in applying the sustainable development principle, to become an exemplar, championing and sustainable organisation
- Supporting the public health system in its role on the Public Services Boards to enhance the potential to improve health and well-being
- Working with and supporting other public bodies and cross-sector stakeholder organisations to strengthen the impact of the Act on public health, including environmental sustainability

The Hub encourages staff across Public Health Wales to share ideas for maximising

the opportunities in the Act for public health, and on how the Hub can support their contribution to the well-being goals and adopting the ways of working in their individual roles.

In March 2017 we held a 'Sustainability Marketplace' in our offices at Number 2 Capital Quarter to provide staff with ideas on becoming more sustainable, with a view to running more of these 'pop-up' marketplaces across our estate. Staff had the opportunity to talk to organisations including Stagecoach, WRAP and Tools with a Mission, as well as using their pedal power to generate electricity to light bulbs and making healthy smoothies with Pedal Emporium. Some of the photos from the day can be viewed on Twitter at #PHWWFG.



Increased use of technology

Public Health Wales has spent over £250,000 on Video Conferencing meeting room units across 4 sites which will reduce travelling across Wales. These units are designed to work with Skype for Business (SFB) as well as connecting to the existing Welsh Health Video Network. SFB will enable small groups of staff to join meetings from their PC without the requirement to be present in a remote meeting room with an installed VC unit (which can be difficult to book). SFB also allows more effective collaboration across sites via 'screen sharing'. Bandwidth has also been increased at six sites which will increase the stability of this technology.

The phone system installed at Number 2 Capital Quarter has significant voice conferencing capacity designed to overcome existing bottlenecks encountered with voice conferences.

We previously purchased evaporative cooling at 18 Cathedral Road to substantially reduce the energy required to cool our server room and designed the Number 2 Capital Quarter server room with two larger evaporative cooling units which provide significant ongoing savings.

We estimate that Public Health Wales has over 750 staff that have been issued VPN tokens that enables remote access providing there is an internet/Wifi link. This is a high proportion of its staff base compared to other NHS organisations. In the 2016/17 financial year we purchased 106 new tokens and replaced 51 existing ones.

Internal Audit

Internal Audit undertook a review of the Sustainability Report in June 2016 based on the report produced for 2015/16. The objective of the audit was to evaluate and determine the adequacy of management arrangements for the production of the Sustainability Report for 2015/16 within the Annual Report, in order to provide reasonable assurance to the Trust Audit Committee that risks material to the achievement of system objectives are managed appropriately.

Reasonable 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 in the report, which are highlighted below along with the progress on these actions:

ACTION	PROGRESS
Management will ensure that an appropriate sustainability strategy is produced, approved and implemented within a reasonable timescale.	The Trust has developed a draft Sustainability Strategy which is to be presented to the Trust's senior leadership team in May 2017 for approval.
Management should develop a procedure or guidance document to help ensure that the process for producing the Environmental Sustainability report is consistent.	A guidance document has been developed and implemented for Sustainability Reporting from 2016/17 onwards. Guidance is to be reviewed and updated where necessary on a yearly basis.
Management should establish a mechanism to ensure all actions identified within the report are completed.	An Action Plan has been developed, and incorporates all actions from the 2015/16 Sustainability Report. This will include further actions for sustainable development as they become clear and will also include all actions from future Sustainability Reports.
Management should ensure that the verification of the financial information is undertaken by the Finance Directorate and evidence of verification retained prior to final approval of the report.	A process has been developed to ensure the financial information included in the Sustainability Report is verified by the Finance Directorate, which is highlighted in the guidance documentation. The process adopted for the production of the report will continue for future years.



