

Public Health Wales

Annual Report

2015-2016



Chair's Foreword



This is the seventh time I have written a foreword for Public Health Wales' Annual Report and I relish the opportunity it presents me to take stock of how far as an organisation we have developed and evolved. It's easy to get stuck into the day to day work and miss the opportunity to reflect on our achievements.

Despite the continued economic challenges that face public services in Wales and the UK, we have delivered a balanced budget. Meanwhile, when I look at the NHS in Wales and the relentless pressures they face, my belief grows that public health must be at the forefront of our efforts to tackle ill health and inequalities and focus on prevention. By tackling key public health issues such as smoking, obesity and excessive alcohol consumption, we will see fewer preventable health conditions and enable the NHS to concentrate its resources where they are most needed.

Therefore, it was disappointing to see the Welsh Public Health Bill fail to become law before the end of the last Assembly. Along with the Well-being of Future Generations Act 2015, the Public Health Bill represented a significant step forward towards a better health and wellbeing for everyone in Wales. I am looking forward to working with the new government to bring the Public Health Bill to fruition as soon as possible.

However, despite my disappointment at the failure of the Public Health Bill I am pleased and excited at the passing of the Well-being of Future Generations Act 2015. This ground breaking and most timely act focuses on improving the social, economic, environmental and cultural well-being of Wales and represents a major step forward in helping us to create a Wales that we want to live in, now and in the future.

I am extremely proud of our staff and board for their continuous commitment to creating a healthier, happier and fairer Wales.

Our independent board members are always there – often going beyond what is expected of the role – to scrutinize our work and provide guidance ensuring that what we do yield the best possible results of our endeavours. Moreover the challenges posed by our Strategic Plan are being taken on by our committed staff with admirable enthusiasm and dedication.

However, the health of the public in Wales is not something that can and should be tackled by Public Health Wales on its own. Collaboration with others is essential if we are really going to reach those who need us most. I've been delighted to see collaborations developing and being sustained across all areas of our work to enable us to work prudently and effectively to achieve our commonly agreed goals to significantly improve the health and wellbeing of the people in Wales.

Our Annual Report highlights how we have performed in the first year of our Strategic Plan being in place. I hope you enjoy reading more about what we have achieved and our priorities for the next year and beyond.

Professor Sir Mansel Aylward CB
Chair, 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 2015 and March 2016. The documents can be read together or as four stand alone documents.

1 Performance Report (pages 5- 42)

Here we set out how we have performed against our Strategic Plan and the seven priorities within that Plan.

2 Accountability Report (pages 43 – 90)

This includes our Corporate Governance Statement, Remuneration and Staff Report and Parliamentary Accountability and Audit Report.

3 Financial Statements (pages 91 – 98)

This report set out the Operating and Financial Review of Public Health Wales for 2015/16.

4 Sustainability Report (pages 99 – 111)

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

Population health

This document reports on our work to make Wales healthier, happier and fairer. It does not report on population health. The Chief Medical Officer for Wales and Directors of Public Health produce annual reports on the health of the populations of Wales and in each of the health boards respectively. The Directors of Public Health annual reports also provide more detail about the work carried out by our seven local public health teams.

Public Health Wales Annual Report 2015-2016

Performance Report





Chief Executive Statement

Welcome to the performance section of our Annual Report. Here you will see how we are doing against the first year of our three year Strategic Plan and how we are working towards helping to achieve a healthier, happier and fairer Wales.

Today in Wales we live in some challenging times and enabling the health of our people, at all ages, is something that should be at the heart of everything we do across society. Therefore, as the national public health agency in Wales, what we set out to focus on in our Strategic Plan must be focused on adding the most value and make the biggest impact on health and wellbeing and reducing inequalities in Wales.

Our strategic priorities within the Plan reflect the balance between supporting the patients of today, creating a healthier destiny for our present and future generations and tackling some of the wider determinants of health to reduce inequalities.

Delivering our Strategic Plan has presented both an opportunity and a challenge for us. It has required us to work differently in some of our areas to ensure that we are making the maximum impact where we may not have previously, and to develop relationships that we may not have had in order to combine our assets in Wales and really make the difference that is needed today.

So how have we done in 2015/16? Over the next few pages we set out our achievements against the different strategic priorities as well as how we have performed against our performance targets. To support these achievements and ensure that we are more designed to succeed, we have also gone through a substantial organisational re-structure that has required a lot of changes in how we work, how we interact and what we do. These changes are already starting to show real benefits.

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 the population in Wales.

We have been working very closely with our colleagues in the Welsh Local Government Association in co-chairing an all Wales initiative called 'United in Improving Health' which includes multiple partners across Wales. This is a collaboration of partners who are passionate about transforming our approach to health and wellbeing in Wales in order to achieve the types of improvements that are needed by working

together locally and nationally against common priorities. The first priority has been the first 1000 days of life (pregnancy until the second birthday) and we have been working closely with colleagues in Torfaen and Wrexham to become early implementers for a new model that should ultimately transform outcomes for our two year olds everywhere in Wales.

In October 2015 we signed a memorandum of understanding with South Wales Police Force and the Police and Crime Commissioner for South Wales which commits us to working more closely together to tackle the links between ill-health and crime and to break the generational cycle of crime. Many of our goals and aspirations are shared, especially around taking early action to ensure young people in Wales are supported to live healthy and crime-free lives.

We have secured funding for a Primary Care Innovation and Development Hub – a function established to support local health boards in their responsibility to deliver transformational change in primary and community care – which allows us to provide real support to our primary care colleagues to enable them to work as effectively as they can at a local level with a particular focus on prevention.

We've also seen a big shift in the focus of our policy work in the last 12 months where we work alongside Welsh Government to provide them with a base of information to develop their policies moving forward. This is essential against a backdrop of economic and fiscal challenges and a time where I see a real opportunity for public health to play a critical role in helping to improve the health of the population of Wales. A particularly important piece of work by our policy team has been on adverse childhood experiences in Wales and how we can mobilise society, in the broadest sense of the word, to help prevent adverse childhood experiences from occurring and also help individuals affected by them to become more resilient so that the impact of the experiences is reduced.



Memorandum of Understanding between Police & Crime Commissioner for South Wales, South Wales Police and Public Health Wales, signed October 2015

However, we cannot just look to Wales for ideas and support. If we want to be leading edge we need to know what's going on internationally and be involved in sharing ideas. Therefore, you will see on page 32 the work that we are doing to connect with colleagues internationally and give us access to a wealth of knowledge and thinking.

And while all this is progressing, it is extremely important for us to see how the services that we provide are continuing to meet the targets and contributing to high quality and safe care for patients and people using our services. For example, last year our Microbiology Division processed 1.3 million samples which is a staggering amount, and a number of our screening programmes achieved some of the best results that they have ever done in screening thousands of people at different ages against health problems.

We recognise we have lots more to do and this Annual Report also highlights what our priorities and actions are for 2016/17. So I hope this provides you with a useful analysis of our performance over the past year and that you will join us on our journey as we progress with our plan into this year.

Finally, I would like to thank all of our excellent and talented staff across all of our functions who work tirelessly every day to make a difference to the health of all of our people in Wales.

Dr Tracey Cooper

Chief Executive, Public Health Wales

Overview and Highlights

The next few pages introduce our strategic priorities and provide some examples of our achievements under these priorities. We also set out our focus for 2016/17.



Contents

Overview

Strategic Priority 1	9
Strategic Priority 2	12
Strategic Priority 3	16
Strategic Priority 4	18
Strategic Priority 5	22
Strategic Priority 6	25
Strategic Priority 7	29
International Achievements 2015/16	32

Performance Analysis

Stop Smoking Wales	40
National Exercise Referral Scheme	40
Healthy Working Wales	41
Screening	41
Vaccination and immunisation	42
Healthcare associated infections	42
Concerns, complaints and incidents	42

Strategic Priority 1

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

We are working with our partners and communities to make sure we help people make the right choices. We are using our shared resources at a local level to prioritise what will help the people of Wales in a way that has been shaped by what we know works in other communities in Wales and internationally. We cannot make sufficient impact on our own, so we work with organisations, and local communities, to make sure we are doing the best we can for the Welsh public.



“Helping people to live happier, healthier and fairer lives requires collaboration across society and that’s what the multi-agency systems approach is all about. By working with our partners to tackle the challenging issues that contribute to ill-health and health inequality in Wales, we will improve health outcomes for the people of Wales. The systems approach requires us to act today to prevent poor health tomorrow.

“In acting today we must continue to develop evidence-based interventions that tackle the root causes of ill-health. Our work in 2015/16 focused on coordinating effective programmes to tackle smoking, obesity, substance abuse and to improve mental wellbeing. Our focus for 2016/17 will be on prioritising action on those key areas identified in the Making a Difference report as that is where we can have the greatest impact.”

Dr Chrissie Pickin, Executive Director of Health and Wellbeing



CASE STUDY: United in Improving Health in Wales

The United in Improving Health initiative was jointly established by Public Health Wales and the Welsh Local Government Association with the support of a number of engaged partners.

United in Improving Health is a movement of motivated organisations that are committed to working together today to secure better health for the people of Wales *tomorrow*.

By harnessing the opportunities presented by shared resources, expertise, knowledge and energy, the initiative will identify and tackle the issues that contribute most towards poor health in the people of Wales.

There are many factors that contribute to health and these extend beyond the NHS, medicines and hospitals. Health is affected by the jobs people work, the lifestyles they live, the money in their pockets, the homes in which they reside, and the places and people they visit and engage with each and every day.

Recognising good health and wellbeing requires a whole-of-society approach; partners in *United in Improving Health* are committed to doing everything they can to contribute to the greater good of society.



Dr Tracey Cooper addressing the United in Improving Health in Wales conference, March 2015

Members of the United in Improving Health initiative are committed to doing what they can, in their own worlds, to contribute to the greater good.

The initiative seeks to develop multi-agency solutions to create a Wales that we all want to live in, now and in the future.

Our achievements in 2015/16

- Established United in Improving Health strategic partnership to create a positive future for our current and future generations
- Mechanisms agreed across sectors and key areas (obesity/nutrition, tobacco control, physical activity, mental wellbeing and substance misuse) for the coordination of programme delivery at a national level
- Revised our programmes of work to deliver change on the leading causes of preventable morbidity and mortality
- Developed, in conjunction with young people, a youth-focused brand
- Delivered a series of 'connecting the specialist public health system' workshops that have focused on improving the strength and alignment of plans to achieve shared priorities

Our focus for 2016/17

- Agree an integrated model of support for smokers who wish to quit
- Embed smoking cessation support in antenatal pathways
- Continue to roll out a revised suite of settings based programmes as primary vehicles for delivery of health improvement action
- Develop and implement a multi-agency, cross sector 'campaign' to mobilise action around core goals of reducing inequalities
- Develop and implement an approach to community engagement and community led initiatives working with partners
- Implement the Making Every Contact Count Framework
- Develop a programme of work to reduce the impact of sugar consumption on health in Wales
- Two early implementer sites have been identified for a new system for first 1000 days in Torfaen and Wrexham



Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals speaking at a Working Together event, January 2016

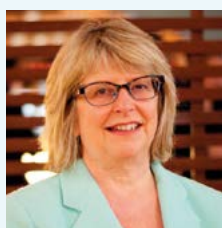
Strategic Priority 2

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

The early years, particularly the first 1000 days of life, are a critical part of childhood when a child should be able to grow, develop, learn and play. Many factors can influence a child's chances during the early years and shape their future health and well-being, and how they progress through life.

Because many health inequalities originate in the first 1000 days of life and before birth, we must continue to work across government and agencies on early intervention programmes and policies that drive change if we want to improve the health of our population.

We will do this by focusing on key themes including children's health and wellbeing, high quality early education, and supporting families and parents/care givers in line with Welsh Government's early years and childcare plan, *Building a Brighter Future*.



"As well as continuing to deliver early years interventions like the '10 Steps to a Healthy Weight' and the parent information project, we have also been building bridges with new partners to make sure we can also make a difference in early years settings.

"We are now collaborating with professionals inside and outside the NHS to integrate our '10 Steps to a Healthy Weight' into their work to ensure their interventions with clients are the most evidence based.

"We have also progressed our comprehensive early system mapping exercise, which has allowed us to see better than ever before who needs to act and when to protect and improve the health and wellbeing of our children and young people.

"We are working differently. This is helping us to have a bigger impact than ever before on the long term outcomes like the educational attainment and employability of our young people in Wales. This will have an impact on the development of our economy, the sustainability of our public services, and will help us create the healthier, happier and fairer Wales we want."

Dr Chrissie Pickin, Executive Director of Health and Wellbeing

CASE STUDY: 10 Steps to a Healthy Weight

Public Health Wales wants every child who is born in Wales to get to their fifth birthday a healthy weight. The 10 Steps to a Healthy Weight are a crucial tool to help us achieve this. They are designed to support professionals and help families across Wales to prevent childhood obesity.

In March 2016 Public Health Wales launched 10 Steps to a Healthy Weight which outlines the key factors that increase the likelihood of a child being a healthy weight when they start school.



The advice focuses on three age ranges – pre conception and pregnancy, 0-2 years, and 2-5 years.

The 10 Steps are:

- Step 1: If you are planning to start a family, aim to be a healthy weight
- Step 2: Avoid gaining too much weight during pregnancy

Babies & toddlers

- Step 3: Breastfeed your baby
- Step 4: Wait until your baby is around six months old before giving solid foods
- Step 5: Help your baby to grow steadily
- Step 6: Give children and toddlers opportunities to play outdoors every day
- Step 7: Limit the amount of screen time children have
- Step 8: Give children fruit and vegetables every day
- Step 9: Help your children have enough sleep
- Step 10: Water and milk are the only drinks your child needs

Each of the 10 steps is a positive action which can be taken to help prevent children being obese at age five.

By bringing them all together covering the first five years of life, we hope we are helping people give their children and grandchildren the best start in life and helping us create a healthier future generation for Wales.

CASE STUDY: Smokefree Programme

Public Health Wales' Smokefree programme is an innovative project based on the best international evidence about peer influence and social norms in smoking.

The programme uses social networks in schools to challenge perceptions around tobacco to prevent young people taking up smoking. It works through the Welsh Network of Healthy School Schemes, and targets schools in areas where children and young people are the greatest risk of smoking.

Research has shown that smoking among young people is a group activity, and that one of the predictors of a young person taking up smoking is their peers' smoking behaviour.

In the programme, a group of influential year eight students are recruited as ambassadors. These pupils help to form a community of young people in schools that are knowledgeable about the tactics of the tobacco industry.

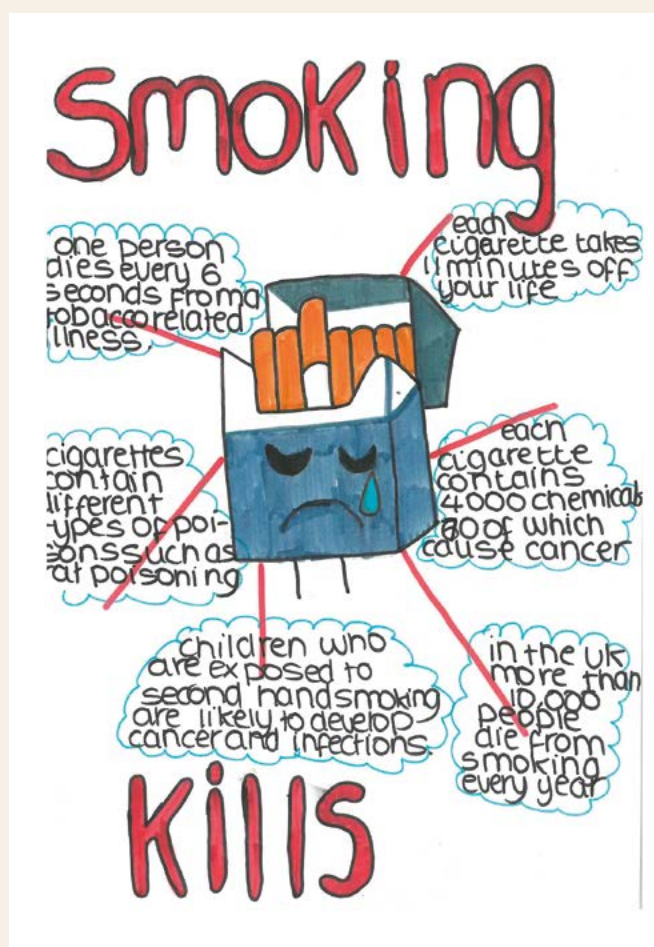


Mark Drakeford, Minister for Health and Social Services visits a Smokefree workshop with pupils from Afon Taf School, Merthyr, April 2015

One of the unique elements of the programme has been the involvement of young people in its development. The programme reflects the way young people communicate today and they have been key advisors on this new programme



A Smokefree workshop at Afon Taf School, Merthyr, April 2015



and the specially designed web based app, which helps them disseminate messages and record their smoke free conversations with their friends.

The Smokefree programme helps reduce smoking related inequalities in health, which are the leading cause of the differences in health outcomes between the most advantaged and most disadvantaged communities in Wales.

In the programme, a group of influential year eight students are recruited as ambassadors.

Our achievements in 2015/16

- Launched '10 Steps to a Healthy Weight' Programme to impact on rates of childhood obesity and obesity at age five
- Implemented an improvement programme to deliver increased uptake of smoking cessation support in pregnancy based on the learning from the Models of Access to Maternal Smoking Cessation Support (MAMSS) pilot schemes
- Established a vaccination programme against meningococcal serogroup B disease
- Report on adverse childhood experiences and their impact on health-harming behaviours in Welsh adult population published

Our focus for 2016/17

- Implement an Early Years Collaborative to improve outcomes in the first 1000 days of life
- Implement Early Years Settings Scheme and recruit at least 100 new Early Years Settings
- Support health visiting services to achieve Baby Friendly Status
- Implement changes to the provision of parent information
- Work with partners to ensure that adverse childhood experiences and the first 1000 days are considered and addressed in local needs assessments and strategic plans

Strategic Priority 3

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

Around 95 per cent of the times that the Welsh public come into contact with the NHS will be through primary care, so it's vital these services work for them and anyone who may be looking after them. We are working together with these services to make sure we are all doing the very best job they can for the people of Wales.



"The national primary care strategy presents an ambitious challenge for change. Public Health Wales has a key role to support a more population focussed approach doing more to prevent illness within primary care. In the last year Public Health Wales have produced products to help practices and clusters to understand their local priorities, and to plan action to improve outcomes. Clusters have also been supported to develop their capacity to do their work, and to share good practice across Wales.

There remains much to be done and in the coming year Public Health Wales is working with clusters and partner organisations to support a programme of transformation that can deliver the change that people want at a scale that will make a difference."

John Lucy, Deputy Director of Health and Wellbeing

CASE STUDY: GPOne website launched

Public Health Wales worked with Healthy Working Wales to launch a 'one stop' signposting website for General Practice in Wales in January 2015.

The GPOne website shares best practice and provides easy to access, up-to-date and relevant organisational information for GPs and their staff.

The site was created in response to a survey of Welsh GPs which found that GPs were supportive of an all-Wales website where they could access relevant, non-clinical information.

The unique collaborative venture brings together the knowledge and expertise of those working within General Practice and makes it accessible to all.

The dual platform website is live at gpone.wales.nhs.uk. One platform is a bilingual public-facing area giving access to information about health boards across Wales as well as providing regularly updated health news.

The secure area of the site provides a space for GPs to access resources and share learning.

GPOne is designed primarily for GPs and their staff, but it is also of use to those who have an interest in General Practice in Wales, including medical students, GP registrars and other health professionals.