Greenhouse Gas Emissions

The following table outlines the Trust's performance for emissions, energy usage and financial indicators for energy and business travel for 2016/17:

Greenhouse Gas Emissions		2014-15	2015-16	2016-17
Non-Financial Indicators (1,000 tCO ₂ e) see fig 1	Total Gross Emissions	396	1,371	1,307
	Gross Emissions Scope 1 (direct)	Information not available for 2014-15	224	184
	Gross Emissions Scope 2 and 3 (Indirect)		1,149	1,123
Related Energy Consumption (KWh): see fig 2 and 3	Electricity: Non-renewable	968,353	1,107,061	1,239,031
	Electricity: Renewable	No schemes in place	No information available at present	No information available at present
	Gas	704,317	1,218,114	997,706
	LPG	No LPG used		
	Other	No other forms used		
Financial Indicators (£) see fig 4	Expenditure on Energy	209,851	209,634	215,229
	Expenditure on official business travel	681,475	670,982	627,549

FIG 1: GREENHOUSE GAS EMISSIONS

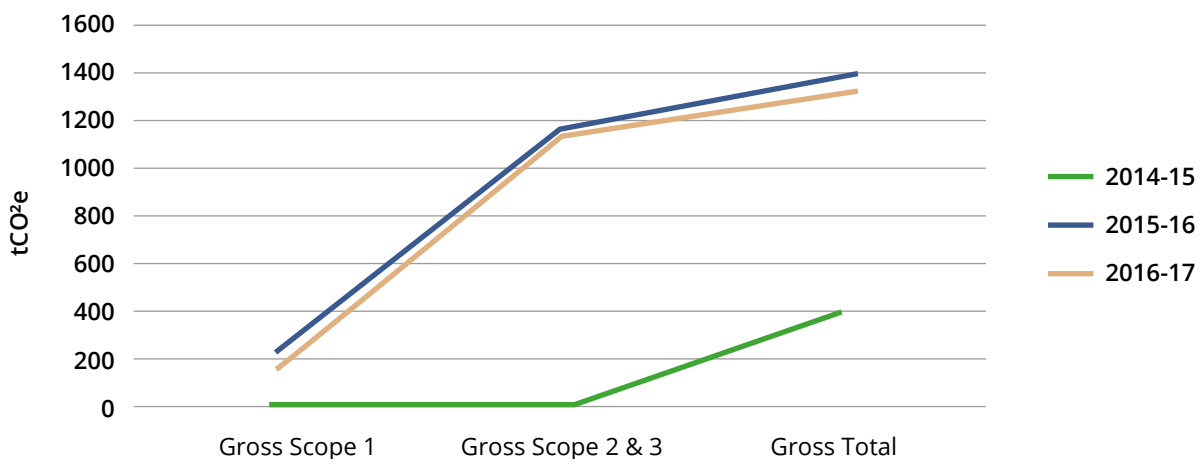
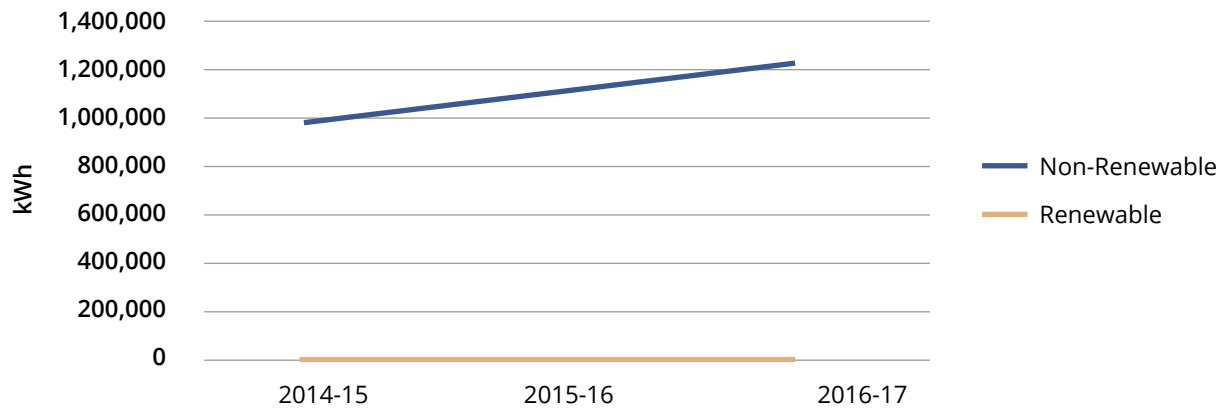
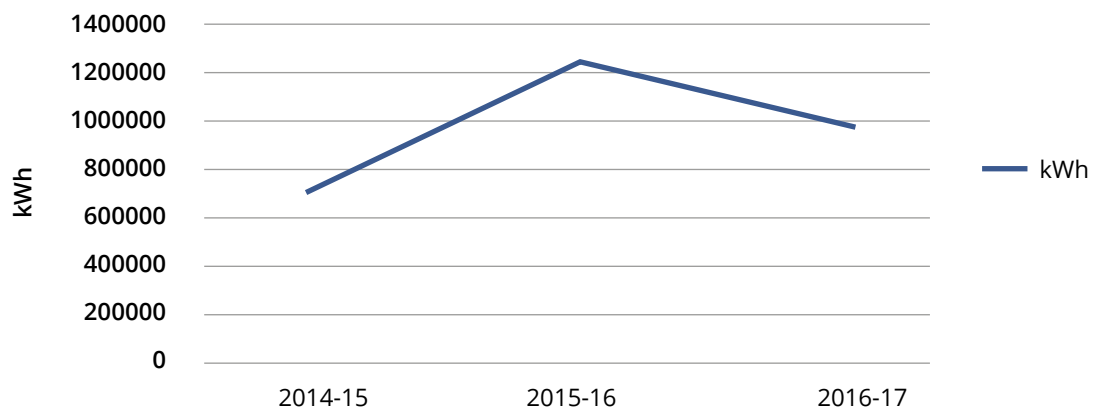
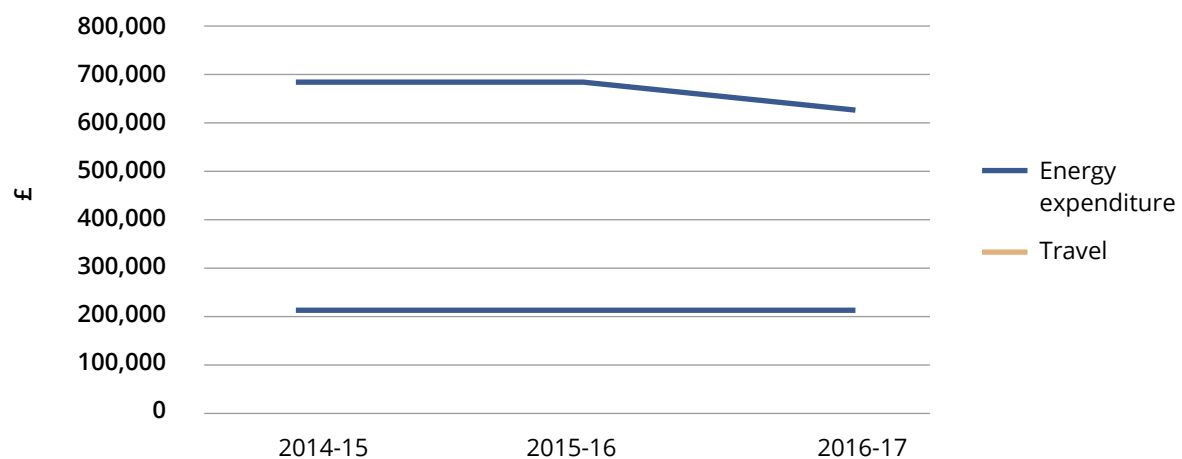


FIG 2: ENERGY CONSUMPTION (ELECTRICITY)**FIG 3: ENERGY CONSUMPTION (GAS)****FIG 4: FINANCIAL INDICATORS**

Performance

We have seen a reduction in Total Gross Emissions in 2016/17 and this is reflected across both Scope 1 and Scope 2 and 3 indicators. This represents just under 5% improvement in emissions based on 2015/16 figures. This improvement will be recognised through our performance in Energy, Waste and Water, which is highlighted throughout this report. Despite this reduction in Total Gross Emissions, and our improved data collection, Public Health Wales also recognises that it still has significantly more work to do and improvements to be made.

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

In addition to this, considerable carbon benefits were delivered from the Our Space Programme, where large amounts of office furniture and carpet tiles were re-used. The benefits found from this are highlighted below:

- Based on the re-use of **729 office/meeting room desks** – **50.04 tonnes** of CO₂e have been saved
- Based on the re-use of **979 office/meeting room chairs** – **57.70 tonnes** of CO₂e have been saved
- Based on the re-use of **522 office pedestals** – **20.67 tonnes** of CO₂e have been saved
- Based on **670sqm of re-used carpet tiles** – **5.7 tonnes** of CO₂e have been saved

In total the project **saved around 134 tonnes of CO₂e** which could fill up 804 double decker buses and is equivalent to travelling around 400,000 miles by car, or taking 41 cars off the road for an entire year.

Although we have seen a slight rise in electricity consumption (12%) across this estate, we have seen a significant drop in the consumption of gas (18%). This is a result of the consolidation of our estate through the Our Space programme during 2015/16, with us removing a number of properties that were gas consumers. We have also added more properties to the Estate through Diabetic Eye Screening Wales that are Electricity only consumers. This has resulted in a slight increase in the total expenditure (2.6%) in 2016/17, although we shall continue to explore various options to maximise further reductions in energy consumption and expenditure in future years through our estates strategy.

The estate is still extremely varied in terms of age, location and type of construction. These are all factors that will impact upon sustainability and energy efficiency performance. The work being undertaken by the Trust through the Our Space programme is looking to improve the condition of the office estate which will lead to more sustainable working environments, lower energy consumption and more accurate data provision. Moving forward the principles of the 'our space' programme will be embedded in to Public Health Wales's Estates Strategy.

Further reductions in expenditure on business travel have been made as a result of increased usage of video conferencing facilities as well as providing staff with advice and more options to book and pay for public transport. However, we are aware that due to the reporting of this data being brought forward, not all claims for mileage will have been received for February and March 2017, which may result in a slightly higher expenditure than what is being reported.

We have also had to estimate usage for periods of February and March 2017 for all Gas and Electricity data, due to us not

receiving final invoices for this period, due to the reporting period being brought forward.

Actions to improve data collection for 2017/18

- Further engagement with the host health boards and landlords as to the possibility of providing equivalent consumption and energy costs or sub metering put in Public Health Wales areas to provide accurate data
- Further consolidation of energy providers to allow consistent provision of data whilst ensuring value for money
- Further engagement with British Gas to improve data collection and reduce invoicing errors
- The continued exploration to maximise the estate portfolio of the Public Health Wales Estate through the Estates Strategy. Options such as separate or sub metering will be explored in any new leases signed by the Trust if the premises are shared

Waste

The following table outlines the Trust's waste management performance for 2016/17:

Waste		2014-15	2015-16	2016-17
Non-Financial Indicators (tonnes) see fig 5	Total Waste	4.64	652.05	538.55
	Landfill	Data unavailable	642.58	445.15
	Re-used/Recycled		9.47	92.46
	Composted		0	0.13
	Incinerated with energy recovery		Data unavailable	0.81
	Incinerated without energy recovery		0	0
Financial Indicators (£) see fig 6	Total Disposal Cost	12,429	35,078	46,342
	Landfill	Data unavailable	13,994	18,395
	Re-used/Recycled		11,649	19,034
	Composted		0	0
	Incinerated with energy recovery		9,435	8,913
	Incinerated without energy recovery			