The site supports primary and community care services to improve the public's health.



The GPOne website shares best practice and provides easy to access, up-to-date and relevant organisational information for GPs and their staff.

Our achievements in 2015/16

- Provided Cluster and General Practice profiles to support needs assessment and allow comparison between areas
- Launched the website GPONE in 2015 and expanding and updating it over the last few months.
- Developed guidance and a primary care audit to support antimicrobial resistance initiatives
- Secured funding to take forward various developments, including a primary care support unit (now the Primary Care Innovation and Development Hub)
- Developed primary care indicators

Our focus for 2016/17

- Working with health boards to identify our further role to support development of a sustainable model of primary care in Wales
- Delivering an agreed cluster organisational development programme
- Further develop and promote the cluster and contractor professional websites including launching Optometry One and Cluster One
- Enable the Primary Care Hub to be the outward facing contact and co-ordination focus for our programmes
- Use our dental, pharmaceutical and optometric resources to strengthen the role of these contractor professions in cluster delivery and development

Strategic Priority 4

Supporting the NHS to improve healthcare outcomes for patients

Our 1000 Lives Improvement Team works across Wales to support the NHS in improving the safety and quality of health care. We are working closely with health boards and trusts to make sure prudent healthcare and patient experience are at the heart of all improvement work.

We will also support staff across healthcare to ensure the Welsh public have more say in their care and can take more control over what happens to them when they need help from the NHS.



“The NHS in Wales is on a journey of quality improvement. In the past year, we have seen great success by organisations and individuals to improve the quality and safety of healthcare. Like many other healthcare systems, we are continuing to increase the improvement capability across our health service and in 2015-16 health boards and trusts were supported through Improving Quality Together, our national improvement learning programme.

“We have supported local and national improvement programmes across primary, community and secondary care, underpinned by the philosophy of Prudent Healthcare and the Institute for Healthcare Improvement’s Triple Aim of improving population health, enhancing the experience of care and reducing the cost of healthcare.

“We know there is still more to do. Our operational plan for next year focuses on supporting improvements reliably and at scale, and co-producing our work with service users, NHS Wales’ staff and our partner organisations.”

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

CASE STUDY: Reducing Falls in Ystradgynlais Hospital: Powys Teaching Local Health Board

Staff on the Adelina Patti Ward at Ystradgynlais community Hospital decided to focus their silver Improving Quality Together project on preventing further falls amongst elderly patients.

Around 30% of those aged over 65 living in Powys fall in a year, with this increasing to 50% of those aged 85 and over. Staff on the ward - which looks after patients over 65 years of age - wanted to investigate how they could prevent in-hospital falls occurring within the vicinity of the bathrooms and toilets.

The solution was to offer patients assistance in the bathroom or toilet. There were concerns that it may compromise patient dignity, although these were immediately offset as 10 of the

first 20 patients who were offered help opted for staff to be present within the bathroom and toilet area, which had curtains to increase privacy.

The team continued to test the new way of working with patients and it became clear that many wanted assistance in this area.

The offer of help is now part of everyday care on the ward.

A further five silver projects have since been completed by staff from within the hospital covering: respiratory clinics and inhaler techniques; handover processes; use of phlebotomy clinics; and effective use of the minor injuries unit.



Attendees at a 1000 Lives Falls Workshop

CASE STUDY: Supporting the prevention of sepsis in NHS Wales

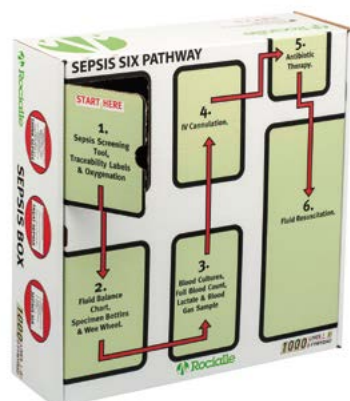
Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. It leads to shock, multiple organ failure and death especially if not recognized early and treated promptly (UK Sepsis Trust, 2016).

Sepsis should be defined as life-threatening organ dysfunction caused by a dysregulated host response to infection (The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) 2016).

Sepsis is thought to be the cause of around 2,200 deaths per year in Wales.

1000 Lives Improvement has long been supporting the prevention of sepsis in NHS Wales through its Wales Rapid Response to Acute Illness Learning Set (RRAILS) programme. Through this work, Wales became the first country to adopt NEWS (National Early Warning Score) with the life-saving intervention now an integral part of ward care in hospitals across the nation.

Analysis was performed on data from the Patient Episode Database for Wales (PEDW). Based on inspection of a process control chart from April 2010 to March 2015, a drop in the number of spells with any mention of sepsis and ending in death beginning around April 2013 was found, from an average of 174 to 157 deaths per month. Over the years 2011-2014, there was found to be a small and steady increase in the number of spells with any coded diagnosis of sepsis rising from 6,753 to 7,293 spells per year.



Sepsis Box

achievement and set out the future priorities for tackling sepsis in Wales.

This indicates that there may have been as many as 600 fewer deaths associated with sepsis in Welsh Hospitals since April 2013. In a statement on 13 October 2015 Deputy Health Minister, Vaughan Gething praised NHS Wales for the above



Sepsis NEWS card

NHS Wales' contribution to sepsis awareness and prevention has also been recognised in the "Governments and Healthcare Authorities" category of the Global Sepsis Alliance Awards.

The Global Sepsis Alliance is an international non-profit organisation responsible for numerous worldwide sepsis awareness initiatives – such as World Sepsis Day.

RRAILS is one of several targeted work programmes and networks that 1000 Lives Improvement is supporting across NHS Wales aimed at reducing harm and death caused by acute deterioration, from sepsis and Acute Kidney Injury.

"The Rapid Response to Acute Illness Learning Set (RRAILS) has brought together all health boards and trusts in Wales to reduce harm and death caused by acute deterioration and to achieve consensus on an integrated approach to treatment of sepsis and Acute Kidney Injury. It has provided national support and training to really make a difference for patients across NHS Wales." said Richard Jones, Assistant Medical Director for Quality, Cwm Taf University Health Board / Chair, Rapid Response to Acute Illness (RRAILS) Steering Group

Our achievements in 2015/16

- Supported NHS Wales to increase its improvement capability through Improving Quality Together - with over 8000 people completing Bronze and 148 individuals completing national Silver training, and more trained locally
- Coordinated the All Wales Maternity Network and supported NHS Wales to develop and introduce quality standards for processes associated with post mortem following a stillbirth
- Provided improvement support for the implementation of 'Together for Mental Health' and 'Together for Children and Young People' Programme across early years settings, dementia care, prison health and suicide prevention
- Delivered 214 improvement events to facilitate learning and networking and promoted cross-sector collaboration by working with over 40 partners across the NHS, public sector and third sector
- Provided local, customised improvement support to health boards and trusts in response to over 80 requests
- Provided leadership and support for the outturn reporting and analysis of the third annual NHS Wales Quality outcomes framework for safeguarding children, which evidenced continued improvement against all standards
- Child Exploitation Prevention Strategy and Action Plan co-produced with NHS Wales (unique in the UK)
- Successful leadership and collaboration of the NHS Wales Safeguarding Children Network has led to a request to expand the scope to include adult safeguarding

Our focus for 2016/17

- Enable the NHS to work across primary and secondary care to integrate the whole system to support the improvement of care and transitions of care by applying the principles of prudent healthcare and quality improvement in Planned Care, Unscheduled Care, Mental Health and Primary Care
- Mobilise national improvement action around the three priority areas outlined in 'Prudent Healthcare – Securing Health and Well-being for Future Generations'
- Support a programme of Mental Health improvement that gives this area parity of esteem and works across the spectrum of care
- Work with health boards and trusts to achieve demonstrable improvements by preventing harm and improving patient safety in areas such as acute deterioration (sepsis and AKI), maternity, cancer, oral health and HCAs
- Expand the offer of improvement support and training to include Improving Quality Together online, a focus on human factors and person centred care, the development of the Gold network and support for innovation
- Support organisations to develop QI hubs, greater capacity and capability for QI and identify local support needs
- Upscale the rate of training for expert patients and patient activation in general to improve appropriateness and experience of care

Strategic Priority 5

Influencing policy to protect and improve health and reduce inequalities

There are so many examples of policies that are making a real difference to the lives of the Welsh population. The banning of smoking in enclosed public spaces or preventing tobacco from being displayed in shops for children to see and more recently the introduction of the National Living Wage all have an impact on health and wellbeing.

We know that to help improve the health of the population of Wales, we need to also consider global issues such as climate change. We are therefore working to understand international policy and make sure that good practice from other countries is used to benefit the country's health.



“The past year has been one of significant change for our policy work. As well as strengthening the links between international and Welsh policy and practice, we are developing closer links between policy and research and development. This is so that our policy work is informed by research and the latest evidence, and also so that we influence research carried out, to help inform policy work in future.

“There have been significant changes in Welsh policy and law, which will have impacts for Wales. Over the past year, the groundbreaking Well-being of Future Generations Act was passed, the Draft Public Health (Minimum Price for Alcohol) Bill and the Public Health (Wales) Bill were introduced and the Public Health Outcomes Framework was published.

“The Well-being of Future Generations Act has been, and will continue to be, a particular area of focus for us, as we recognise that this Act will help support our work with partner organisations to identify common goals for improving well-being in Wales. To support this work, we have started to engage with our staff, raising awareness of the Act as well as developing our approach to responding to the Act.”

Professor Mark Bellis, Director of Policy, Research and Development

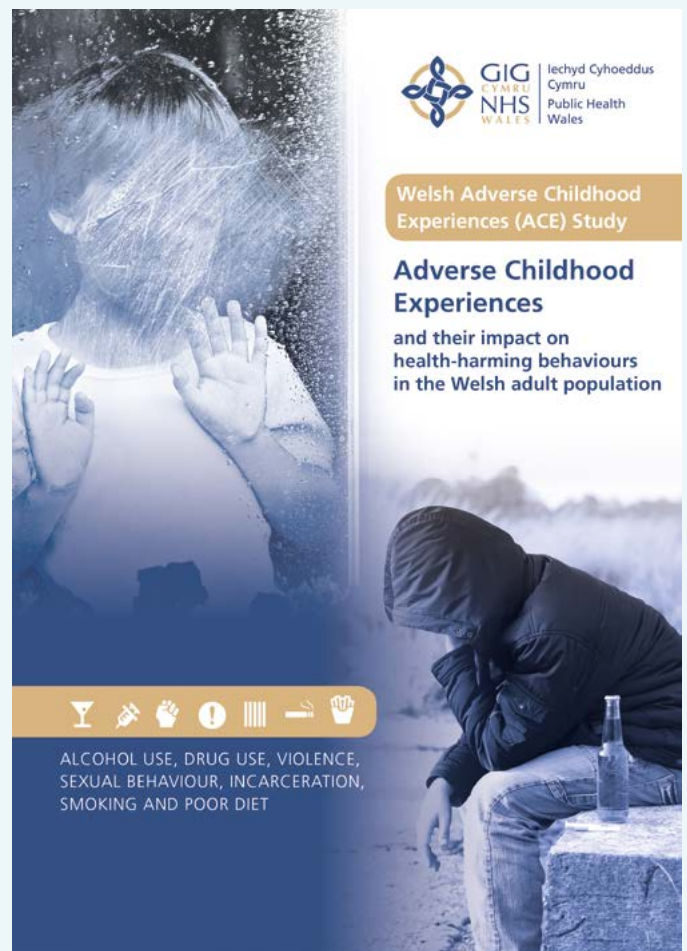
CASE STUDY: Using Research to influence Policy and Practice: Adverse Childhood Experiences and breaking the generational cycle of crime

The publication of the first Welsh Adverse Childhood Experiences (ACEs) study by Public Health Wales provides a compelling story on how criminal justice systems should be part of early prevention and response interventions aimed at tackling abuse, neglect and other adversity in children's lives.

The ACE study shows how adults who have experienced high levels of harmful experiences in childhood, such as abuse and neglect domestic violence while growing up are not only more likely to have poorer health across their life course, but also much greater involvement with criminal justice services. People with four or more harmful experiences in their childhood (compared to those with none) are:

- 15 times more likely to have committed violence against another person in the last year
- 20 times more likely to be incarcerated at some point in their lifetime
- 14 times more likely to have been a victim of violence in the past year

The report has helped galvanise the efforts of public health and criminal justice and other organisations around a shared purpose of early intervention and both prompt and proactive action informed from an ACE perspective. This evidence, combined with a strong collaborative Memorandum of Understanding (MoU) between Public Health Wales, the Police and Crime



Commissioner for South Wales and South Wales Police, led to a successful joint bid to the Home Office Police Innovation Fund. The resulting project, led by Public Health Wales, is already working to identify opportunities in criminal justice for early intervention, better preventative activity and better support for those affected by ACEs. The learning from this work is being used to influence and support other public sector activity.

Our achievements in 2015/16

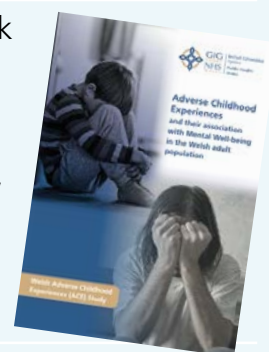
- Led the delivery of the research strategy and established a collaboration with the police in South East Wales
- Increased Public Health Wales' European profile and activity through WHO Regions for Health Network and EuroHealthNet focusing on the Sustainable Development Agenda and its links with health and wellbeing
- Increased knowledge and understanding of European and global health policies in Wales



- Worked with partner agencies to develop a joint preventative approach e.g. Memoranda of Understanding (MOU) and joint posts with Criminal Justice, as well as with Community Housing Cymru
- Launched All Wales 'Public Health Network Cymru' to support those working on public health issues in Wales with high quality, timely up to date information and resources, as well as providing a forum for Network members to share practice and discuss public health issues
- Thirteen new research programmes within Public Health Wales were approved through the NHS Permissions process

Our focus for 2016/17

- Establish the 'Health and Sustainability Hub' to facilitate the development of a cross organisational change programme to meet the requirements of the Well-being of Future Generations Act
- Develop and publish Health Impact Assessment Quality Assurance Review Tool
- Further develop our work on Adverse Childhood Experiences (ACEs) and help ensure public services understand how to and the benefits of adopting ACE informed approaches
- Implement agreed joint action plans with criminal justice and housing and further develop shared objectives
- Further develop 'Public Health Network Cymru' to include additional topic areas and settings and to be responsive to the needs of its members, for example using feedback from members to inform the content of seminars
- Develop Public Health Wales' International/Global Health Strategy.
- Work towards achieving excellence in the area of 'Sustainable Development and Health' and to be recognised as a WHO Collaborating Centre
- Improved communications for research and development opportunities within and in partnership with Public Health Wales through development of research networks and new website.
- Development of the mobilisation of knowledge and evidence to inform practice, and for gaps in our knowledge to inform research developments



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, 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 prevent people of all ages from serious illnesses all year round. Sometimes Wales faces a rare, but very serious, threat from diseases in other parts of the world. For example, we worked to put plans in place in response to the recent Ebola outbreak in West Africa, to ensure that in the event of someone in Wales falling ill, the risk to other people was as small as possible.

To make sure we respond in the best possible way to public health threats, we are looking at the way our Health Protection and Microbiology services work together, and integrating the two functions more closely will be a big priority over the coming year.



"The last year has seen much progress in our work towards this strategic priority, with plenty in place to build upon over the next year.

"It's exciting that Welsh Government has agreed £0.5 million of funding towards the development of a genomic sequencing service within our Microbiology division. Introducing genomic sequencing into our laboratories will both make huge differences in the way we investigate communicable disease outbreaks, with the ability to distinguish between different types of pathogens more quickly, and also will help us to know more about these pathogens in terms of how virulent they are and how they can be treated.

"We have also seen great steps forwards in our Cervical Screening Wales programme. The introduction of Human Papilloma Virus (HPV) testing into the programme means a better experience for women receiving the service. Meanwhile, the hard work of programme staff has seen impressive improvements in the turnaround time for smear test results, with more than 95 per cent of women receiving their results within three weeks."

Dr Quentin Sandifer, Executive Director, Public Health Services

CASE STUDY: Changes to the Cervical Screening Wales programme

Women aged between 25 and 64 in Wales are benefiting from the introduction of HPV triage into the Cervical Screening Wales programme, which reduces the need for repeat smears.

Women found to have very low level cell changes during their smear test are now only be referred to colposcopy clinics if their test shows that they have the virus.

Those with minor cell changes on their smear test who do not have high risk HPV will not need to be referred for further tests, but will simply return to having regular smear tests.

Those with both minor cell changes and HPV will be referred straight to a colposcopy clinic without the need for repeat smear tests first.

Dr Louise Pickford, All Wales Coordinator for Cervical Screening Wales said: "These changes are good news for women in Wales, who will now either be referred straight to colposcopy clinics or back to the routine smear testing programme. The new process will cut down on the number of women having early repeat smear tests, which can cause a lot of anxiety.

"Regular screening can cut the risk of getting cervical cancer by 75% so it is important that women who are invited take up the opportunity to be screened."



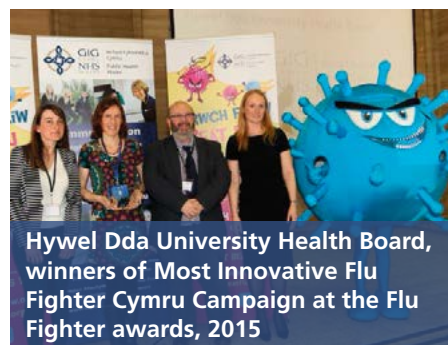
CASE STUDY: Flu Campaign

Every year, the Vaccine Preventable Disease Programme of Public Health Wales runs a campaign to encourage people in at-risk groups to receive the seasonal flu vaccination.

Vaccination is advised not only for people who may be most at risk of developing complications from contracting flu – such as people aged 65 and older and those with underlying health conditions – but also those who may pass on the infection to vulnerable people, including frontline NHS staff.

Uptake of the vaccination has historically been low in NHS workers, but last winter's campaign resulted in the highest ever uptake in this group.

The annual Flu Fighter Cymru awards, organised by Public Health Wales and NHS Employers to acknowledge



the hard work of NHS Wales staff in promoting flu vaccination, saw Hywel Dda University Health Board receive an award for their efforts.

Local campaign work undertaken by the health board with the support of Public Health Wales saw an 18 per cent increase in the number of frontline staff vaccinated on the previous year – from 34.8% in 2014-15 to 52.4% in 2015-16.

The team raised awareness by creating messages that appealed to the professionalism of staff, and focussed on patient protection and infection prevention.

Vicki Wood, Public Health Practitioner for the Hywel Dda Local Public Health Team, said, "Protecting the public was very much the theme of this work. For the first time this year we achieved and exceeded the Tier One target of vaccinating at least half of frontline healthcare workers in the health board."