FIG 5: WASTE DISPOSAL

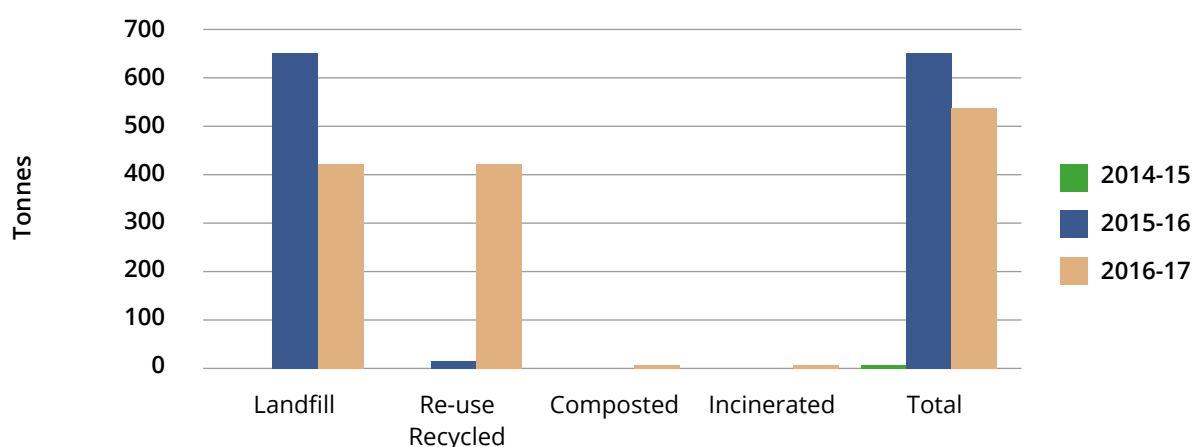
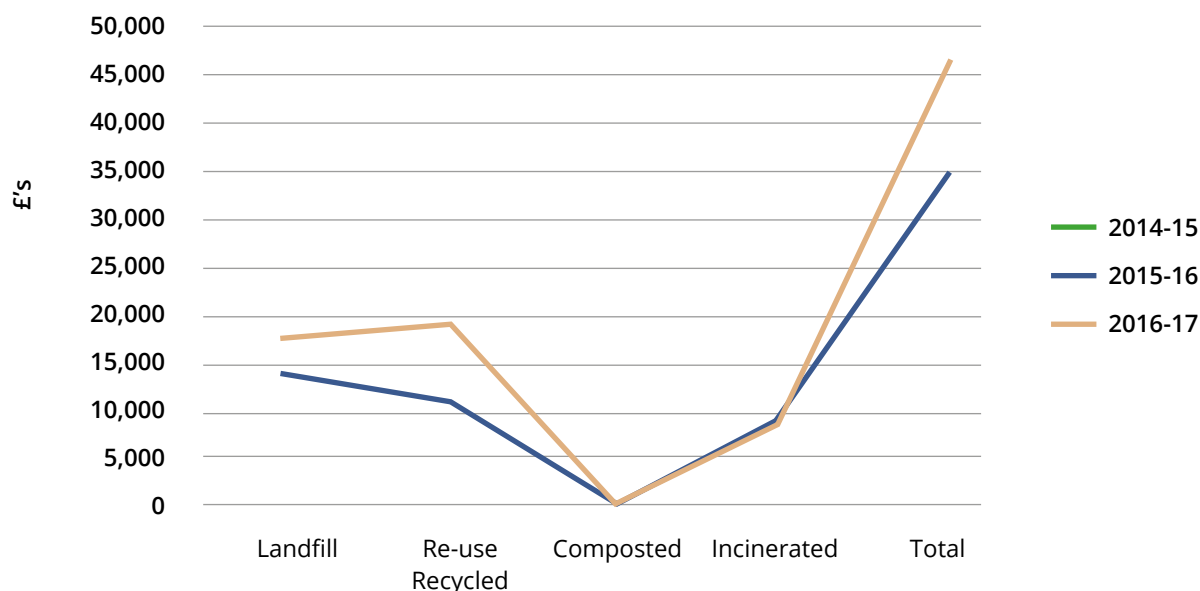


FIG 6: WASTE DISPOSAL COSTS



Performance

Public Health Wales recognises its responsibilities with regards to effective waste management and has made significant improvements in its data collections for waste; this is reflected in the performance figures for 2016/17. Data is now available for more premises and measures have been taken to improve reporting of financial and non-financial data for both landfill and hazardous waste.

The Trust has actively encouraged its staff to reduce paper usage, and for paper wastage ensures as much as possible is sent for re-use/recycling whilst ensuring full compliance with applicable Legislation and its duty of care. With this encouragement coupled with the large amount of recycling waste from the move to Number 2 Capital Quarter, this has resulted in the total amount of recycling waste being reported increasing by 900% in comparison to 2015/16.

We are reporting on waste to compost for the first time. A trial is under way in Number 2 Capital Quarter to collect food waste, with discussions underway with local authorities to establish areas throughout Wales where food waste is collected from commercial premises.

We are also reporting on incinerated waste for the first time due to improvements made in our reporting processes. We hope to make further improvements in this area in future years.

The Trust has also recognised that even though we spent significantly more on total waste in comparison to 2015/16, this is reflected more in our recycling costs as opposed to Landfill, and there is very little difference in the costs associated with them, with recycling waste now being the larger expenditure. We feel that there is potential for further savings to be made by the Trust in its reusable/recyclable waste and hope to reflect these savings further during 2017/18.

Actions to improve data collection for 2017/18

- Engage with the host health boards as to the possibility of providing accurate waste weight data and equivalent costs
- Engage with local councils to provide accurate waste weight information for landfill waste collections
- Further engagement with confidential, recycling and hazardous waste providers to provide accurate waste weight information

Use of Resources

The following table outlines the Trust's finite resource performance for 2016/17:

Finite Resource Consumption			2014-15	2015-16	2016-17
Non-Financial Indicators (000m³) see fig 5	Water Consumption (Office Estate)	Supplied	3.599	2.111	2.052
	Water Consumption (Non-Office Estate)	Supplied	Collected as part of Office Estate Data	2.281	1.791
	Water Consumption (Total Estate)	Supplied	3.599	4.392	3.843
Financial Indicators (£) see fig 6	Water Supply Costs (Office Estate)		12,726.12	8,526.25	7,452.58
	Water Supply Costs (Non Office Estate)			6,803.68	5,698.84