Our achievements in 2015/16

- Successfully transferred the Diabetic Eye Screening Service from Cardiff and Vale University Health Board to Public Health Wales
- Continued progress with service reconfiguration in North Wales including implementation of automated bacteriology
- Preparation throughout the year for ISO 15189 accreditation of our microbiology laboratories (scheduled for September 2016)
- New managed service contracts commenced (expected financial savings in 2016/17)
- New microbiology service specification agreed with the NHS in Wales
- High level proposal consulted with the NHS in Wales for development of an all Wales managed microbiology service network organised on a regional basis
- Secured £0.5m capital investment to develop an infectious diseases genomics service
- 13% increase in Public Health Wales staff flu vaccine uptake
- Delivery plans for Liver Disease and Antimicrobial Resistance published by Welsh Government (development led by Public Health Wales)
- New funding secured to support delivery plans (£1m for Liver Disease and £0.7m for Antimicrobial Resistance)
- Secured £1.9m investment (on behalf of the NHS in Wales) for a new case management and surveillance system (ICNet)
- Contributed to the global health security agenda – work with the InterAction Council (Wales pathfinder development) and the Commonwealth Secretariat (Health Protection Toolkit)
- Continued to develop Emergency Preparedness, Resilience and Response capability to strengthen the organisations resilience in dealing with hazards and threats. We continued to work closely with partner agencies to ensure that the organisation is fulfilling its civil protection duties as prescribed by the Civil Contingencies Act [2004]. The organisation has participated in a number of Emergency Planning and Response Exercises during the year, and conducted our own major emergency exercise in October 2015 in collaboration with partners from other agencies.*

*Note: Under the Civil Contingencies Act 2004 Public Health Wales is a category 1 responder and is required to ensure that plans and procedures are in place for the management and support of the public health aspects of a major incident. This includes those relating to chemical, biological, radiological and nuclear hazards.

Public Health Wales is responsible for providing health emergency preparedness, resilience and response leadership as well as scientific and technical advice work in partnership with other organisations to protect the public within Wales.

Our focus for 2016/17

- Strengthening the quality of the Diabetic Eye Screening Service to establish an effective failsafe system
- Further progress towards implementation of HPV testing in our cervical screening programme
- Working with the NHS Wales Informatics Service to develop a replace information management system to support our cervical and breast cancer screening programmes
- Establishing regional arrangements for implementing the required service developments to support the delivery of an all Wales microbiology service
- Securing ISO 15189 accreditation in all microbiology laboratories managed by Public Health Wales and ISO accreditation of our screening laboratory
- Phased implementation of an infectious diseases genomics service
- Implementation of delivery plans for Liver Disease and Antimicrobial Resistance
- Implementation of ICNet
- Continued support to the NHS in Wales to meet new targets for Healthcare Associated Infections
- Reconfiguration of local health protection services as a first step towards the development of an Integrated Health Protection Service for Wales



Strategic Priority 7

Developing the organisation

Our staff are highly trained, very capable and really care about creating a healthier, happier and fairer Wales.

We need to do everything we can to support them so that they can do their best. We will continue working to make sure we attract and employ the best people, provide the training they need and create an environment where people are happy and healthy at work. If we are enthusiastic about coming to work and doing our best, the benefits will be the best possible service for the people of Wales.



“Work to achieve this strategic priority has been collaboration between all of the enabling functions who work together with a clear aim of making sure our staff can do their best.

“Our achievements for 2015/16 illustrate the range of functions within Public Health Wales who are working towards creating an organisation that people want to work in and can fulfil their potential in.

“The foundation work carried out in this financial year such as the roll out of the new appraisal system, internal communications review, ‘Our Space’ South East premises Programme Implementation Plan, and development of a leadership programme to name but a few, places us in an excellent position to develop the organisation to be one where staff feel supported and valued.”

Hywel Daniel, Interim Director of People, Workforce and Organisational Development



Ruth Davies, Director of Workforce and Organisational Development, at Mission Possible staff event, July 2015

CASE STUDY: the LIFT programme

The Welsh Government has a 'Tackling Poverty Action Plan' which includes a commitment to support people from workless households. A defined target within the Plan is 'to offer 5000 opportunities to people in workless households to find sustainable training or employment by the end of the calendar year 2017'.

The LIFT programme supports the Tackling Poverty agenda and aims to provide the 5000 opportunities for people living in households where nobody is in employment. The programme is not aimed at those who are temporarily out of work, but focuses on those who have spent more than six months out of work or training, and who therefore face the greatest barriers to becoming employable.

The project is being delivered in nine of the Welsh Government's 'Communities First' areas, which cover the most disadvantaged areas in the country, until the end of 2017. Each area has a LIFT project coordinator who identifies people who would benefit from engaging with the LIFT project. The candidates are supported by LIFT to overcome barriers to engagement and then identify suitable placements.

NHS Wales has agreed to offer 1000 of the 5000 opportunities, and in order to achieve this target, each Communities First area are required to host 15-40 placement opportunities in each year in the period 2014-17.

Public Health Wales has been very keen to support the programme as we recognise that whether someone is working can impact greatly on their health and well being so in turn is closely related to Public Health and our strategy of a healthier happier, fairer Wales.

We've been able to offer placements in five locations throughout Wales, with placements being taken up in Cardiff, Newbridge and Nantgarw. The placements enable attendees the



opportunity to gain valuable work experience, in some cases for the first time in their lives. There is also a positive impact on the staff involved, from the opportunity to gain or refresh supervisory experience, to the feeling that they're helping individuals to achieve their potential.

"I believe that having the chance to work is a fundamental component of a person's health and wellbeing. As Public Health Wales we are able to provide placements and in turn help the positive development of the people who come to us," said Joan Wilding, a project co-ordinator with Public Health Wales.

"I am pleased to say that the first placement on this scheme has since been able to join the organisation on a fixed term contract – their first full time paid employment for someone in their mid 30's who up to now had many barriers to work. The organisation has gained an employee who is exceeding expectations in skills, attitude and enthusiasm."

Our achievements in 2015/16

- 'My Contribution' (new approach to appraisal) rolled out across organisation
- Leadership and Management Development Programme implemented
- 'Our Space' South East premises Programme Implementation Plan developed and implemented
- Risk management arrangements reviewed and improvement actions implemented
- Organisational structures revised to support and enable delivery
- Significant progress has been made in ensuring our services and programmes are more customer focused.
- Revised planning and performance management frameworks developed and implemented
- Achieved financial breakeven position and set balanced budget for 2016/17
- Approval of the Strategic Equality Plan and Objectives



Member of staff at the Mission Board at the Mission Possible staff event, July 2015

Our focus for 2016/17

- Implement Communications and Engagement Strategy
- Implement actions detailed within the Informatics eStrategy
- Complete Phase 1 of the Our Space Programme and agree Sustainability Strategy
- Develop an integrated performance reporting system for Public Health Wales using business intelligence tools
- Finalise the 10 Year Public Health Wales Workforce Strategy
- Complete the development and implement the Quality Framework
- Establish an initial Quality Improvement Hub for the organisation which will mature incrementally.
- Implement our Knowledge Mobilisation Strategy
- Implement a best practice corporate governance framework to strengthen and develop our governance arrangements
- Develop a Strategic Equality Plan and Objectives Implementation Plan
- Build upon the existing Welsh Language arrangements and consider the action needed to meaningfully contribute to the delivery of the Well-being of Future Generations Act goal and the proposed Welsh Language Standards Regulations in ensuring that the Welsh language thrives in Public Health Wales and that we optimise our "active offer" to those members of the public who wish to receive our services through the Welsh language.

International Achievements 2015/16

The new International Health Division (IHD) has established itself, developed its capacity and work priorities, and intensified its activity. Working together with the International Health Coordination Centre (IHCC), the Division has achieved the following:

1. Increased Public Health Wales' international and European interface, profile and activity through working with the WHO Regions for Health Network (RHN) and EuroHealthNet, focusing on the Sustainable Development Agenda and its links with health and wellbeing.
2. Enhanced the organisation's national and organisational engagement and contributed to increasing knowledge and understanding of European and global health policies in Wales.
3. Developed a joint programme of work with Welsh Government, focusing on supporting NHS capacity and capability for accessing European and other funding and building international partnerships.
4. Reviewed and reported on the IHCC past activity and supported the Charter for International Health Partnerships implementation in Wales.



Increased international and European interface, profile and activity

The IHD has focused on the sustainable development agenda, health, wellbeing and inequalities - linking with the Sustainable Development Goals (SDGs) and the WHO Health 2020 European Strategy internationally; and promoting the unique Wellbeing of Future Generations (Wales) Act 2015 (as well as other Welsh and Public Health Wales success stories) across the UK, Europe & the world. This includes a number of publication, presentation and communication activities, including:

- **A Welsh case study in the WHO publication** 'Taking a participatory approach to development and better health' 2015
 - **WHO EURO news item and RHN newsletter article:** Key legislation in Wales to improve health and well-being, 09 September 2015
 - **EuroHealthNet magazine article** on 'Tackling Health Inequalities in Wales – Synergies between Welsh Government and Public Health Wales', 23 October 2015
 - **Two presentations at the WHO RHN Annual Meeting / European Public Health Conference, Milan, October 2015 on** 1) Childhood adversity and its impact on health across the life course; and 2) Wellbeing of Future Generations (Wales) Act and joint publication with WHO EURO
 - Linking the Act with the Sustainable Development agenda at various WHO EURO working meetings and conferences, including **'WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020'**, 21– October 2015, Minsk; **'Developing country capacity for the implementation of Health 2020: Briefing of policy consultants'**, November 2015, Copenhagen and others
- Professor M. A. Bellis is also the UK Focal Point to the WHO for Violence and Injury Prevention, leading on a number of activities, including supporting:
- The WHO European Ministry of Health focal points on violence and injury prevention
 - UNICEF Regional Office for Central and Eastern Europe Commonwealth of Independent States (CEE/CIS) on adolescent health
 - WHO and United Nations Development Programme (UNDP) initiative on alcohol, violence and infectious diseases in Africa
 - Data co-ordination on behalf of the UK for the Third Global Status Report on Road Safety – results published in two WHO reports: The Third Global Status Report on Road Safety (October 2015) and European Facts and the Global Status Report on Road Safety (January 2016)
 - Developing a handbook for measuring and monitoring national prevalence of child maltreatment for European Nations
 - Development of a Global Partnership to End Violence against Children

Increasing knowledge and understanding of European/global health policies

- Organised a conference on '**Sustainable Development and International Health Partnerships in Wales**', December 2015 in Cardiff, linking the SDGs, the Wellbeing of Future Generations (Wales) Act, the wider determinants of health, global citizenship and global responsibility, and the NHS everyday work.
- Organised a seminar on "**Trade, Growth, Equity and Health - Understanding TTIP and Europe**", July 2015, Cardiff, exploring the implications of the Transatlantic Trade and Investment Partnership (TTIP) for public health in Wales.
- Developed a briefing on '**Refugees and Asylum Seekers - Public Health Implications for Wales**'.

Supporting NHS capacity and capability for accessing European and other funding and building international partnerships

- Organised a two day '**European Funding and Collaboration for Health and Wellbeing in Wales**' master class.
- Engaged across the Welsh Government, academia and the NHS to assess health boards' interest, level of preparedness and assets for future international partnerships and funding applications.

IHCC progress review and the Charter for International Health Partnerships in Wales

- Published an **IHCC Progress Report 2013 – 2015**, outlining the IHCC work and achievements.
- Began monitoring and evaluation of the Charter for International Health Partnerships implementation across the health boards and trusts in Wales through a benchmarking questionnaire; regular meetings of the Charter Implementation Group and providing support and advice as required.



Wales for Africa Health Links Network

Public Health Wales has maintained its relationship with the Wales for Africa Health Links Network (WFAHLN) as well as with the newly established Hub Cymru Africa. The International Health Coordination Centre (IHCC) sits as an observer on the WFAHLN Advisory Group.

WFAHLN and Hub Cymru Africa were active participants in the '**Sustainable Development and International Health Partnerships in Wales**' Conference held in December 2015, through charring sessions and plenary presentations.

Executives Quentin Sandifer and Rhiannon Beaumont-Wood are actively involved in work in sub-Saharan Africa.

Performance Analysis

This section provides a summary and analysis of performance against our key indicators. Table 1 includes our performance for 2015/16, along with the previous two years for comparative purposes. A narrative summary is also provided for each area, which highlights the key achievements and challenges within each.

We have developed indicators for each of the key services to help measure and monitor how we are achieving a healthier happier and fairer Wales. Our Strategic Plan sets these out, along with annual performance trajectories. These are used by the Board and Executive Team to monitor progress during the year.

We have seen improvements over the past three years in many areas including the number of smokers giving up smoking, the number of pregnant women receiving the influenza vaccine, uptake of breast, bowel and cervical screening, and breast screening.

We recognise that there are still areas which need to be tackled to reach set targets and we will strive to achieve these during 2016-17.

The sections below provides a summary of performance against our key performance indicators during 2015/16. Further detail can be found in the End of Year Performance Report. (www.publichealthwales.org/performance)



Table 1

Indicator	Standard/ Target	Performance 2013/14	Performance 2014/15	Performance 2015/16	Trend from 14/15
Stop Smoking Wales					
Per cent of smoking population treated by Stop Smoking Wales	2.8% (annual)	1.3%	1.2%	1.4%	↑
Per cent smokers CO validated as successful	40%	34.8%	40.5%	42.1%	↑
Childhood Obesity					
Percentage of reception class children (aged 4/5) classified as overweight or obese	Reduction	26.5%	26.2%	Not available	↓
Health Improvement Programmes					
National Exercise Referral Scheme - Take up	12,984	16,545	15,579	15,519	↓
National Exercise Referral Scheme - number of 16 week consultations	6,492	8,719	8,884	8,415	↓
National Exercise Referral Scheme - number of 52 week consultations	3,244	3,252	4,310	4,615	↑
Health Working Wales - organisations completing a full assessment	25	20	24	22	↓
Healthy Working Wales - organisations achieving a Small Workplace Health Award	100	57	102	95	↓

Table 1 (continued)

Indicator	Standard/ Target	Performance 2013/14	Performance 2014/15	Performance 2015/16	Trend from 14/15
Vaccination and Immunisation					
Uptake of all scheduled childhood vaccinations at age 4	95%	87.9%	86.2%	85.3%	↓
Influenza vaccination uptake among the over 65s	75%	68.3%	68.1%	66.6%	↓
Influenza vaccination uptake among under 65s in high risk groups	75%	51.1%	49.5%	46.9%	↓
Influenza vaccination uptake among pregnant women	75%	70.5%	72.4%	75.6%	↑
Influenza vaccination uptake among healthcare workers	50%	40.6%	42.9%	47.3%	↑
Screening*					
Breast screening uptake	70%	70.8%	72.0%	72.9%	↑
Abdominal aortic aneurysm screening uptake	80%	70.6%	74.7%	73.9%	↓
Newborn hearing screening per cent entering screening programme	95%	99.4%	99.5%	99.5%	↔
Breast screening: normal results sent within two weeks of screen	90%	75.8%	91.3%	96.3%	↑
Breast screening: assessment appointments within three weeks of screen	90%	31.7%	31.6%	52.1%	↑
Breast screening: per cent women invited within 36 months previous screen	90%	5.3%	16.4%	64.0%	↑

Table 1 (continued)

Indicator	Standard/ Target	Performance 2013/14	Performance 2014/15	Performance 2015/16	Trend from 14/15
Screening* (continued)					
Bowel screening waiting times for screening test results	95%	84.6%	98.7%	91.3%	↓
Bowel screening waiting time for colonoscopy	95%	10.9%	59.1%	82.6%	↑
Cervical screening laboratory turnaround times: within three weeks	100%	51.1%	65.2%	56.4%	↓
Cervical screening waits for results: within four weeks	100%	54.3%	66.9%	68.3%	↑
Microbiology					
Microbiology - CPA accreditation status and move to ISO 15189	Accredited	Accredited	Accredited	Accredited	↔
Healthcare Associated Infections**					
Clostridium difficile rate (per 100,000 population)	≤31	51.16	42.63	40.11	↓
MRSA rate (per 100,000 population)	≤2.6	5.35	5.37	3.26	↓
Quality					
Number of written concerns/complaints received	N/A	77	65	53	↓
Written concerns/complaints responded to within target timescales	100%	90%	75%	74%	↓

Table 1 (continued)

Indicator	Standard/ Target	Performance 2013/14	Performance 2014/15	Performance 2015/16	Trend from 14/15
Quality (continued)					
Number of serious untoward incidents (SUIs) reported	N/A	5	4	6	↑
SUI investigations completed within target timescales	100%	100%	75%	84%	↑
Staff and resources					
Sickness absence rate	<=3.25%	3.47%	3.70%	3.95%	↑
Percentage of medical staff undertaking performance appraisal within the last 15 months	100%	Not available	100%	100%	↔

*The screening programme figures presented for 2015/16 relate to operational performance of these programmes during the specified year. They represent a different cohort to those participants invited in that year, who require a length of time to complete any associated activity before the Official Statistics can be published.

Please direct any queries regarding data from Screening Division to:

Helen Clayton
Senior Information Manager
and Research Specialist
Screening Division of Public Health Wales
No 2 Capital Quarter, Tyndall Street
Cardiff CF10 4BZ

Tel: 029 2078 7803

Email: Screening.Information@wales.nhs.uk

**New targets and revised indicator for Staph aureus bacteraemia agreed with Welsh Government and will be reported against during 2016/17.



Stop Smoking Wales

We are committed to working in partnership with health boards to deliver collectively the 5% target for treated smokers in each health board area. In 2015/16, Public Health Wales committed to treating 15,516 smokers in Wales. This equates to 2.8% of all smokers nationally of which the proportion treated by Stop Smoking Wales will vary by health board.

During 2015/16, we demonstrated improvements in comparison to previous years for both the number of treated smokers and percentage of smokers carbon monoxide validated as successful. The percentage of the population treated by Stop Smoking Wales increased from 1.2% in 2014/15 to 1.4% in 2015/16 and since 2013/14 the percent of smokers who are carbon monoxide validated as successful has risen from 34.8% to 42.1% in 2015/16.

Reducing smoking rates continues to be a key deliverable for the organisation and during 2016/17, we will be working alongside Welsh Government and health boards to agree an integrated model of smoking cessation delivery.

National Exercise Referral Scheme

National Exercise Referral Scheme (NERS) 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 have a chronic disease or are at risk of developing chronic disease.

Over 50% of individuals referred to the National Exercise Referral Scheme took up a place during 2015/16. This exceeded the target of 12,984 of these 4,615 completed the 52 week consultation process.

Healthy Working Wales

Healthy Working Wales is delivered in partnership by the Welsh Government, Public Health Wales, and Cardiff University, to support 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.

Healthy Working Wales narrowly missed their target for organisations completing a full assessment (22- Target 25) and organisations achieving a small workplace award (95- Target 100).



Rebecca Evans AM, Minister for Social Services and Public Health and Dr Chrissie Pickin, Executive Director of Health and Wellbeing visiting Stadco, a Healthy Working Wales employer

Screening

We have developed a set of key performance indicators for each of our screening programmes. To help support improvements in each of these, we have set a number of ambitious targets. Table 1 provides a summary of where we are at the end of 2015/16 with an agreed set of indicators that are monitored by our Board. They are underpinned by more detailed information to help us continue to improve our performance and deliver the most effective services that we can.

Our Screening programme performance during 2015/16 demonstrates improvements, or maintenance of previously achieved increases, in performance across a number of the



programmes that we manage or deliver. The improvement of performance within each of these programmes has been a focus of our work and is reflected in its inclusion within our Strategic Plan as one of our key objectives.

There have been notable improvements seen within our Screening programmes, in particular within Bowel Screening Wales and Breast Test Wales. *Bowel Screening Wales: Waiting time for colonoscopy*, in particular, increased from 10.9% in 2013/14 to 82.6% in 2015/16 and *Breast Test Wales: Percentage of women invited within 36 of previous screen* has increased from 5.3% to 64% over the same time period.

Our approach to performance improvement has, and will continue, to involve specific actions at a programme level, engagement with health boards to ensure services are delivered to agreed standards, developing innovative solutions through engagement with service users and continued implementation of a systems approach aimed at improving uptake, with a particular focus on targeting hard to reach communities in order to support a reduction in health inequalities.

Vaccination and immunisation

A number of national indicators have been agreed for health boards in relation to childhood and influenza vaccination and immunisation. We have a key role to play in supporting them to achieve these through policy development, supporting service delivery, training immunisers and informing the public.

Table 1 shows that while for some vaccination and immunisation indicators rates reduced slightly, a number of others showed considerable improvements in 2015/16. This was particularly the case for influenza vaccine uptake for pregnant women rising from 72.4% in 2014/15 to 75.6% in 2015/16 and uptake amongst healthcare workers increased from 42.9% to 47.2% over the same time period.

Public Health Wales attained 55% uptake for its staff, which was an improvement of 13% on 2014/15.

Healthcare associated infections

We play a key role supporting health boards across Wales to reduced rates of healthcare associated infections. Targets have been set, at an all Wales level, for reductions in both MRSA and clostridium difficile. The figures presented in table 1 present the national picture at the end of 2015/16. Further detail on the levels for specific health boards can be found here www.wales.nhs.uk/sites3/home.cfm?OrgID=379

Table 1 shows that the rates for both MRSA and clostridium difficile continued to demonstrate improvements, which reflects the downwards trend both on previous years and during 2015/16. This was particularly the case for clostridium difficile that reduced from 45 per 100,000 in September 2015 to 32 per 100,000 in March 2016.

Concerns, complaints and incidents

Policies and procedures explain how Public Health Wales responds to and manages concerns, complaints and incidents. These include 'Putting Things Right' operational policy and the 'Putting Things Right' guidance which we follow when handling complaints.

Our policies ensure that we meet the Principles of Remedy published by the Public Services Ombudsman for Wales in 2008. These set out the following six principles:

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

Arrangements include our Service User Experience and Learning Panel and Quality and Safety Committee which meet regularly and look at feedback we have received from people who use the services we provide and how we can learn from incidents, complaints and compliments. All incidents, complaints and concerns we receive are very important to the organisation and we regularly look at how we can learn from these to improve how we deliver our services.

During 2015/16, Public Health Wales received 53 concerns/complaints. This is 12 fewer than the previous year. Of the 53 received, 74% were responded to within the 30 day target timescales. There were six serious untoward incidents (SUIs) reported and 84% of these were responded to within the target timescales, an improvement from 2014/15.

More information on the kind of complaints we receive and how we have responded to them can be found in the Annual Quality Statement and Putting Things Right Annual Report.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Public Health Wales Annual Report 2015-2016

Accountability Report



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 Parliamentary Accountability and Audit Report.

Contents

Corporate Governance Report		Remuneration and Staff Report	
Scope of Responsibility	45	Remuneration and Terms of Service Committee	78
Governance Framework	45	Salary and Pension Disclosures	80
The Purpose of the System of Internal Control	58	Remuneration Relationship	81
Capacity to Handle Risk	59	2015/16 Staff Report	82
Quality Governance Arrangements	61	Annex 1a: Single Figure of Remuneration (2015/16)	86
Health and Care Standards for Health Services in Wales	63	Annex 1b: Single Figure of Remuneration (2014/15)	88
UK Corporate Governance Code	64	Annex 2: Pension Benefits	89
Integrated Medium-Term Plan (IMTP)	64	Parliamentary Accountability and Audit Report	90
Additional Assurance Disclosures	65		
Review of Effectiveness	69		
Conclusion	71		
Annex 1: Board and Committee Membership	72		
Public Health Wales Directors Report 2015-16	77		

Corporate Governance Report

The purpose of the Corporate Governance Report is to explain the composition and organisation of our governance structures and how they support the achievement of our objectives. It includes our Annual Governance Statement, a Statement of the Accountable Officer's responsibilities (see page 3) and a Directors Report. Much of the content of the Directors Report signposts the reader to other sections of the Annual Governance Statement or Annual Report.

Annual Governance Statement

Scope of Responsibility

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

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

The Board is accountable for 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

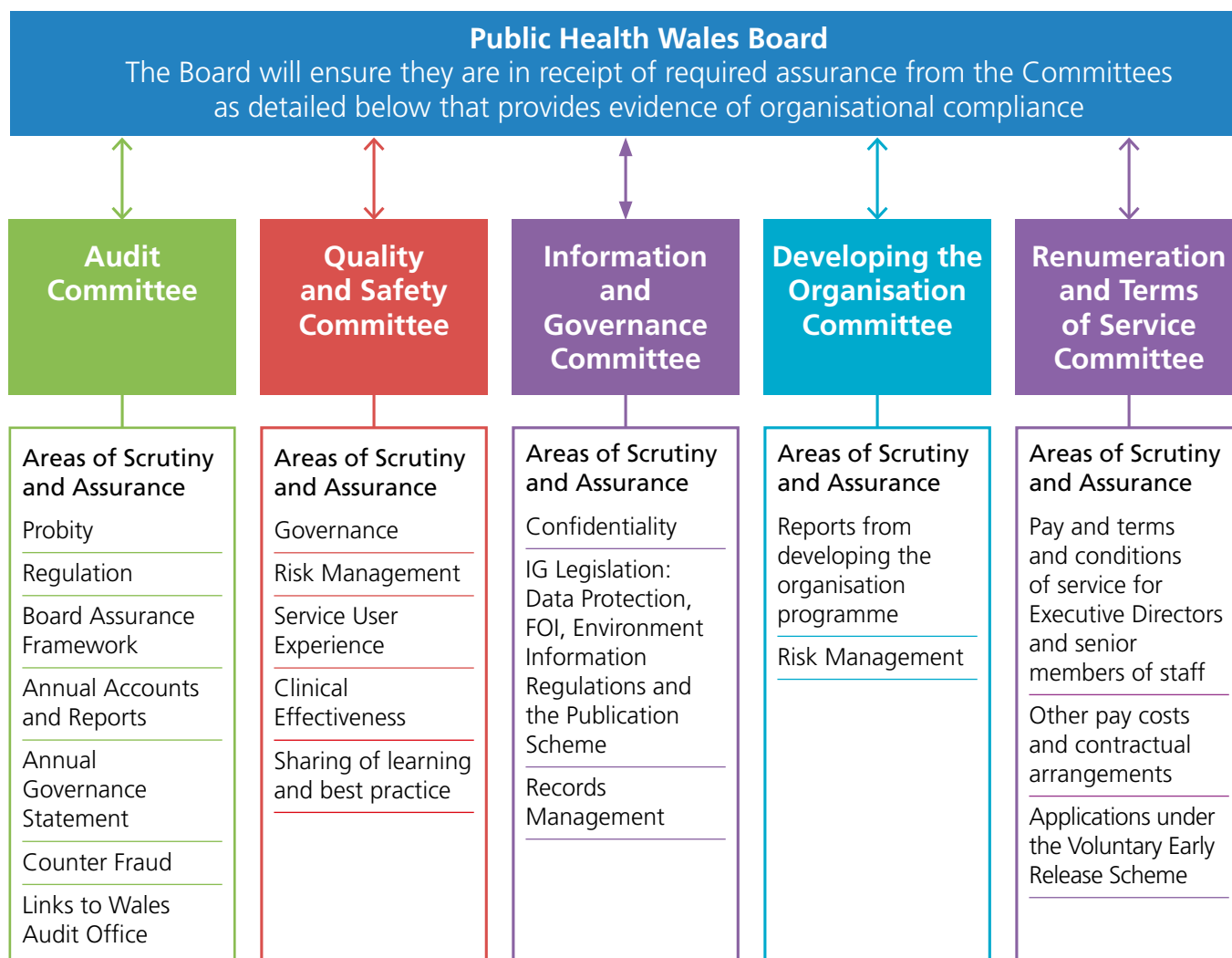
We have continued to maintain and develop a system of governance and assurance. The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board.

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 Head of Corporate Governance and Board Secretary, who acts as an advisor on corporate governance within Public Health Wales.

The Board has established a standing Committee structure, which it has determined best meets the needs of the organisation at this time whilst taking account of any regulatory or Welsh Government requirements. Figure 1 below provides an overview of the governance framework which operated during 2015/16. This is currently undergoing review as a consequence of an organisational re-structure and the development of a new Board Assurance Framework (see the Purpose of the System of Internal Control on page 58).

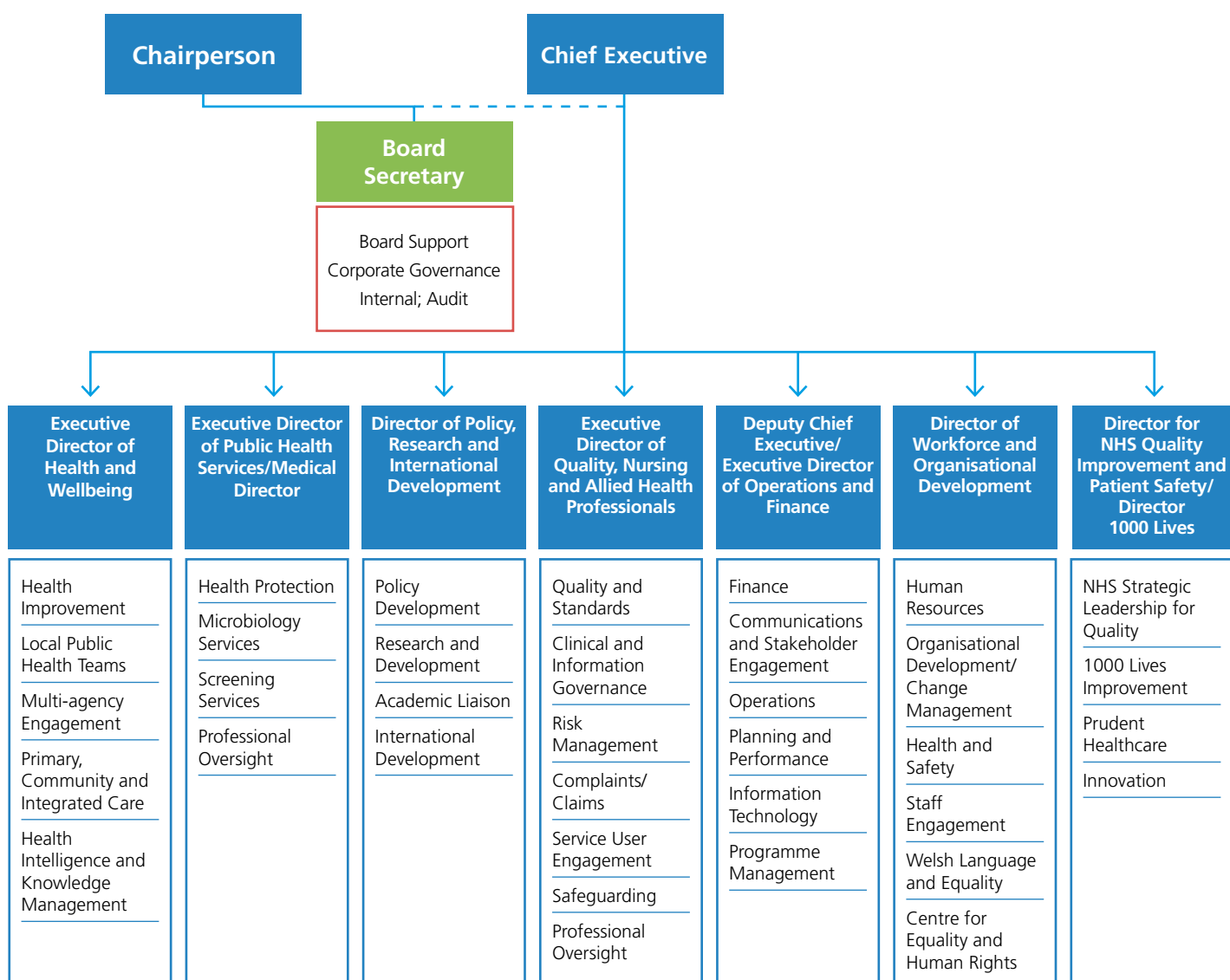
Figure 1: Overview of Governance Framework



The Executive Team, and associated directorate structures, has been redesigned over the past year (Figure 2), with a number of new senior appointments, to ensure that they are best designed to achieve the mission of the organisation and comprise of high calibre leaders and operational managers to effectively discharge the functions of the organisation.

Similarly, during the year the corporate infrastructure has been revised and further invested in to strengthen the governance arrangements across the organisation, providing greater assurance, with a stronger focus on quality, risk management, performance and delivery.

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 the information received is acceptable in its assessment of the governance of the organisation. The quality and effectiveness of the information and data received by the Board, and other fora, is continually reviewed and some revisions have been made during the year to provide further assurance for the Board.

We have adopted Standing Orders 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 the robustness of the framework.

Following on from a Good Governance Institute review of Board governance arrangements in 2014, the Board has considered its effectiveness and ongoing development. In August 2015, the Board invited external consultants to facilitate a Board Development Training Day as an early step in the process. The report recommended, chiefly, that the Board develop a 'design for governance' that enabled the Board to articulate how their governance arrangements worked and how they might be improved. This included the need to develop a comprehensive Board Development Plan. During 2015/16 the

Board undertook a number of development sessions including two sessions on risk management and risk appetite. The Board Development Plan will be further developed in 2016/17 (as set out in our Operational Plan) and will address how the Board receives and considers information, learns together, measures effectiveness and plans succession.

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. An interim Chief Risk Officer was appointed during the year. A permanent appointment was made and the new post holder commenced in May 2016.

The interim Chief Risk Officer conducted a review with the aim of arriving at a baseline assessment. The methodology was primarily based on a modified version of the HM Treasury Risk Management Assessment Framework 2009. This self-assessment framework examined the extent to which risk management was being practiced across the organisation. It provided an overall maturity rating of Level 2: 'Approaches for addressing risks are being developed and an action plan for implementation being devised'.

Following the review a work programme commenced and an Integrated Risk Management Framework for 2015-2018 was developed and is in the process of being implemented. This includes revised procedures and training. A new strategic and corporate risk register format has also been introduced. This work is aligned to the development of the Board Assurance Framework which will allow the Board to maintain oversight of strategic risks and assess whether adequate assurance has been provided against these risks and the impact on the delivery of the strategic priorities.

For further details see Capacity to Handle Risk section on page 59.

Strategic Planning

The Board led a refresh of the organisation's Strategic Plan 2016-2019 (the Integrated Medium Term Plan). 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.

Two underpinning enabling strategies were also approved by the Board – the Public Health Wales Research Strategy and the Knowledge Mobilisation Strategy.

Joint Working

The Board considered the implications of future Joint Working Agreements and alignment to Public Health Wales' mission and strategy. It was agreed that a framework for future collaborations was required. A framework for governance arrangements around agreements and Memoranda of Understanding is under development.

Legislative Framework

During the year, the Board discussed the Well-being of Future Generations (Wales) Act on a number of occasions in relation to its requirements as a public body and also its enabling function across all sectors to enable the implementation of the Act.

As a result, Public Health Wales is fully engaged in the implementation of the Wellbeing and Future Generations (Wales) Act. The Act aims to tackle the generational challenges Wales faces in a more robust, joined up and integrated way. The Act places a new duty on public services in Wales to make sustainable development their central organising principle. The Act also sets out a number of long term economic, social, and environmental wellbeing goals, many of which link closely with work undertaken by Public Health Wales.

Public Health Wales also actively engaged with the Public Health (Wales) Bill and responded, as an organisation, to the consultation regarding the green paper 'Our Health, Our Health Service'.

Board 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).

A new Executive Team and organisational structure was approved by the Board and was implemented from 1 April 2015. All of the Executive positions were successfully recruited to and the corporate structure is now firmly established across the organisation. The changes have resulted in a structure that is fit for purpose to deliver the strategy, a more consolidated approach to the corporate service enabling functions and provides an improved balance of public health expertise and corporate support experience. This has led to the strengthening of governance across the organisation.

In addition to the Executive Directors appointed in accordance with the *Regulations* individuals were also 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.

Annex 1 outlines the membership of the Board for 2015/16 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, research and development, Welsh language, and modernisation programmes.

Amendments to the Eligibility Criteria for the appointment of Non-Executive Directors

In 2015-16, following discussions with the Minister for Health and Social Services, it was proposed to make amendments to the *Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009* - to broaden the eligibility criteria of the three 'representative' Non-Executive Director roles to enable more open and fair competition. The Welsh Government launched a consultation in December 2015 to seek views on proposed changes to the eligibility criteria for the:

- University Non-Executive Director: replacing 'a person nominated by a university in Wales with teaching or research specialism in public health'; with 'a person who holds a post *in a university that is related to health*'.
- Local Authority Non-Executive Director: replacing 'a person nominated by a local authority or local authorities in Wales'; with 'a person *with experience of local authorities in Wales*'.
- Voluntary Sector Non-Executive Director: replacing 'a person who is an employee or member of a voluntary sector organisation in Wales'; with 'a person who is an employee or member of a voluntary sector organisation'.

Although feedback to the consultation showed an overall consensus with regard to the proposed amendments, in relation to the Voluntary Sector Non-Executive Director post, it was decided to highlight within the wording a requirement for the person to be an employee or member of a voluntary sector organisation *with experience of such organisations in Wales*.

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.

Chair's Sabbatical

The Chair of Public Health Wales, Professor Sir Mansel Aylward CB, took a sabbatical from 4 January-24 March 2016. During this time, John Spence, Vice-Chair of Public Health Wales, was Acting Chair of the Board. Professor Simon Smail CBE was appointed Acting Vice-Chair during this time.

Departure of Vice-Chair

The Vice-Chair of Public Health Wales, John Spence, left the organisation on 31 March 2016. Professor Simon Smail CBE was formally appointed as incoming Vice-Chair of Public Health Wales at a meeting of the Board on 25 March 2016.

Appointment of a Non-Executive Director

A Non-Executive Director, Kate Eden, was appointed by the Minister for Health and Social Services in March 2016 to fill the vacancy created by the departure of John Spence, Vice-Chair of the Board, on 31 March 2016. Ms Eden's tenure will commence on 1 April 2016. The successful candidate was appointed as a result of a robust recruitment process which attracted a large number of applications.

Extension of Non-Executive Director

The Minister for Health and Social Services approved the extension of Professor Simon Smail CBE on 16 February 2016. This extension, until 30 September 2017, was requested to ensure critical expertise was retained and business continuity for the Board ensured.

Vacant Board Position

Following agreement in 2014/15, pending the amendment of the Regulations, the Local Authority Non-Executive Director position has 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 May 2014 to fulfil this function. This appointment does not allow full voting rights. This arrangement has continued during 2015/16.

Following the amendments to the Regulations, the organisation will look to appoint to this post on a permanent basis in 2016/17.

Succession Planning for 2016-17 and 2017-18

We acknowledge that a number of Non-Executive Directors will reach the end of their final terms during 2016/17 and 2017/18, including the Chair of the Board. As this presents a potential risk for the governance continuity of the organisation, succession plans are being developed to mitigate this risk. We will be working closely with Welsh Government to achieve this.

Senior Staff Appointments and Departures

The introduction of a new Executive Team structure resulted in the identification of more clearly defined areas of responsibility within revised role profiles. Consequently, there were a number of appointments to senior staff posts.

Professor Mark Bellis was appointed Director of Policy, Research and International Development on 28 April 2015, as a member of the Executive Team.

Rhiannon Beaumont-Wood was appointed Executive Director of Quality, Nursing and Allied Health Professionals on 26 May 2015.