FIG 7: WATER CONSUMPTION

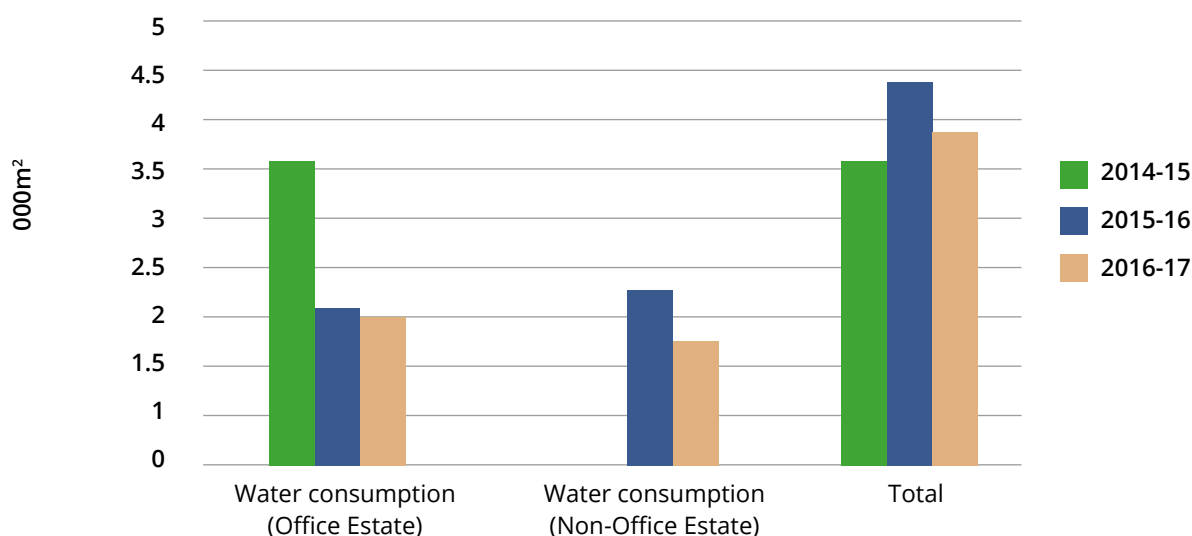
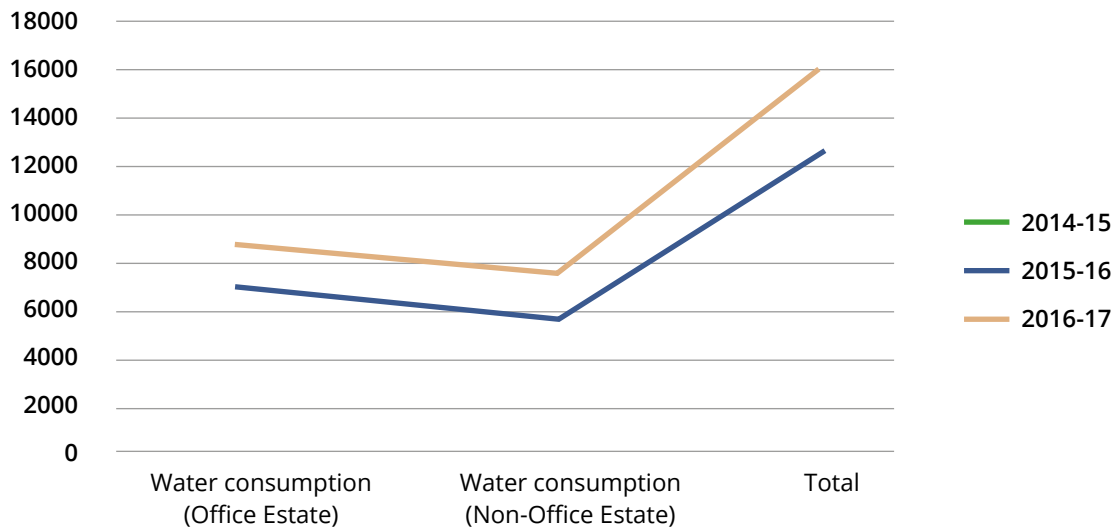


FIG 8: WATER COSTS

Performance

Public Health Wales are able to report a 12.5% decrease in overall consumption reported as well as a cost reduction of just over 18%. The consumption decrease is reflected more in our non-office estate (21%) where total usage has dropped significantly across three of the sites in comparison to 2015/16. The Trust understands that with a growing workforce it will invariably lead to an increase in the volume of water consumed. Water safety compliance also affects usage, as a regular flushing regime is required for low usage outlets. So to see water consumption decrease as well as lowering costs is a major positive. The cost reduction has allowed these savings to be invested into other areas of the Trust.

The Trust is aware that the age and condition of the majority of its estate does not make for efficient use of its water supplies and is actively seeking to improve and further reduce its estate through the Our Space programme which it is expected will reduce costs and usage noticeably. As we moved into Number 2 Capital Quarter mid way through 2016, we do not expect to see improvements in usage until 2017/18.