Dr Aidan Fowler was appointed Director for NHS Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement Service commencing on 1 September 2015, following the departure of the Acting Director of 1000 Lives Improvement Service, Tim Heywood, on 27 August 2015.

Dr Chrissie Pickin was appointed Executive Director of Health and Wellbeing commencing from 7 December 2015. Dr Judith Greenacre acted as interim Director throughout 2015/16 until Dr Pickin's appointment.

Keith Cox left his role as Board Secretary on 30 October 2015, to take up a secondment opportunity as Board Secretary to the Welsh Ambulance Service NHS Trust. Chris Lines, Director of Communications, also left the

organisation on 15 May 2015. Interim arrangements were put in place to ensure sufficient cover for both of these functions.

Ruth Davies left her role as Director of Workforce and Organisational Development on 29 March 2016. Hywel Daniel was appointed as interim Director on 1 April 2016 while the recruitment process was undertaken.

Staff Representation at Board Meetings

Representatives from the Partnership Forum continue to attend and contribute to Board meetings as non-voting members. This ensures staff views are considered during Board discussions. Discussions with the British Medical Association (BMA) about securing attendance at Board meetings of BMA representatives are ongoing.

Under-Represented Groups

The composition of the Board provides an appropriate balance of skills, experience, independence and knowledge. The Board had previously acknowledged the gender imbalance of Board members and the lack of members from under-represented groups. The Board also noted a geographical imbalance amongst the Board members, with limited representation from rural communities in Wales. It continues to strive to address both of these areas.

In 2015, the Welsh Government and NHS Centre for Equality and Human Rights launched a pilot programme to increase diversity of public appointments in Wales. We participated in the scheme and hosted two individuals from under-representative groups to shadow our Board members for a 12 month period. We also nominated a Non-Executive Director mentor for each individual. The two individuals attended a number of Board and Committee meetings in addition to a range of events organised by the organisation. Participants were provided with development opportunities and support with the aim of increasing their chances of a successful application to a public body as a Board member. This pilot scheme has been

evaluated by the Centre for Equality and Human Rights. The outcomes will inform advice and guidance to support Local Health Boards and Trusts to increase diversity on public boards. Due to the success of the scheme and the clear benefits to participants, the Board and the wider organisation, Public Health Wales has decided to offer an extension of the terms of our two participants for a further six months. This will enable them to gain continued experience of health service governance and provide them with sufficient support to apply for public appointments. We intend to develop our own scheme as part of our ongoing commitment to the equality and diversity agenda.

In the recruitment process for our new Non-Executive Director (see Departure of Vice Chair on page 50) we actively promoted the post to under-represented groups.

Board Committees

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

There is common membership between the committees to ensure integration with each other in relevant areas. The Terms of Reference for each committee are typically reviewed

on an annual basis to ensure that there were no overlaps or obvious gaps in roles and responsibilities. Terms of Reference were not approved by Board in 2015/16 due to the ongoing review of the committee structure.

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 the Velindre Health Charity and the Director of Finance has delegated authority to manage this fund.

The introduction of the new organisational restructure, the refresh of the Integrated Medium Term Plan (IMTP) and the development of an Integrated Risk Management Framework and Board Assurance Framework provides a good opportunity to revise the committee structure. This is required to ensure that the respective scrutiny responsibilities and duties of each committee are aligned to the strategic priorities, objectives and corporate risk function. A review of the existing structure has commenced and is expected to be implemented in 2016/17.

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

The Audit Committee

The Audit Committee met five times during 2015/16 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.

Where limited assurance was provided in 2014/15 a follow up review took place. In 2015/16 one area, Workforce Planning, received limited assurance. This report is still in draft and an action plan will be developed in 2016/17 in response to the report recommendations.

The Audit Committee noted that timely management responses to Internal Audit Review recommendations were required. The Committee were assured that improvements had been made to improve engagement throughout audits, to enable quicker response times. To support this, an Internal Audit Protocol is under development to clearly define staff responsibilities and audit processes.

The Audit Committee received regular updates and discussed the risk management and assurance arrangements being developed for the organisation. An integrated Risk Management Framework has been developed which clarifies the process for escalation and cascading risks and to assign accountability to individuals and committees. This work was undertaken as a result of an Internal Audit review into risk

Figure 3: Internal Audit Reports Assurance ratings 2015/16

Report	Level of assurance provided			
	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Environmental Sustainability Report				✓
Annual Quality Statement				✓
Appointment of Temporary/Agency/Consultant Staff (Follow up)			✓	
Risk Management (Follow up)			✓	
Claims Reimbursement				✓
Health and Care Standards			✓ (draft)	
Integrated Medium Term Plan			✓ (draft)	
Quality Framework				✓
Workforce Planning		✓		
Financial Systems Review				✓

management arrangements in 2014/15. The Committee welcomed the redesign of the Board Assurance Framework to better align it to the IMTP linking it to the strategic objectives. Alongside this the Corporate Risk Register has also been revised in readiness for the 2016/17 financial year. For further details see The Capacity to Handle Risk Section on page 59.

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

The Quality and Safety Committee met four times during 2015/16 and was quorate on three occasions.

The Quality and Safety 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.

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee has the right to inspect any books, records or documents of the Trust relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate.

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.

Following on from the discussions held on 2014/15 on the need to strengthen the quality, safety and quality improvement arrangements in Public Health Wales; a Quality Management Group was established and held its first meeting in October 2015 and the terms of reference were agreed at the Committee. The Group supports the Executive in placing a focus and discharging its responsibilities on quality improvement and assurance.

During 2015/16 the organisation has been preparing for the introduction of the Nursing and Midwifery Council Revalidation. The Committee received regular reports on the process and assurance on the implications and preparations made by Public Health Wales.

The Quality and Safety Committee receives a quarterly Putting Things Right report which is an analysis of incidents, complaints, claims and compliments to identify trends, themes and lessons learnt. The Committee also reviews all serious incidents reported within Public Health Wales and to the Welsh Government. For each serious incident the Committee queries what lessons have been learnt from the incident and review the action plan which details the improvements made as a consequence.

In 2015/16 a total of six Serious Incidents were reported to the Welsh Government of which five related to the Screening Division and one to the Microbiology Division.

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

The Information Governance Committee

The Information Governance Committee met four times during 2015/16 and was quorate on each occasion. The Committee is responsible for providing advice and assurance to the Board to enable it to discharge its responsibility for information processes.

The Committee received regular reports on information governance incidents and the lessons learnt from the incidents. A formal system of auditing staff and premises was introduced in January 2015 to reiterate the responsibilities of staff and to monitor information governance compliance. The Committee received reports from the audits on a regular basis throughout 2015/16.

At each meeting, the Committee received reports on how information governance training was being implemented across the organisation. The Information Commissioner's Office (ICO) NHS Wales audit report, received by the Committee in September 2015, included recommendations regarding the increased frequency of information governance mandatory training and the need to identify Information Asset Owners. It was acknowledged that a training needs assessment of all staff working with personal information was needed to address the recommendations in the ICO audit. Staff training around incident reporting was also required to ensure that staff recorded correct information and severity scores when reporting incidents through the reporting system, Datix.

The Committee has continued to monitor an ongoing risk relating to the removal of Section 251 support (which ensured compliance with the Data Protection Act (1998), removing the need to obtain explicit consent). A Memorandum of Understanding (MOU) between Welsh Government and the Department of Health has now been signed, which addresses the removal of Section 251 support. The MOU confirmed that the completion of the Caldicott Principles into Practice (CPIP) self assessment toolkit in Wales is sufficient for information

governance assurance purposes. However, to ensure further robust assurance is provided to the Confidentiality Advisory Group (CAG): NHS Health Research Authority, Public Health Wales has undertaken a review against an adapted version of the UK Department of Health's Information Governance Toolkit (see the Information Governance Section on page 62).

The Committee regularly monitored progress against the Caldicott Principles into Practice Action Plan. Work has been undertaken to strengthen information governance compliance through the application of the principles and most actions had been completed by December 2015. Public Health Wales had an overall compliance score of 91 per cent for 2015/16. The score has improved on last year (80.7 per cent) and will be used as a measure of continuous improvement in governance processes and systems. A revised Caldicott issues logging system has been introduced together with a Caldicott Guardian Scheme of Delegation.

The Committee has also considered how to mitigate the ongoing information security risks connected to staff working at home or 'off-site'. This included discussions regarding Non-Executive Director use of personal computer devices for organisational business. The provision of encrypted devices and secure cloud-based solutions are being trialled with Non-Executive Directors to address this. Revisions to the Home Working Policy addressing these concerns are underway, although further consideration of compliance monitoring remains a key issue for the Committee.

The Information Governance Committee receives summaries and reports on all Information Governance incidents and 'near misses' reported through the organisation's incident management system. Any serious incidents are reported fully to the Committee and Welsh Government and full Root Cause Analysis investigations are undertaken. Public Health Wales did not report any data security lapses during 2015/16.

The Developing the Organisation Committee

The Developing the Organisation Committee was a new committee established by the Board in 2015 to monitor the organisational developments towards building a high performing and learning culture. It met four times during 2015/16 and was quorate on each occasion.

The Committee agreed their Terms of Reference in 2015/16. It was agreed that the Committee role was to provide input into Strategic Priority 7 (Developing the Organisation and the ten point plan); the "Our Workforce" section of the IMTP, staff development and performance management.

The Committee received regular reports on how the organisation is developing its people and systems and also carried out deep dives on the Electronic Staff Record (ESR), staff appraisals, sickness reporting and the availability of workforce resources.

The Committee also held a strategic workforce planning session prior to the refreshed IMTP being reviewed by the Board in January 2016 and will continue to monitor progress made on the objectives for Strategic Priority 7.

The Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met six times during 2015/16 and was quorate on each occasion.

Following the approval of the revised Executive Team Structure (and associated Directorates) in April 2015, the role profiles for the two new posts and two other Executive Director roles were submitted to Welsh Government in order to be subject to the Job Evaluation for Senior Posts (JESP) process on Welsh Government's advice. The remuneration of these roles was then considered by the Committee. The Committee also considered applications in respect of the Voluntary Early Release Scheme (VERS).

Advisory Groups

In support of the Board and Executive we also have a Partnership Forum, Joint Medical and Dental Negotiating Group and a Joint Negotiating Committee. The organisation's Nursing Senedd monitors and advises on professional issues relating to Nursing and Midwifery professionals.

Board and Committee meetings held during 2015/16

The following table outlines dates of Board and Committee meetings held during 2015/16, highlighting any meetings that were inquorate:

Board/Committee	2015-2016						
Board	28 Apr	25 Jun	24 Sept	1 Dec	27 Jan	24 Mar	
Audit	7 May	4 Jun	2 Sept	10 Dec	10 Mar		
Quality & Safety	14 Apr	22 Jul	15 Oct	6 Jan			
Information Governance	4 Jun	2 Sept	10 Dec	23 Mar			
Developing the Organisation	28 Jun	23 Sept	28 Jan	23 Mar			
Remuneration and Terms of Service	21 Jan	25 Jun	28 Jul	27 Oct	25 Feb	24 Mar	

Quorate

Inquorate

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

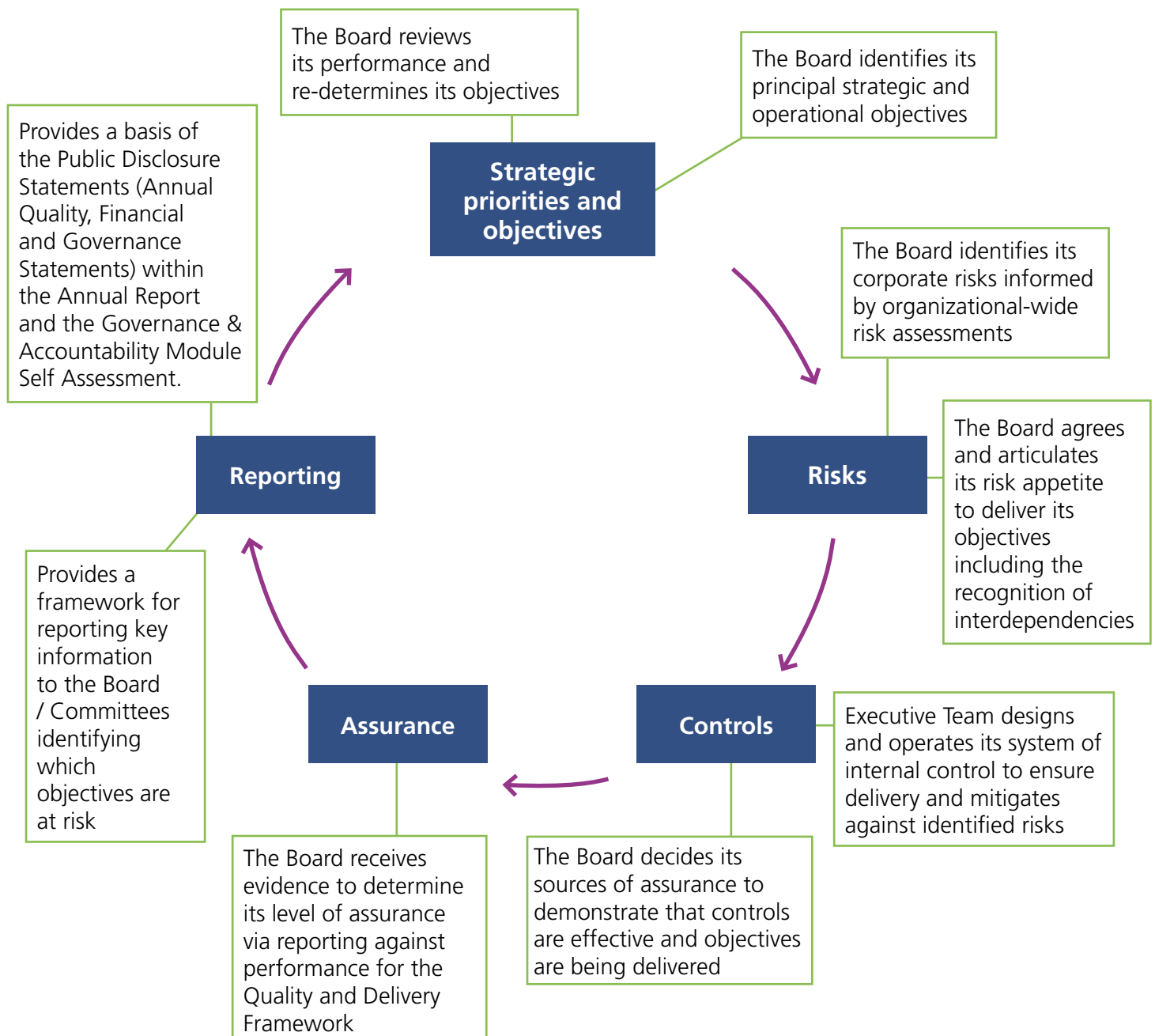
The Purpose of the System of Internal Control

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 2016 and up to the date of approval of the annual report and accounts.

We use an assurance framework system and process to monitor, seek assurance and ensure shortfalls are addressed through the scrutiny of the Board and its committees.



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

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

The effectiveness of the system of internal control is assessed by our internal and external audit function (Review of Effectiveness on page 69).

Capacity to Handle Risk

During 2015 there has been considerable investment in risk management across the organisation. An interim Chief Risk Officer was appointed in 2015/16 and the programme of work began with a diagnostic review, in June 2015 that established a benchmark risk level of maturity. Subsequently, a new Integrated Risk Management Framework with a high level implementation plan was submitted to Board for approval in December 2015. A new substantive post of Head of Risk and Assurance has been established to lead and be accountable for the successful implementation of the Integrated Risk Management Framework.

Highlights of the plan include the continuing development and use of the Board Assurance Framework, Corporate Risk Register and local risk registers. A new focus on horizon scanning, risk appetite and accredited risk training will enhance our risk management outcomes.

Moving forward, and as a part of delivering the framework requirements; the use of risk management will play a prominent part in helping the organisation meet their objectives and align to the Public Health Wales IMTP, in particular our intention to improve organisational governance.

Strategic risks have been redefined and described by the Board during the further development and refresh of the IMTP. These risks will be monitored and reviewed by the Board through its committees and use of the Board Assurance Framework.

The management of risk is therefore an essential organisational function with the Board, and the Board assign responsibility for ensuring that effective risk management arrangements are in place to the organisation's Audit Committee. The Executive Team is responsible for the management of high level operational risks, as identified by the Corporate Risk Register.

The Corporate Risk Register has been reviewed during 2015/16. The table on page 60 displays the extreme corporate risks facing the organisation in May 2016:

In addition, we capture risks at every level, from day-to-day risks faced by the staff on the ground, to the strategic risks at Board level. Individual divisions, service areas, teams, programmes and laboratories are responsible for maintaining their own risk registers. These risks are prioritised according to a wide range of criteria, enabling principal risks to be escalated through our governance arrangements.

Divisional Directors are responsible for regularly reviewing their divisional risk registers, and for ensuring that effective controls and action plans are in place and monitoring progress.

The Information Governance Committee reviews and scrutinises all information governance risks. The Quality and Safety Committee reviews all risks relating to quality and safety.

In December 2015, the Wales Audit Office Structured Assessment reported that the organisation was transforming risk management arrangements but suggested that it would be some time before it was embedded and reflected in a more dynamic Board Assurance Framework. The report noted that the format of the Corporate Risk Register had been revised.

Principal Risks	Risk Score	Summary of Controls
Compliance with Smoking Cessation Target	15	Implementation of co-ordinated action plans. Governance framework consisting of team, divisional, directorate and executive performance meetings in place, agreed new approach with Welsh Government and Local Health Boards to determine a policy context to support uptake of smoking cessation.
Ineffective or inefficient Electronic Staff Record (ESR)	16	Revised Plan for full roll-out of ESR to be provided to Executive Team. Note: risk needs to be clarified/ updated.
Failure to comply with the Welsh Language Legislation	16	Each Directorate completing action plans to prepare for new Welsh Language Standards. These will highlight areas for action and be reported to Executive Team on a regular basis.

The assessment report also acknowledged that the Board remains committed to developing its effectiveness but Non-Executive appointment and succession requirements present potential risks (see Board Membership Section on page 49).

Integrated Risk Management Development

We have continued to develop and embed our approach to risk management. These comments acknowledge the positive progress being made and are representative of the status of Public Health Wales Integrated Risk Management Framework Implementation Plan, and its alignment to the IMTP.

As part of the planning process for 2015/16 a number of high level risks were identified as an accurate reflection of the main risks which could prevent, or delay, the organisation meeting its objectives and priorities. The Board has discussed risk appetite, and through 2016/17 will create an appetite statement.

The Risk Register is published on the Public Health Wales [website](#) with the Board papers for Board meetings. In acknowledgement of the development work that has been undertaken, the Risk Register has not been presented frequently at formal board meetings during 2015/16. It has however been discussed on two occasions at informal board meetings. This will be rectified in 2016/17.

The NHS Wales Shared Services Partnership, Audit and Assurance Services programme of reviews provides an independent and objective opinion on the adequacy of the systems of risk management, control and governance by measuring and evaluating effectiveness (see Audit Committee Section on page 53).

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 function role within the organisation and is responsible for the following functions:

- Quality and standards
- Clinical and information governance
- Risk management
- Complaints and claims
- Service user engagement
- Safeguarding
- Professional oversight

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 the AHPs. 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 focuses on Quality and Risk.

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 responsibility for ensuring clinical governance across the organisation alongside the Executive Director for Quality, Nursing and Allied Health Professionals.

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. To support the embedding of quality improvements across the organisation, appointments to the following key roles were made during 2015/16.

- Assistant Director of Nursing
- Quality Lead
- Governance and General Manager
- Head of Risk and Assurance

These key appointments strengthen our quality arrangements and our ability to monitor the overall quality of Public Health Wales.

The development of a quality framework has commenced in 2015/16. The framework will identify suitable quality indicators from across the organisation. In addition to the framework the organisation is also working towards establishing a quality improvement approach including an improvement hub, to support and inspire innovation and continuous improvement across our services and programmes. The Quality and Safety Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety (see The Quality and Safety Committee section on page 54). There are a number of existing corporate sub groups which support the work of the Quality and Safety Committee and include:

- Quality Management Group
- Service User Experience and Learning Panel
- Safeguarding Group
- Information Governance Working Group
- Health and Safety Group

The Quality Management Group 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) provides information about its services and functions. The 2014/15 AQS was developed with service users and the Third Sector and received a 'plain English' mark for the quality of the information produced.

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 the relevant Information Governance law, regulations and Information Commissioners Office guidance. The Information Governance Committee (see the Information Governance Committee section on page xx) provides oversight, advice and assurance to the Board with regard to information governance issues.

The Caldicott Guardian and the Senior Information Risk Owner (SIRO) are two senior roles with responsibility for the management of information governance.

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 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.

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.

Following the completion of Caldicott Principles into Practice to provide assurances that information is secure, available and that business continuity measures are in place, an action plan was developed and implemented.

Public Health Wales also undertook a baseline assessment against the UK Department of Health's Information Governance toolkit (see the Information Governance Committee section on page 55). This revealed that there was an adequate Information Management Framework to support the current and evolving Information Governance agenda to ensure that an overall level of 1 (the policies, procedures and/or processes to ensure compliance were in development), as affirmed by Health and Social Care Information Centre Information Governance toolkit, has been achieved and the organisation is working towards Level 2 (that there are approved and implemented Information Governance policies and procedures in place).

Work has commenced on the development of the Information Governance Asset Register, to ensure compliance with the *Reuse of Public Sector Information Regulations (2015)*.

The arrangements include a Trust wide Information Governance Committee, Trust and Divisional Caldicott Guardians, a Caldicott Guardian for the National Databases and Divisional Information Governance leads.

Health and Care Standards for Health Services in Wales

The Health and Care Standards (previously the Standards for Health Services in Wales) were reviewed and published in April 2015. 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 have undertaken a self assessment against each of the standards to determine what areas are doing well and identify areas where improvements may be required. Self assessment reports from each Directorate were presented to the Executive Team so that a collective organisational assessment, based on the returns of the seven Directorates, could be agreed. The Executive Team assessed the organisation as level 3: *we are developing plans and processes and can demonstrate progress in our key areas for improvement.*

Work was also undertaken to integrate the Standards into the performance monitoring framework to ensure that the Standards become part of everyday business management within Directorates and Divisions to drive improvements in quality, rather than seen as a standalone separate activity. The integration of the standards will be further refined during 2016/17.

As part of this process, the organisation as a whole self-assesses against the Governance, Leadership and Accountability standard and needs to consider the following criteria for meeting the standard:

- Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people.
- Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.

- Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money.
- Health services foster a culture of learning and self-awareness, and personal and professional integrity.

As part of the process, Internal Audit also undertakes a more in depth review of a selection of the Standards and provide an opinion on the assessment approach adopted.

The Executive Team is responsible for monitoring progress against identified improvements as part of the performance management framework.

Divisional Directors are also required to develop and lead arrangements to cascade and monitor the embedding of the Standards that are relevant to their work. In the absence of Welsh Government guidance being issued, to assist with this a [protocol](#) has been developed to provide staff with details of their roles and responsibilities in relation to the management and application of the Health and Care Standards.

UK Corporate Governance Code

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

Integrated Medium Term Plan (IMTP)

Public Health Wales developed a new three year strategic plan (also known as our Integrated Medium Term Plan) in 2015, which was formally approved by our Board in March 2015. The Plan was subsequently approved by the Minister for Health and Social Services on 2 June 2015. 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.

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 framework, 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 Board, Executive Team and Directorates.

The Board have 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 year one 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 and final versions of the refreshed strategic plan were formally approved by the Board in January and March 2016 respectively.

The Board actively managed our progress in delivering our plans as part of our performance management arrangements. During 2015, we developed and implemented refreshed performance management and reporting arrangements to monitor our progress against our plan and key performance indicators. This includes the provision of a monthly performance report. Progress against our plan is included within these reports on a quarterly basis.

The aims and purpose of these new performance arrangements are 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.

Additional Assurance Disclosures

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 2015/16 ten 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.

In September 2014, the Welsh Government reintroduced Welsh Health Circulars, which replaced Ministerial letters. Public Health Wales has acted upon, and responded to all Welsh Health Circulars which have been issued during 2015/16 and which were applicable to Public Health Wales.

Hosted Bodies

Public Health Wales has hosted two bodies during 2015/16:

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 are employed by Public Health Wales as the Core Support Team for the Bevan Commission. The Chair of the Bevan Commission is also the Chair of Public Health Wales and protocols have been followed to ensure there are no conflicts of interest.

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 has been necessary to extend the agreement until 30 June 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 Board considered the hosting arrangements for the Collaborative. A due diligence exercise was undertaken to inform the Board of any material risk and potential mitigation of risks that might affect the hosting arrangement for the Collaborative between Public Health Wales and the nine other NHS bodies in Wales. The hosting agreement between Public Health Wales and the NHS Chief Executive Management Team was approved in June 2015. 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.

In September 2015, the Board approved the Collaborative taking over the organisation and management of the clinical networks in the NHS following an extension exercise led by NHS Chief Executives. This consequently required an approval by the board to host the networks through the Collaborative.

The Collaborative also has a role in working with global healthcare company Novartis on an outcomes-focused partnership project. The purpose of the partnership is to jointly identify areas of need, develop credible solutions through combining clinical and commercial knowhow, and test those solutions to demonstrate their impact and to validate the use of outcomes-based reimbursement models. To manage the shared risks and rewards of doing this, a Joint Working Agreement (JWA) between Public Health Wales (acting through the Collaborative) and Novartis was approved by the Board in September 2015. The agreement applied to the diagnostic and design (second) phase of the project originally intended to run

from July – December 2015. This phase was subsequently extended and a variation to the JWA was agreed in March to enable the work to continue into 2016/17. Oversight of the agreement is provided by a Steering Group jointly chaired by the Director General for Health and Social Services and Novartis' UK General Manager. I am a member of the Group both as Chief Executive of Public Health Wales and representative of NHS Wales Chief Executives.

The initial one-year agreement between Public Health Wales and the Collaborative ceased on 31 March 2016. A revised hosting agreement is under development and will be considered by the Board in April 2016.

Civil Contingencies/Business Continuity

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 our Carbon footprint using 2014/15 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do.

The Public Health Wales Emergency Response Plan was last updated in February 2014. Given the increasing context of emerging global threats and the need to respond to recent health protection incidents/outbreaks including Ebola Virus Disease, as well as our learning from recent exercises, Public Health Wales has concluded that it is timely to do a more holistic review of our emergency planning and business continuity arrangements. An external consultant has already started this work.

A project was established in October 2015 to develop Business Continuity Plans for Public Health Wales. The project will include the development of a number of key documents, which will form our

business continuity arrangements. The work will be underpinned by an assessment, via a Business Impact Analysis, of our key services and plans developed to support us in responding to, and recovering from, an incident within our critical functions. The work is aligned to the review and development of revised emergency planning arrangements for Public Health Wales and is due for completion in mid 2016.

Sustainability

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

Equality

As a national public health service provider, Public Health Wales is committed to the improvement of fairness and equality across Wales. We are particularly focused on the promotion of equality for those individuals and groups that have protection from discrimination under the Equality Act 2010.

A renewed Strategic Equality Plan and Objectives were approved by the Board in March 2016. This plan was developed through extensive engagement and consultation with service users and carers, the voluntary sector and individuals/groups that self-identified with one or more of the protected characteristics. The plan details the actions we are taking to address and improve equality related issues in all parts of the organisation. An action plan is in the process of being developed and, once approved by the Board, will be published by 1 July 2016.

An Equality Group oversees the Strategic Equality Plan, to ensure under-represented groups are properly considered and that measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

All new and revised policies and strategies are subject to an Equality Impact Assessment (EQIA). This is a key process for the organisation and ensures that 'all our policies and decision reflect all groups of people fairly and are relevant to everyone' (Strategic Equality Objective 3).

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. Formal consultative fora are well established through the Partnership Forum, Joint Medical and Dental Negotiating Group, and the Joint Negotiating Committee for Agenda for Change staff. 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.

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.

Welsh Language

Public Health Wales acknowledges that care and language go hand in hand. The quality of care, 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 five 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*'. The aim of this has been to improve the availability, accessibility, quality and equality of our Welsh medium services. Much has been achieved, however, our various internal surveys and monitoring reports have led us to the conclusion that more work is required to enable us to reach the point where service users can engage with us as easily in Welsh as in English.

For that reason, one of the Strategic Objectives in the Public Health Wales' Strategic Plan, is that 'people can engage with us as easily in Welsh as in English' (7J). We said that one of the ways in which we would achieve this is by developing a plan for compliance with the Welsh Language Standards which will replace our Welsh Language Scheme in due course. On 6 January 2016, the Executive Team agreed an interim plan which will see our directorates familiarising themselves with potential Welsh Language Standards, and take action to achieve full compliance with the standards over the next 18 months or so. This is a very positive step forward and helps to reinforce our commitment to the Welsh language. At the same time, we are continuing to improve our Welsh language services by implementing the commitments set out in our Welsh Language Scheme and *More Than Just Words*.

Our progress against the Welsh Language Scheme and *More Than Just Words* is reported to our internal Welsh Language Committee. We also produce annual monitoring reports for the Public Health Wales Board, the Welsh Language Commissioner, and the Welsh Government. Over the next 18 months there will be sustained focus and momentum with regard to our Welsh language commitments, and the Executive Team will receive regular reports on progress, challenges and good practice.

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.

Internal Audit

Internal audit provides the Accountable Officer, and the Board through the Audit 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 public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is 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:

“In my opinion....”

Reasonable assurance



- +
Yellow

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. Improvements had been identified since the previous year in both Risk Management and the management of temporary staff.

The one exception, however, during 2015/16 was Workforce Planning (draft report) where a number of control weakness were identified which led to a conclusion of limited assurance.

An action plan will be developed in 2016/17 in response to this report and its recommendations.

The Audit 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 53.

Counter Fraud

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales. Their work plan for 2015/16 was completed and covered all the requirements under Welsh Government Directions. The Counter Fraud Service provides regular reports and updates to members of the Executive Team and directly to the Audit Committee. The Audit Committee received the Counter Fraud and Corruption Annual Report for 2015/16 and the local counter fraud specialist provided the following declaration:

"I declare that the Anti-Fraud, Bribery and Corruption work carried out during the financial year 2015/16, within the Public Health Wales NHS Trust, has been self reviewed against the NHS Protect Standards for Providers – Fraud, Bribery and Corruption/NHS Standard Contract and the rating as detailed in Appendix 3 of the report (Summary of Risk against the Contract and Standards – green for all standards) has been achieved."

External Audit – Wales Audit Office

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office undertakes the external auditor role for Public Health Wales on behalf of the Auditor General. The Wales Audit Office completed their Structured Assessment for 2015/16 and overall they concluded that arrangements to support good governance and the efficient, effective and economical use of resources continue to evolve with good progress in a number of key areas.

Specifically, the report concluded that:

- Sound financial planning and budgetary control remained robust and ensured the Trust continued to break even.

- The Trust continued to strengthen its governance and assurance arrangements and had progressed work on integrated planning, risk management and service user experience, although development of the quality assurance framework had been slower than planned.
- The Trust continued to strengthen the way it ensures efficient, effective and economical use of resources with good progress in workforce planning, organisational development and change management.
- The Trust's arrangements for engaging service users and seeking feedback continue to evolve and arrangements for learning from complaints and incidents continue to improve.

The report made a number of recommendations relating to performance reporting. Specifically, that we consider summarising overall progress against the actions set out in the annual operational plan at the end of the year and clearly stating those actions carried forward and the arrangements for ongoing monitoring and reporting; and how it will summarise and report on overall progress towards achieving IMTP milestones. The report also noted that not all indicators set out in the delivery framework within the IMTP are included in Board reports. We should ensure that performance for all indicators is reported regularly or indicate the reasons for omission. We recognise that it is sometimes difficult to evidence that the learning from complaints and incidents have been embedded given the reliance on other organisations to take and embed remedial actions. It was also recommended that we consider incorporating requirements to report on progress against remedial actions arising from complaints and incidents within service level agreements.

Quality of Data

The Board felt that the information it and its key committees received generally supports scrutiny and assurance but gaps remained 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.

Signed:  _____

Dr Tracey Cooper

Chief Executive and Accountable Officer,
Public Health Wales

Annex 1: Board and Committee Membership

Name	Position	Area of expertise representation role	Board committee membership	Attendance at meetings attended 2015/16	Champion roles
Professor Sir Mansel Aylward CB	Chair (Sabbatical leave: 4 January - 24 March 2016)		<ul style="list-style-type: none"> · (Chair) Board · (Chair) Remuneration and Terms of Service Committee 	<p>4/6</p> <p>4/6</p>	<ul style="list-style-type: none"> · Veterans
John Spence (to 31 March 2016)	Vice Chair (Acting Chair: 4 January - 24 March 2016)		<ul style="list-style-type: none"> · (Vice Chair) Board · Audit Committee · Quality & Safety Committee · (Chair) Information Governance Committee · Remuneration & Terms of Service Committee · Developing the Organisation Committee 	<p>5/6</p> <p>4/5</p> <p>2/4</p> <p>4/4</p> <p>5/6</p> <p>3/4</p>	<ul style="list-style-type: none"> · Violence & aggression · Mental health · Putting things right
Dr Carl Clowes OBE	Non-Executive Director	Third Sector Representative	<ul style="list-style-type: none"> · Board · Audit Committee · Quality & Safety Committee · Information Governance Committee · Remuneration & Terms of Service Committee · Developing the Organisation Committee 	<p>6/6</p> <p>5/5</p> <p>4/4</p> <p>4/4</p> <p>5/6</p> <p>3/4</p>	

Name	Position	Area of expertise representation role	Board committee membership	Attendance at meetings attended 2015/16	Champion roles
Professor Gareth Williams	Non-Executive Director	University Representative	· Board	3/6	Service user experience
			· Quality & Safety Committee	1/4	
			· Remuneration & Terms of Service Committee	2/6	
			· Developing the Organisation Committee	3/4	
Professor Simon Smail CBE	Non-Executive Director (Acting Vice-Chair: 4 January -24 March 2016)		· Board	4/6	Safeguarding
			· (Chair) Quality and Safety Committee	4/4	
			· Remuneration and Terms of Service Committee	6/6	
			· Developing the Organisation Committee	4/4	
Terence Rose CBE	Non-Executive Director		· Board	6/6	Raising concerns
			· (Chair) Audit Committee	5/5	
			· Information Governance Committee	4/4	
			· Remuneration and Terms of Service Committee	4/6	
			· Developing the Organisation Committee	4/4	
Alison Ward CBE*	Interim Non-Executive Director	Local Authority Representative	· Board	2/6	N/A

Name	Position	Area of expertise representation role	Board committee membership	Attendance at meetings attended 2015/16	Champion roles
Dr Tracey Cooper	Chief Executive		<ul style="list-style-type: none"> · Board · Audit Committee** · Quality & Safety Committee** · Information Governance Committee** · Remuneration & Terms of Service Committee** · Developing the Organisation Committee** 	6/6	N/A
Huw George	Executive Director of Operations and Finance/ Deputy Chief Executive		<ul style="list-style-type: none"> · Board · Audit Committee** · Developing the Organisation Committee** 	6/6	N/A
Dr Quentin Sandifer	Executive Director of Public Health Services and Medical Director		<ul style="list-style-type: none"> · Board · Quality & Safety Committee** · Information Governance Committee** 	6/6	N/A
Dr Chrissie Pickin (from 7 December 2015)	Executive Director of Health and Wellbeing		<ul style="list-style-type: none"> · Board · Quality & Safety Committee** 	2/2	N/A

* 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.

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.

Name	Position	Area of expertise representation role	Board committee membership	Attendance at meetings attended 2015/16	Champion roles
Rhiannon Beaumont-Wood*	Executive Director of Quality, Nursing and Allied Health Professionals		<ul style="list-style-type: none"> · Board · Quality and Safety Committee** · Information Governance Committee** · Audit Committee** · Developing the Organisation Committee** 	6/6	N/A
Professor Mark Bellis	Director of Policy, Research and International Development		<ul style="list-style-type: none"> · Board* 	5/6	
Ruth Davies* (until 29 March 2016) Hywel Daniel (interim from 1 April 2016)	Director of Workforce and Organisational Development		<ul style="list-style-type: none"> · Board* · Remuneration and Terms of Service Committee** · Developing the Organisation Committee** · Quality and Safety Committee** 	5/6	N/A
Dr Aidan Fowler (from 1 September 2015)	Director of NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service		<ul style="list-style-type: none"> · Board* · Quality and Safety Committee** 	4/4	

* 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.

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.

Name	Position	Area of expertise representation role	Board committee membership	Attendance at meetings attended 2015/16	Champion roles
Keith Cox (until 30 October 2015)	Board Secretary and Head of Corporate Governance		<ul style="list-style-type: none"> · Board** · Audit Committee** · Quality and Safety Committee** · Information Governance Committee** · Remuneration and Terms of Service Committee** 	3/3	Equality
Fiona Barr (interim, from 9 November 2015 – 11 February 2016)			<ul style="list-style-type: none"> · Board* · Audit Committee* · Quality and Safety Committee* · Information Governance Committee* · Remuneration and Terms of Service Committee* 	2/2	
Note: Melanie Westlake (appointed interim from 1 April 2016)					
Stephanie Wilkins*	Trade Union representative (UNITE)		<ul style="list-style-type: none"> · Board* · Developing the Organisation Committee** 	5/6	N/A
Renata Leonardi-Jones* (until 2 December 2015)	Trade Union representative (UNISON)		<ul style="list-style-type: none"> · Board* · Developing the Organisation Committee** 	0/4	N/A

* 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.

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.

Public Health Wales Directors Report 2015-16

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 of 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 of the Annual Governance Statement
3. The names of the directors forming an audit committee or committees (recommended).	See Annex 1 of 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 2015/16
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 55 in the Annual Governance Statement
6. Information on environmental, social and community issues, and Published sickness absence data.	See the Annual Sustainability Report 2015/16. See page 78 in the Remuneration and Staff Report
7. A statement for public sector information holders confirming that they have complied with the cost allocation and charging requirements set out in HM Treasury guidance.	See page 91 in the Financial Statements and Accounts

Remuneration and Staff Report

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

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 Committee within the Framework set by the Welsh Government.

During 2015/16 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Professor Sir Mansel Aylward CB (Chair)
- Mr John Spence (Non-Executive Director and Vice Chair)
- Dr Carl Clowes (Non-Executive Director)
- Professor Simon Smail (Non-Executive Director)
- Mr Terence Rose (Non-Executive Director)
- 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.

In March 2015, the Remuneration Committee agreed a revised organisational structure, and connected with this, the following changes to Executive Team members' remuneration were agreed during 2015/16 (in accordance with the Welsh Government Job Evaluation Scoring Process):

- Deputy Chief Executive/Executive Director of Operations and Finance, £124k;
- Executive Director of Quality, Nursing and Allied Health Professionals, £104k (including approval of appointment);
- Director of Workforce and Organisational Development, £99k

As part of changes made to the organisation's structure in March 2015, the following posts are no longer posts within the Executive Team, and therefore no longer senior managers within the context of this report:

- Executive Director of Planning and Performance
- Director of Communications

During 2015/16, the Remuneration Committee approved the following (in consultation with Welsh Government):

- Approved the appointment and remuneration for the following:
 - Executive Director of Health and Wellbeing at £130k;
 - Director for NHS Quality Improvement and Patient Safety/Director of 1,000 Lives Improvement Service at £142k (plus Clinical Excellence Award).
- Approval of the following settlement agreements:
 - Early Retirement; £6,440;
 - Pay in lieu & ex-gratia; £6,992; £70,000 (approved by Welsh Government) and £33,000.
- Approval of the decision to offer redundancy to one post. £34,875.
- Approval of three applications, totalling £137,222 under the Voluntary Early Release Scheme. Two of these staff left the organisation during 2015/16 and were therefore paid during 2015/16. Full details of this are shown under note 11.4 to the Annual Accounts.



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, ie 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 2014/15 figure is 1.2% as set out by the 2015/16 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.

The remuneration figure is an annualised figure and may not be the actual salary received.

	2015-16 £000 s	2014-15 £000s
Band of Highest paid Director's Total Remuneration	175-180	155-160
Band of Chief Executive's Total Remuneration	150-155	150-155
Median Total Remuneration £000s	30	30
Ratio with Highest paid Director	5.90	5.30
Ratio with Chief Executive	5.00	5.00

The banded remuneration of the highest-paid director in Public Health Wales in the financial year 2015-16 was £175-£180k (2014-15, £155k-£160k). This was 5.9 times (2014-15, 5.3) the median remuneration of the workforce, which was £30,057 (2014-15, £29,760k).

The increase in the highest paid director is a result of a new board director joining the organisation in 2015/16. The salary of the highest paid director includes an excellence award.

In 2015-16, 0 (2014-15, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £15,350 to £177,899 (2014-15, £14,292 to £157,899).

The annualised banded remuneration of the Chief Executive is £150-£155k (2014-15, £150k-£155k). This is 5.0 times (2014-15, 5.0) the median remuneration of the workforce.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The salary includes medical commitment awards, planned additional sessions and clinical excellence awards.

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

2015/16 Staff Report

Number of senior staff

As of 31 March 2016 there are seven senior staff that make up the Executive Team; they are also Board members or regular attendees. Their pay bands are broken down as follows:

Consultant:	1
Very Senior Manager Pay scale:	5
Agenda for Change Wales Band 9:	1

At 31 March 2016, the Director of Workforce and Organisational Development and Board Secretary posts, which would have featured in the above figure under Very Senior Manager Pay scale, were both vacant.

Staff Numbers

The following table shows the average number of staff, by group as defined in the annual accounts.

	Permanently Employed WTE	Agency Staff WTE	Staff on inward secondment WTE	2015/16 Total WTE	2014/15 Total WTE
Administrative, clerical and board members	731	20	17	768	736
Medical and dental	76	1	26	103	122
Nursing, midwifery registered	53	0	4	57	50
Professional, scientific and technical staff	421	2	1	424	426
Total	1,281	23	48	1,352	1,334

Staff Composition

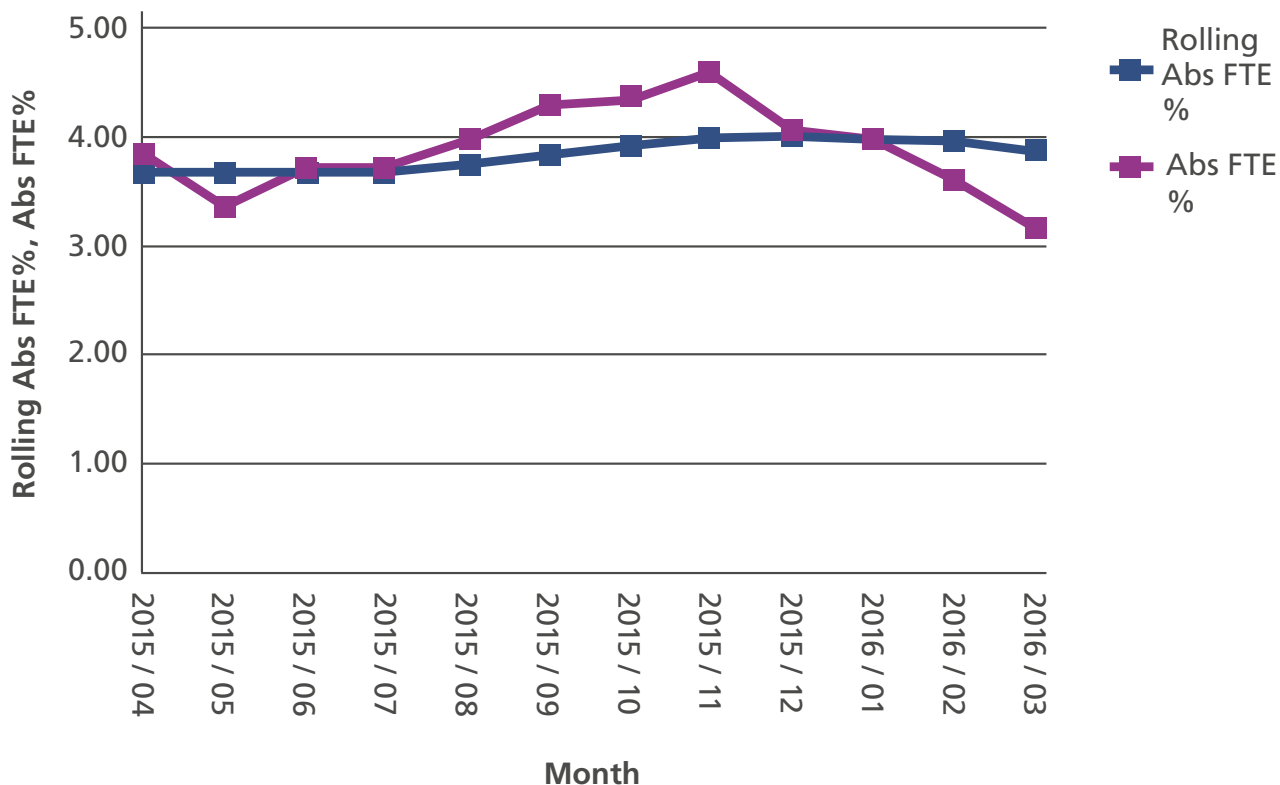
The gender breakdown of senior staff (Executive Team) and other employees as of 31 March 2016 is as follows:

	Male	Female
Senior Staff (Exec Team)	4	3
Other employees	350 (23%)	1,184 (77%)

Cumulative Sickness 2015/16

Sickness Absence data

Sickness absence timeline (including rolling absence) 1 April 2015 to 31 March 2016



Absence % (FTE)	Absence Days
3.95%	21,048

Sickness by Month 2015/16

Month	Absence % (FTE)
April 2015	3.88%
May 2015	3.42%
June 2015	3.78%
July 2015	3.78%
August 2015	4.02%
September 2015	4.36%
October 2015	4.45%
November 2015	4.67%
December 2015	4.17%
January 2016	4.04%
February 2016	3.68%
March 2016	3.22%

Exit Packages

Exit packages cost band (including any special payment element)	2015-16 Number of compulsory redundancies	2015-16 Number of other departures	2015-16 Total number of exit packages	2015-16 Number of departures where special payments have been made	2014-15 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	0	0	0	0
£10,000 to £25,000	0	0	0	0	2
£25,000 to £50,000	1	2	3	0	2
£50,000 to £100,000	0	0	0	0	2
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	1	2	3	0	6

Exit packages cost band (including any special payment element)	2015-16 Cost of compulsory redundancies	2015-16 Cost of other departures	2015-16 Total cost of exit packages	2015-16 Cost of special element included in exit packages	2014-15 Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	40,344
£25,000 to £50,000	34,875	68,054	102,929	0	78,023
£50,000 to £100,000	0	0	0	0	126,650
£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	34,875	68,054	102,929	0	245,017

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Exit costs in this note are accounted for in full in the year of departure on a cash basis in this note as specified in EPN 380 Annex 13C. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension's scheme and are not included in the table. This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Staff policies applied during the financial year

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

Public Health Wales' Recruitment Policy makes reference to eliminating all forms of discrimination in accordance with the Equality Act 2010 which also covers disability. 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 through all stages of the sickness absence process. Where an employee can no longer sustain their role due to 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.

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 an appraisal, training opportunities and career development throughout the year and are expected to undertake statutory and mandatory training applicable to their post.

Expenditure on Consultancy Staff

During 2015/16, Public Health Wales' expenditure on consultancy staff was £648k.

The Trust has had no consultants filling senior manager posts at Board level, earning more than £220 per day for more than 6 months during 2015/16.

Annex 1a: 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 ¹	150-155	-	40	190-195
Mr 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	-	-	155-160
Ms Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality	100-105	-	-	100-105
Mrs Ruth Davies, Director of Workforce and Organisational Development	95-100	-	35	130-135
Dr Christine Pickin, Executive Director of Health and Wellbeing ¹	40-45	-	9	50-55
Dr Aidan Fowler, Director of Patient Safety and Healthcare Quality ²	105-110	-	985	1,090-1,095
Dr Judith Greenacre, Interim Director of Health and Wellbeing	130-135	-	1,126	1,255-1,260
Prof. Mark Bellis, Director of Policy Research and International Development ³	120-125	-	91	210-215
Mr Keith Cox, Board Secretary ⁴	45-50	-	12	60-65

1. Dr Christine Pickin joined the organisation on 7 December 2015
2. Mr Aidan Fowler joined the organisation on 1 September 2015
3. Professor Mark Bellis joined the organisation on 28 April 2015
4. Keith Cox left this post on 30 October 2015. This post was covered for three months by an agency member of staff, and therefore no salary is included.

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)
Non Executive Directors:				
Sir Professor Mansel Aylward	40-45	-	-	40-45
Dr Carl Clowes	5-10	-	-	5-10
Professor Simon Smail	5-10	-	-	5-10
Mr John Spence ⁵	15-20	-	-	15-20
Mr Terence Rose	5-10	-	-	5-10
Professor Gareth Williams ⁶	0	-	-	0

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

6. Although Prof Williams receives no direct remuneration for his duties, Cardiff University is paid £10k per annum by the Trust as his employer.

Annex 1b: Single Figure of Remuneration (2014/15)

Name and Title	Salary (Bands of £5k)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest £1,000
Dr Tracey Cooper, Chief Executive ¹	125-130		343	465-470
Mr Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	110-115	1	-	110-115
Dr Quentin Sandifer, Executive Director of Public Health Services	155-160	1	129	285-290
Ms Rhiannon Beaumont-Wood, Executive Director of Nursing and Quality	100-105	6	174	275-280
Mrs Ruth Davies, Director of Workforce and Organisational Development	90-95	-	15	105-110
Mr Keith Cox, Board Secretary	80-85	1	5	85-90
Non Executive Directors:				
Sir Professor Mansel Aylward	45-50	-	-	45-50
Dr Carl Clowes	5-10	2	-	5-10
Professor Simon Smail	5-10	-	-	5-10
Mr John Spence	5-10	3	-	5-10
Mr Terence Rose	5-10	3	-	5-10
Professor Gareth Williams	0	-	-	0

1. Dr Tracey Cooper joined the organisation on 1 June 2014

Annex 2: Pension Benefits

Name and Title	Real increase in pension at age 60, (bands of £2,500) £'000	Real increase in pension lump sum at aged 60, (bands of £2,500) £'000	Total accrued pension at age 60 at 31 March 2016 (bands of £5,000) £'000	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 31 March 2016 £'000	Cash Equivalent Transfer Value at 31 March 2015 £'000	Real increase in Cash Equivalent Transfer Value £'000	Employer's contribution to stakeholder pension £'000
Dr Tracey Cooper, Chief Executive	2.5 – 5	0 – -2.5	15 – 20	40 – 45	366	331	35	0
Dr Quentin Sandifer, Executive Director of Public Health Services	-2.5 – -5	-7.5 – -10	45 – 50	145 – 150	1,009	1,059	-51	0
Mr Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	5 – 7.5	15 – 17.5	30 – 35	100 – 105	627	530	97	0
Ms Rhiannon Beaumont-Wood, Executive Director of Nursing	0 – 2.5	0 – 2.5	15 – 20	55 – 60	370	362	8	0
Mrs Ruth Davies, Director of Workforce & Organisational Development	0 – 2.5	0	20 – 25	0	305	270	35	0
Mr Keith Cox, Board Secretary	0 – 2.5	2.5 – 5	40 – 45	125 – 130	919	891	28	0
Prof Mark Bellis, Director of Policy Research and International Development	5 – 7.5	0	5 – 10	0	65	N/A	65	0
Dr Aidan Fowler, Director of NHS Quality Improvement and Patient Safety	42.5 – 45	120 – 122.5	40 – 45	120 – 125	728	N/A	728	0
Dr Christine Pickin, Executive Director of Health and Wellbeing	0 – 2.5	0	0 – 2.5	0	10	N/A	10	0
Dr Judith Greenacre, Interim Director of Health and Wellbeing	47.5 – 50	147.5 – 150	45 – 50	145 – 150	1,122	N/A	1,122	0

Parliamentary Accountability and Audit Report

Long Term Expenditure Trends

The following table and graph illustrates the Trust expenditure from 2011/12 to 2015/16.

The expenditure figure is taken from the Operating Expenses note within the financial statements (note 4 in 2015/16). Expenditure has been broken down across four headings:

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

Long Term Expenditure Trend by Expenditure type

Expenditure	£000s 2011-12	£000s 2012-13	£000s 2013-14	£000s 2014-15	£000s 2015-16	Total % Increase
Welsh Government / LHBs / Trust	14,735	20,195	19,732	18,968	18,390	24.8%
Pay Expenditure	51,820	54,505	61,129	63,980	65,070	25.6%
Other Non Pay	17,252	19,393	21,374	21,947	22,036	27.7%
Depreciation and Impairments	1,684	4,221	2,798	2,781	3,276	94.5%
Total	85,491	98,314	105,033	107,676	108,772	27.2%

As the above table illustrates, Trust expenditure has increased from £85.491m in 2011/12 to £108.772m in 2015/16: an increase of over 27%.

This reflects the additional functions, programmes and services that have been transferred to Public Health Wales; both from other NHS bodies and from the Welsh Government. These include several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurism Screening and the Wrexham Microbiology Laboratory. The Diabetic Eye Screening Wales Service (DESW) also transferred into Public Health Wales on 1 April 2016. In addition, the Trust hosts the NHS Wales Health Collaborative.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Public Health Wales Annual Report 2015-2016

Financial Statements



Contents

Investing in our strategic priorities and achieving financial balance during 2015-16	93
Statement of comprehensive income for the year ended 31 March 2016	94
Statement of cash flows for the year ended 31 March 2016	94
Statement of financial position as at 31 March 2016	96
Statement of changes in taxpayers' equity	98

Investing in our strategic priorities and achieving financial balance during 2015-16

With an income of £108.8 million, which has increased by 35 per cent over the last five years, Public Health Wales successfully broke even again and recorded a small surplus of £0.017 million. As a result, the organisation was again able to assist in the management of the NHS Wales' financial position and broker over £0.3 million into 2016-17.

Deputy Chief Executive and Executive Director of Operations and Finance, Huw George, said: "We have continued our commitment over the last year to invest in our key priority areas whilst succeeded in achieving a balanced financial position. In an extremely challenging economic environment it is all the more satisfying that we continue to make funds available for the investment in our priorities and strengthening of our services. We face many of the normal cost pressures and inflationary price increases and they represent a significant challenge to what is a diverse and geographically spread organisation."

During 2015-16, savings of £2.5 million were delivered, which allowed us to address our funding gap and more importantly make vital investment in service delivery. The successful delivery of a capital programme, which also aims to strengthen the delivery of our core services, particularly through the introduction of new technologies, ensured that we met our external financing limit target. This included additions of £1.6 million.

As part of our integrated planning approach, the Board has agreed a budget principle that we will 'invest for change' and 'save to invest'. As a result, over future years we will continue to aim for investment in our priorities of 0.8 – 1 per cent. This agreement will be taken forward in the 2016-17 budget strategy. Subject to the achievement of our savings plan, the investment

fund will support our priorities set out within our Strategic Plan (otherwise known as our Integrated Medium Term Plan).

The financial target of payment of 95 per cent of all invoices (by number) has been met in 2015-16 following the implementation of several improvements to operational arrangements during the previous year.

The following tables set out the financial statements for Public Health Wales for the period 1 April 2015 to 31 March 2016. The Summary Financial Statements (SFSs) are a summary of and consistent with the full financial accounts for Public Health Wales on which an unqualified opinion has been issued.

For a full understanding of Public Health Wales' financial position and performance, the full annual accounts for 2015-16 can be provided on request.

Statement of comprehensive income for the year ended 31 March 2016

	2015-16 £000	2014-15 £000
Revenue from patient care activities	85,975	84,843
Other operating revenue	22,836	22,894
Operating expenses	(108,772)	(107,676)
Operating surplus/(deficit)	39	61
Investment revenue	27	23
Other gains and losses	0	0
Finance costs	(49)	(49)
Retained surplus/(deficit)	17	35

Statement of cash flows for the year ended 31 March 2016

	2015-16 £000	2014-15 £000
Cash flows from operating activities		
Operating surplus/(deficit)	39	61
Depreciation and amortisation	3,337	2,812
Impairments and reversals	(61)	(31)
Interest paid	(49)	(49)
(Increase)/decrease in inventories	(36)	(7)
(Increase)/decrease in trade and other receivables	2,144	(451)
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	(81)	3,823
Increase/(decrease) in other current liabilities	0	0
Increase/(decrease) in provisions	(1,111)	551
Net cash inflow/(outflow) from operating activities	4,182	6,709

Statement of cash flows for the year ended 31 March 2016 (continued)

	2015-16 £000	2014-15 £000
Cash flows from investing activities		
Interest received	27	23
(Payments) for property, plant and equipment	(794)	(3,385)
Proceeds from disposal of property, plant and equipment	0	0
(Payments) for financial assets	0	0
Net cash inflow/(outflow) from investing activities	(767)	(3,362)
Net cash inflow/(outflow) before financing	3,415	3,347
Cash flows from financing activities		
Public Dividend Capital received	0	1,579
Public Dividend Capital repaid	(1,007)	0
Capital elements of finance leases and on-SORP PFI	(620)	(664)
Net cash inflow/(outflow) from financing activities	(1,627)	915
Net increase/(decrease) in cash and cash equivalents	1,788	4,262
Cash [and] cash equivalents [and bank overdrafts] at the beginning of the financial year	6,809	2,547
Cash [and] cash equivalents [and bank overdrafts] at the end of the financial year	8,597	6,809

Statement of financial position as at 31 March 2016

	31 March 2016 £000	31 March 2015 £000
Non-current assets		
Property, plant and equipment	13,442	14,981
Intangible assets	0	0
Trade and other receivables	0	0
Other financial assets	0	0
Other assets	0	0
Total non-current assets	13,442	14,981
Current assets		
Inventories	121	85
Trade and other receivables	6,132	8,276
Other financial assets	0	0
Other assets	0	0
Cash and cash equivalents	8,597	6,809
Total current assets	14,850	15,170
Total assets	28,292	30,151
Current liabilities		
Trade and other payables	(10,502)	(9,885)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(2,462)	(3,520)
Other liabilities	0	0
Total current liabilities	(12,964)	(13,405)
Net current assets/(liabilities)	1,886	1,765
Total assets less current liabilities	15,328	16,746

Statement of financial position as at 31 March 2016 (continued)

	31 March 2016 £000	31 March 2015 £000
Non-current liabilities		
Trade and other payables	(104)	(580)
Borrowings	0	0
Other financial liabilities	0	0
Provisions	(1,111)	(1,164)
Other liabilities	0	0
Total non-current liabilities	(1,215)	(1,744)
Total assets employed	14,113	15,002
Financed by taxpayers' equity:		
Public dividend capital	13,232	14,239
Retained earnings	535	518
Revaluation reserve	346	245
Donated asset reserve		
Government grant reserve		
Other reserves	0	0
Total taxpayers' equity	14,113	15,002

Statement of changes in taxpayers' equity

2015-16	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2015	14,239	518	245	0	15,002
Changes in taxpayers' equity for 2015-16					
Retained surplus/(deficit) for the year		17			17
Net gain on revaluation of property, plant and equipment		0	101	0	101
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	0	0	0
Impairments and reversals		0	0	0	0
Movements in other reserves		0	0	0	0
Receipt of donated/government granted assets		0	0	0	0
Disposal of donated/government granted assets		0	0	0	0
Transfers between reserves		0	0	0	0
Net gain/loss on Other Reserve (specify)		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
New Public Dividend Capital received	0				0
Public Dividend Capital repaid in year	(1,007)				(1,007)
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2016	13,232	535	346	0	14,113

Public Health Wales Annual Report 2015-2016

Sustainability Report



Introduction

The annual Sustainability Report provides a summary of the organisation's performance during 2015/16, including information on our key achievements. Also included is progress on the delivery of the Our Space programme and work to support the implementation of 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.

Contents

Policy Context	101
Background & Profile	101
Summary of Performance	102
Greenhouse Gas Emissions	105
Waste	108
Use of Resources	110
EMS implementation achievement	111
Other sustainability initiatives	111

Policy Context

Public Health Wales has produced this report for 2015/16 to conform to the public sector requirements set out in the Government Financial Reporting Manual (FRM). 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 & Profile

Public Health Wales was established as a NHS Trust on 1 October 2009.

The Trust is an important service provider with an all-Wales reach. It has an annual budget of £108m and it is also a significant public sector employer with around 1500 employees. The Trust exists to protect, improve health and wellbeing 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 of 53 properties:

26 properties located in South East Wales

16 premises located in Mid & West Wales

11 premises located in North Wales

These premises are used to support the Trust as:

16 Screening Centres

10 Laboratories

27 Offices

The current portfolio consists of properties that are owned (2), leased (16) or provided by/shared with other NHS organisations (35), 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 17 premises with a Net Indoor Area of 11,292m². Even though we are still reporting on the same number of premises as in last years report, we have more data available across these premises which is reflected in the data provided. This has resulted in increases in figures being reported within our performance section, which are explained in the supporting narrative.

The Environmental Management Governance structure currently consists of:

- The Assistant Chief Executive/Director of Operations & 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 Strategic Programmes and Facilities provides updates to the Operations and Finance Directorate through a monthly report. The Directorate is chaired by the Deputy Chief Executive/Director of Operations and Finance

- The Facilities Manager provides regular updates to the Head of Strategic Programmes on Environmental Management and Sustainability and manages these areas on a day-to-day basis.
- The Trust's approach to improving its environmental management is also informed by membership of The Environmental Management Steering Group in Cardiff & Vale University Health Board which includes representatives from energy, waste, transport and Cardiff University. Updates are provided to the Head of Strategic Programmes and Facilities.
- Energy, Waste and Water performance data is collated by the Facilities Manager and reported through the Facilities Management System on a quarterly basis

Summary of Performance

Our Space Programme

Significant progress has been made during 2015/16 on the delivery of the Our Space programme. Our Space aims to provide premises that are sustainable and energy efficient through a modern fit for purpose environmentally sustainable office environment.

In 2015/16, we agreed to lease four floors of Number 2 Capital Quarter in Cardiff, which from September 2016 will act as our new Headquarters. This will involve moving over 500 staff from across 10 premises.

We have undertaken significant work from a sustainability perspective as part of this process as the Our Space Programme is one of the driving forces behind embedding sustainability into the organisation. With the move into Cardiff, staff are being actively encouraged to think about how they travel to work, where staff have been encouraged to complete an individual travel plan survey to assist staff in the move. This has been accompanied by helpful information about alternative travel options and links to websites which are available to staff on the Our Space travel page as well as videos explaining the process and details of the Cycle to Work Scheme and bicycle storage.

During 2015/16, we also issued an OJEU Tender for the Procurement of a Design Brief and Supply Specification for the interior design of Number 2 Capital Quarter & supply of sustainable furniture and equipment.

Public Health Wales has ensured that Sustainability was embedded into this specification and that the following areas were covered:

- The key drivers for the Trust in terms of promoting sustainability through its procurement activities;
- The ambition of Public Health Wales to incorporate existing, reused, refurbished furniture within the design where possible and

only procure new where necessary to satisfy the design;

- The ways in which the activities of the successful Contractor can promote sustainability; and
- Expectations in terms waste management

In selecting Number 2 Capital Quarter, Public Health Wales has specified a building that provided:

- A BREEAM design standard rating of 'Excellent' (74%) which was achieved in the post build assessment.
- Comfort cooled offices
- Automatic Daylight Dimming and Occupancy Controlled Lighting
- LED lighting to offices and circulation
- Solar panels
- Excellent Cycle parking facilities
- Close proximity to Public Transport routes
- Energy efficient ablutions
- Double Glazing

Public Health Wales ensured that the sustainability of any premise under consideration was one of utmost importance. Sustainability was considered throughout the shortlisting process.

Our Space looks to provide a platform, for future environmental and sustainability performance comparisons and environmental improvements, ensuring a reduction in both the Public Health Wales carbon footprint and overall operating costs.

With sustainability gaining a greater prominence and relevance in recent years Public Health Wales saw the Our Space programme as the opportunity for sea change in our operational and managerial behaviour towards ensuring a strong impetus to building sustainability.

Public Health Wales recognises that the poorer the energy efficiency of a building, a higher proportion of the organisations occupancy costs

go toward the buildings energy costs. Poor energy efficiency is directly related to the size of an organisation's building and carbon footprint. The Our Space programme set out to address this concern as part of its final choice of premise.

From the very early stages of the Our Space programme staff were actively engaged within the consultation process. Environment being included as a criterion for scoring as part of the original Our Space scoring criteria (selected staff) site visits. Staff Environmental considerations were as follows:

- Provision for recycling
- Waste management
- Environmental factors e.g. poorly ventilated, availability of solar panels etc.

Other environmental and sustainability considerations included within the overall staff driven scoring criteria was that of – levels of natural light, easily accessible pedestrian access, car parking availability / proximity of additional parking, proximity of bus/ train station and the close proximity for visitors arriving by public transport.

The staff scoring criteria was included within the overarching Public Health Wales consideration and decision making process.

Well-being of Future Generations (Wales) Act

Public Health Wales has continued to engage in the development of the Well-being of Future Generations (Wales) Act throughout 2015/16. We have held a series of workshops with staff across Wales on 'Delivering Public Health for Future Generations' with the aim to enhance understanding of the Act; explore the implications on their work; hear about some innovative work already taking place in relation to the Act.

Significant work has also gone into helping shape Statutory Guidance for the Well-being of Future Generations (Wales) Act and further Guidance for Public Bodies. Responses were submitted for both in response to Welsh Government Consultations.

Increased use of technology

With the Our Space project having a significant effect on how we will use technology in the future, no investment has been made in VC Equipment across the estate during 2015/16 until the project is complete and new premises secured. Investment has been made in a paperless meeting project, where £14k was used to fund 27 Samsung Android tablets for the Executive Team, Board and other Board Committee members.

Internal Audit

Internal Audit undertook a review of the Sustainability Report in June 2015 based on the report produced for 2014/15. The objective of the audit was to evaluate and determine the adequacy of management arrangements for the production of the Sustainability Report for 2014/15 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.

Substantial assurance was given as to the effectiveness of the system of internal control in place to manage the risk associated with the production of the Sustainability Report. A number of actions were recommended in the report:

- Management should ensure that the sustainability report provides information confirming that sustainability data is not available for hosted and shared properties and the reasons why.
- Management should ensure that evidence of the quality assurance undertaken is retained.
- Management to ensure that going forward the sustainability data is collated on a quarterly basis and the facilities database populated accordingly.

Due to a reorganisation of the responsibility of the reporting process and changes within the Facilities Department these recommendations are currently in the process of being implemented.

Greenhouse Gas Emissions

The following table outlines the Trust's performance for emissions, energy usage and financial indicators for energy and business travel for 2015/16:

Greenhouse Gas Emissions		2013-14	2014-15	2015-16
Non-Financial Indicators (1,000 tCO₂e)	Total Gross Emissions	541	396	1383
	Gross Emissions Scope 1 (direct)	Information not available for previous years		224
	Gross Emissions Scope 2 & 3 (Indirect)			1159
Related Energy Consumption (million KWh)	Electricity: Non-renewable	1,010,967	968,353	1,126,946
	Electricity: Renewable	No schemes in place		No information available at present
	Gas	1,008,418	704,317	1,217,391
	LPG	No LPG used		
	Other	No other forms used		
Financial Indicators (£)	Expenditure on Energy	£211,997	£209,850	£211,412
	Expenditure on official business travel	£902,635	£681,475	£670,981

Performance

Public Health Wales has made great strides in improving data collection for premises across the Trust and this is reflected in the overall data provided above for 2015/16. The Trust currently has a SMART meter installation programme running with British Gas to improve reporting of energy consumption data. We now have 7 sites providing SMART meter data with another 2 scheduled for 2016/17.

The gas and electricity consumption figures have increased when compared against the 2014/15 figures which is as a result of more sites providing usage data. We are unable to do a site by site comparison as that data is unavailable from 2014/15. However, despite the increase in

usage the costs have remained consistent. This has mainly been down to the lowering market price of Gas and Oil and competitive prices as a result of the All Wales Contract for Gas and Electricity Supply with British Gas.

The estate is extremely varied in terms of age, location and type of construction. These are all factors that will impact upon sustainability and energy efficiency performance. The work being undertaken by the Trust through the Our Space programme will look to improve the condition of the office estate which will lead to more sustainable working environments, lower energy consumption and more accurate data provision.

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. The roll out of the E-expenses system across the Trust on 1 July 2015 has also enabled the Trust to automatically and accurately calculate mileage claims.

Solar Panels were installed at our Magden Park site during 2014/15, but we currently have no data available at this time on how much electricity has been produced during 2015/16 and how much of this was used by the Trust. This makes it impossible to calculate any savings compared to previous years. The Trust will look to ensure that data is available for subsequent reports.

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. There has been a significant increase in total emissions compared to previous years. This has been the result of improved reporting on Waste, Electricity, Gas and Water. This makes it extremely difficult to compare the figures from 2015/16 to previous years. Emissions were not previously calculated for landfill waste, where this has now been reported for 2015/16, which has resulted in a spike on reported emissions. Due to the improvement in reporting, Public Health Wales will now have a baseline to help reporting on previous year's performance.

Data collection limitations

Public Health Wales have faced a number of challenges in obtaining accurate data for its energy consumption which are highlighted below:

- There have been a number of invoicing and data collection issues with British Gas and SWALEC which has resulted in some estimated figures for Gas and Electricity supply
- Public Health Wales still uses a number of different energy providers. This can make good business sense, but 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 are hosted within health boards there are no meters in locations where Public Health Wales Staff reside, which means accurate data is unavailable. Health Boards have been unable to provide equivalent consumption and energy costs to date.
- Public Health Wales often occupies very small areas of shared premises where consumption is low and installation of additional metering is not always viable
- Individual metering for the Public Health Wales occupied areas is not always available, hosts are unable to provide accurate energy consumption data and costs based on units used.

- There was no energy expenditure data available for Hadyn Ellis, Oldway Centre, St Davids, Unit 12 Monmouth Walk and Clwydian House. As these are shared buildings we do not have access to accurate costs due to Public Health Wales areas not having meters to record its own usage.
- There was no gas usage data available for Hadyn Ellis, Oldway Centre, St Davids, Unit 12 Monmouth Walk and Clwydian House. As these are shared buildings we do not have access to accurate usage due to Public Health Wales areas not having meters to record its own usage.
- There was no Electricity usage data available for Churchill House, Hadyn Ellis, Oldway Centre, St Davids, Unit 12 Monmouth Walk and Clwydian House. As these are shared buildings we do not have access to accurate usage due to Public Health Wales areas not having meters to record its own usage.
- For the 36 premises not being reported, we cannot provide accurate usage data and costings. Public Health Wales is currently located either in shared buildings or based within Health Boards where there are no meters to record its usage accurately. Public Health Wales are charged for its gas and electricity usage through a Service Level Agreement or Service Charge, which is not broken down by service, and therefore cannot be recorded.

Actions to improve data collection for 2016/17

- Engage with the host health boards and landlords as to the possibility of providing equivalent consumption and energy costs or metering put in Public Health Wales areas once consolidation of the Estate through the Our Space programme is completed
- 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
- Consolidation of estate through the Our Space programme to reduce number of premises required to provide data. Separate metering will be a feature of any new leases signed by the Trust

Waste

The following table outlines the Trusts waste management performance for 2015/16:

Waste		2013-14	2014-15	2015-16
Non-Financial Indicators (tonnes)	Total Waste	13.5	4.6	652.1
	Landfill			642.6
	Reused/Recycled			9.5
	Composted			0
	Incinerated with energy recovery			Data unavailable
	Incinerated without energy recovery			Data unavailable
Financial Indicators (£)	Total Disposal Cost	£6,308	£12,429	£41,896
	Landfill			£16,487
	Reused/Recycled			£15,517
	Composted			0
	Incinerated with energy recovery			Data unavailable
	Incinerated without energy recovery			£9,892

Performance

Public Health Wales recognises its responsibilities with regards to effective waste management has made significant improvements in its data collections for waste and this is reflected in the performance figures for 2015/16. 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. This has made it extremely difficult to analyse our performance against previous years as that data is unavailable.

The Trust has actively encouraged its staff to reduce paper usage, and for paper wastage ensures as much as possible is sent for reuse/

recycling whilst ensuring full compliance with the Duty of Care Legislation. This has resulted in the total amount of recycling waste more than doubling in comparison to 2014/15.

The Trust has also recognised that even though we send significantly more waste to landfill over recycling, there is very little difference in the costs associated with them. We feel that further savings can be made by the Trust in it's reusable/recyclable waste and hope to reflect these savings during 2016/17.

Data collection limitations

Public Health Wales have faced a number of challenges in obtaining accurate data for its waste production which are highlighted below:

- Where data has been provided for waste to landfill and reuse/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 reuse/recycling has been provided in litres the Environmental Agency Waste Weight Conversion Factor has been used to convert to tonnage.
- No data available for weight of hazardous waste available even though financial indicator provided as this is currently not weighed.
- Where Public Health Wales are hosted within Health Boards and have shared premises, many are unable to provide weight of waste and equivalent costs. This is due to the waste receptacles being shared and therefore there is no way to currently record what waste belongs to Public Health Wales.
- Waste information was not available 16 Cathedral Rd, Hadyn Ellis, Oldway Centre, St Davids, Llys Castan and Unit 12 Monmouth Walk due to these being shared buildings, the waste receptacles are also shared, and there is no way to record how much of the waste put into receptacles belongs to Public Health Wales.
- Public Health Wales are charged for its waste usage though a Service Level Agreement or Service Charge, which is not broken down by service, and therefore total cost cannot be recorded.

Actions to improve data collection for 2016/17

- Engage with the host health boards as to the possibility of providing accurate waste weight data and equivalent costs once consolidation of the Estate through the Our Space programme is completed
- Engage with local councils to provide accurate waste weight information for landfill waste collections
- Engage with confidential, recycling and hazardous waste providers to provide accurate waste weight information
- Consolidation of estate through Our Space programme to reduce number of premises required to provide data

Use of Resources

Finite Resource Consumption			2013-14	2014-15	2015-16
Non-Financial Indicators (000m³)	Water Consumption (Office Estate)	Supplied	14.9	3.6	2.1
	Water Consumption (Non-Office Estate)	Supplied	collected as part of Office Estate Data		2.3
	Water Consumption (Total Estate)	Supplied	14.9	3.6	4.4
Financial Indicators (£)	Water Supply Costs (Office Estate)				£8,526
	Water Supply Costs (Non Office Estate)		£11,733	£12,726	£6,804

Performance

Although not reporting a reduction on water consumption or supply costs we have noted an increase in premises providing this data and this is reflected in the figures being provided for 2015/16. The Trust also understands that with a growing workforce it will invariably lead to an increase in the volume of water consumed.

The Trust is aware that the age and condition of its estate does not make for efficient use of its water supplies and is actively seeking to improve and reduce its estate through the Our Space programme which it is expected will reduce costs and usage noticeable.

Data collection limitations

Public Health Wales have faced a number of challenges in obtaining accurate data for its water usage which are highlighted below:

- As Public Health Wales' estate covers the whole of Wales, we currently have a number of different water suppliers. Where this can make good business sense, it also results in difficulties in obtaining and collating sustainability data.

- Some fourth quarter data had to be estimated at Charnwood Court due to no data for that period
- Where Public Health Wales are hosted within health boards there are no meters in locations where Public Health Wales Staff reside, which means accurate data is unavailable. Health Boards have been unable to provide equivalent consumption and energy costs to date. Public Health Wales are charged for it's gas and electricity usage though a Service Level Agreement or Service Charge, which is not broken down by service, and therefore cannot be recorded.
- No Water data available for the following sites; Churchill House, Hadyn Ellis and BTW Llandudno. As these sites are either shared buildings and/or owned by Health Boards, we do not have access to water data specifically for areas occupied by Public Health Wales staff. As Public Health Wales are charged for this though a Service Level Agreement or Service Charge, which is not broken down by service, we are unable to record any data for water.

Actions to improve data collection for 2016/17

- Engage with the host health boards as to the possibility of providing accurate water usage through the installation of metering in Public Health Wales areas
- Consolidation of estate through Our Space programme to reduce number of premises required to provide data

EMS implementation achievement

Public Health Wales recognises that the ISO 14001 standard is the most prominent and recognised standard for environmental management, and is currently used by several hundred thousand organisations worldwide. With the Trust focusing on improving and consolidating its estate through the Our Space programme all steps to achieving ISO 14001 across its sites have been put on hold. Once staff in South East Wales have moved into Number 2 Capital Quarter in Cardiff the Trust will look to achieving certification of this standard at its flagship Headquarters.

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 social, economic and environmental, building stronger communities, reducing social exclusion and poverty and encouraging the development of the economy.

Public Health Wales also intends to improve its effectiveness even further in the following areas during 2016/17:

- Share and promote sustainable development principles and encourages its sub-contractors to promote sustainable development issues

- Ensure its business practices produce the minimum of packaging waste and encourages 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 2016-2019, with a key milestone for the end of 2016/17 to have a better understanding of our environmental impact. This will be achieved by agreeing and implementing a Sustainability Strategy with key performance indicators.

All the Recommendations and Actions in this Sustainability Report will be formed into an action plan to be reviewed as part of internal audit in 2016/17.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Public Health Wales
2 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Tel: 029 2022 7744

Email: general.enquiries@wales.nhs.uk

Website: www.publichealthwales.org