Actions to improve data collection for 2017/18

- Engage with the host health boards as to the possibility of providing estimated water usage from water usage on site based on occupation area

Data collection limitations

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

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

Site	Utility			
	Electricity	Gas	Water	Waste
Hadyn Ellis	✓		✓	
Oldway Centre	✓	✓	✓	
St Davids	✓	✓	✓	
Clwydian House	✓			
Microbiology – UHW	✓	✓		
Microbiology Llandough	✓	✓		
Public Health Team – Whitchurch Hospital	✓	✓		
DESW – Fairway Court	✓			
DESW – Llys Britannia	✓			✓
BTW Llandudno		✓	✓	
Churchill House			✓	
Number 2 Capital Quarter			✓	

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

Site	Utility			
	Electricity	Gas	Water	Waste
Hadyn Ellis	✓	✓	✓	
Oldway Centre	✓	✓	✓	
St Davids	✓	✓	✓	
Clwydian House	✓	✓		
Microbiology – UHW	✓	✓		
Microbiology Llandough	✓	✓		
Public Health Team – Whitchurch Hospital	✓	✓		
BTW Llandudno			✓	
Churchill House			✓	
Number 2 Capital Quarter			✓	

EMS implementation achievement

In line with the Well-being Future Generations Act (Wales) 2015 and building on the improvements achieved to date, it is the aim of the Trust to use a recognised and accredited environmental management framework to maintain momentum and strive for this accreditation over the next couple of years.

It is proposed that the Trust moves towards the implementation of BS EN ISO 14001:2015; this is an internationally recognised standard.

Sustainable development is a goal achieved by balancing the three pillars of sustainability:

- the environment
- society
- the economy

Over the next year the Trust will commence assessments against the criteria within BS EN ISO 14001-2015 to provide a measurement of where the Trust is and identify improvement opportunities with the view of commencing the ISO 14001-2015 pathway during 2018/19 financial year.





Other sustainability initiatives

We realise the role Procurement has in being a key driver for delivering the Trust's sustainable development commitments. Sustainable development activity means ensuring that the Trust's actions contribute in the round to our social, economic and environmental objectives, whilst building stronger communities, reducing social exclusion and poverty and encouraging the development of the economy. This couldn't be more evident than through our work on the Our Space programme, and we will endeavour to ensure procurement plays a big role in shaping our sustainable future.

Public Health Wales also intends to improve its effectiveness even further in the following areas during 2017/18 and will:

- share and promote sustainable development principles and encourage its sub-contractors to promote sustainable development issues
- ensure its business practices produce the minimum of packaging waste and encourage re-use, repair, recycling, for example when producing promotional materials
- minimise the environmental impact by utilising e-mail, e-tendering, video conferencing and the use of energy efficient measures wherever practicable
- regularly review its objectives, target and training to reflect changes in sustainability thinking

- ensure that data collection methods are comprehensive in order to record accurate total waste arising figures for each waste stream
- use resources more efficiently and reverse upward trends in waste arising in line with the waste hierarchy of elimination, substitution, minimisation, re-use, recovery with disposal as a last resort
- improve re-use and recycling schemes and increase the amount recovered

Sustainability has also been embedded into the Public Health Wales Integrated Medium Term Plan 2017-2020, with a key milestone being to have a better understanding of our environmental impact. This will be achieved by agreeing and implementing a Sustainability Strategy with key performance indicators. The Well-being and Sustainability Hub, Our Space Team and Estates are working together to ensure we provide a Strategy that benefits both its staff and stakeholders.

Public Health Wales has implemented an Action Plan based on the Recommendations and Actions from the 2015/16 Sustainability Report to be reviewed as part of internal audit in 2016/17. This will continue to be updated with new actions as they become present during future reporting to continually improve our sustainability performance.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales