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Wales

# Annual Report 2022/23



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# **Annual Report 2022/23**

## **Section 1: Performance Report**

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# Section 1:

# Performance Report

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## 1. Introduction

Since early 2020, Public Health Wales has mounted an unprecedented response to the Coronavirus (COVID-19) pandemic. This was part of a system-wide effort to respond effectively to the challenges we have faced as the pandemic has evolved. Throughout this, we have prioritised the need to deliver an effective health protection and microbiology response, while utilising our expertise in relation to behavioural insights and change, evidence and research, prevention, and national/international horizon scanning. In addition, we continued to deliver our maternal and neonatal screening programmes throughout the pandemic.

We also recognised, from an early stage, the impact of the broader and longer-term implications for the people of Wales. The evidence shows us that the pandemic has exacerbated existing health inequalities and disproportionately negatively impacted upon our most deprived communities. We also know that the impact on the wider health and social care system has been dramatic and will require an equally effective response to address this over the coming years.

2022/23 was the first full year of the reactivation of all of our public health functions and, consequently, we developed our Strategic Plan for 2022/23 in response to these challenges to support Wales as we gradually moved from pandemic to endemic, as set out in the Welsh Government strategy, 'Together for a Safer Future'. As the National Public Health Institute for Wales, we provide data and science-based leadership, expertise, coordination, advice and delivery of key public health services. We have considered our role in the key public health elements of 'Together for a Safer Future', particularly around our key system-leadership, policy advice, evidence provision and service delivery attributes, in order to support its successful implementation. This included the key elements of communicable disease control, particularly around surveillance, diagnostics, prevention and control. In addition, it has shaped our work around tackling the burden of disease and the broader population harms, including socio-economic harms.

Also in 2022/23, the accelerated cost of living crisis evolved in Wales and, as a result, we actively responded in undertaking work across the organisation to support the public, partners and the Welsh Government as we mobilised to tackle the implications of the crisis.

We recognised the way to successfully deliver our Plan and address the public health challenges is through strong partnership working with key sectors including local government, third sector, the NHS and through regional boards. This continues to be essential as we collectively work to address issues related to health inequalities.

While the challenges that we face in the coming years are stark, including from issues such as climate change, we have seen the power and impact when we mobilise the collective efforts towards a system response. Within the strategic context set by 'A Healthier Future', and the specific Ministerial Priorities, we set out the tangible and measurable actions to be undertaken through the delivery of a small number of strategic themes for 2022/23.

This was guided by our Long Term Strategy, ‘Working to Achieve a Healthier Future for Wales’, and seven strategic priorities, as can be seen below:



The COVID-19 pandemic has had significant adverse effects – both direct and indirect – on population health and well-being. We have therefore focused on enabling better population health and reducing health inequalities through preventative and sustainable measures. This includes influencing the wider determinants of health, improving mental well-being and resilience, promoting healthy behaviours, and securing a healthy future for the next generation. In addition, recent years have demonstrated the need to prioritise additional population health actions, including to mitigate the effects of climate change, inform sustainable investment as we move towards an economy of well-being, strengthen Wales’ role as an influencer nation, and support primary care transformation and embed prevention.

A key priority continues to be to protect the public from infection and environmental threats. In 2022/23, we have done this by focusing on the delivery of excellent services for population health screening programmes, health protection and infection. Key aspects of this work includes further developing our diagnostic and treatment capabilities, including pathogen genomics, providing system-leadership on a range of areas, such as healthcare associated infections, antimicrobial resistance and vaccine preventable diseases, and managing and

minimising the risks from environmental hazards. In addition, the key focus of our screening programmes has been the ongoing delivery of our reactivation plans, addressing the backlogs accrued as a result of the pausing of a number of the programmes, working closely with Health Boards to address challenges in access to the commissioned elements of the screening pathways and the work to address inequalities in uptake.

We have continued to support the wider system, in light of the challenges faced as a result of the COVID-19 pandemic and the ongoing focus on quality in Wales, particularly through the work of Improvement Cymru. This is intended to support improvements in the quality and safety of health and care services in Wales. We have focused on supporting the transformation of national safety outcomes, helped to strengthen the wider system's improvement capability, actively contributed to the UK and international improvement community, and delivered impactful improvements.

We have undertaken a range of activities, reflected across the actions set out in our Strategic Plan, to help build and mobilise knowledge and skills to improve health and well-being across Wales. We have focused on maximising the use of digital, data and evidence to improve public health. This included prioritising our evidence and analysis on what works – and communicating it with impact, embedding inclusion into our digital, data and evaluation, and using emerging technologies and data science.

To support the delivery of our Plan, we have undertaken enabling activity around three key themes, focused on delivering value, improving performance and delivery, developing our organisation to be a great place to work, and creating the conditions to be an organisation that is continuously improving and learning.

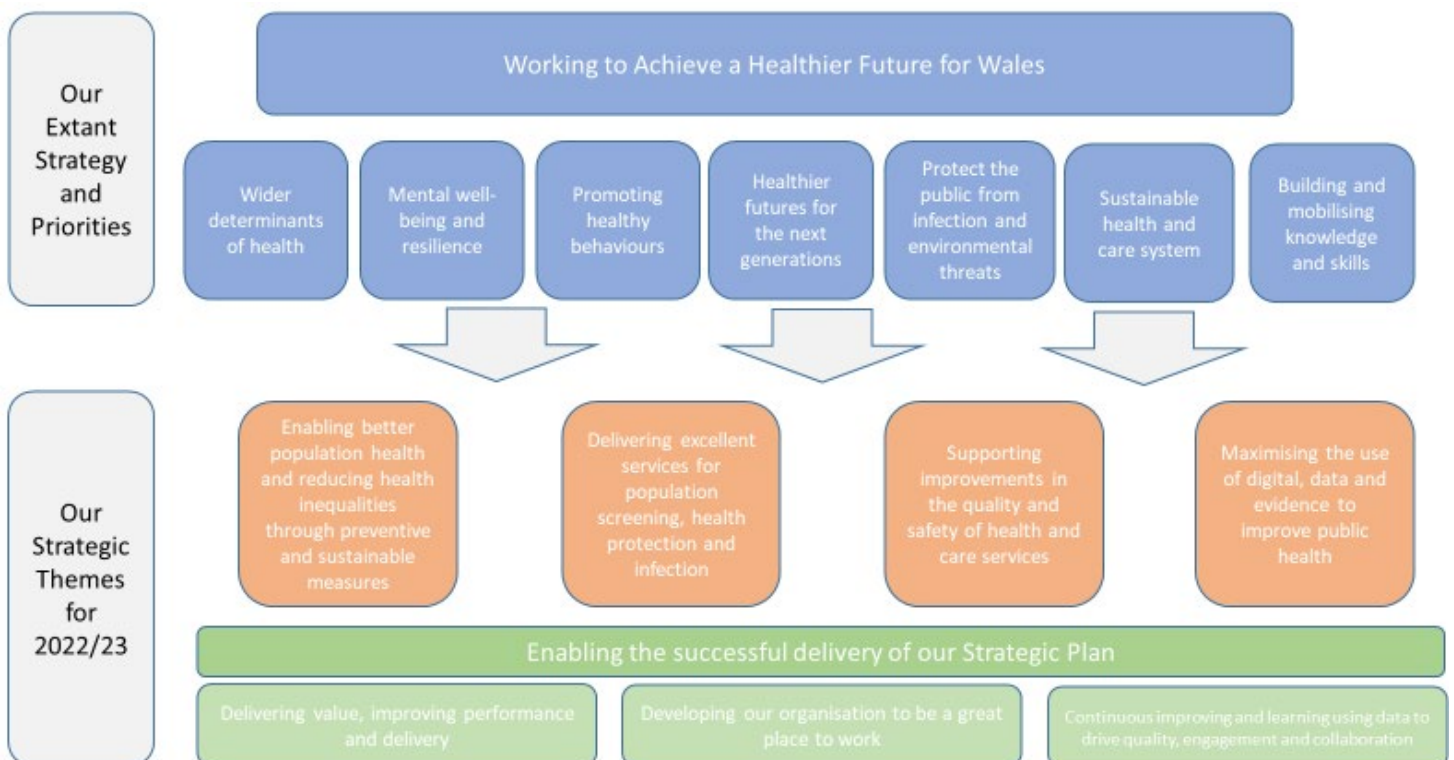
## 2. Our Strategic Plan

A number of key drivers informed the specific focus of our Strategic Plan for 2022/23, including our ongoing response to the Coronavirus (COVID-19) pandemic, tackling the burden of disease, the broader population harms, the accelerating cost of living crisis, our need to focus on the recovery and transformation of our key public health services and functions, and developments in our approaches and ways of working, particularly around digital transformation and data science. This Plan was very much a one-year transition Plan while we progressed the engagement for, and development of, a new Long Term Strategy to commence from April 2023 and to take us to 2035.

These drivers informed the identification of a small number of strategic themes that we focused on during 2022/23 in delivering the current strategic priorities:

- ❖ Enabling better population health and reducing health inequalities through preventative and sustainable measures
- ❖ Delivering excellent services for population screening programmes, health protection and infection
- ❖ Supporting improvements in the quality and safety of health and care services
- ❖ Maximising the use of digital, data and evidence to improve public health
- ❖ Enabling the successful delivery of our Plan

Our 'Plan on a page' below provides a visual summary of our strategic priorities and strategic themes for 2022/23.





## 2.1 Progress Against Delivering Our Plan

The end of March 2023 saw the conclusion of our Strategic Plan 2022/23 and we ended the year with over 93% of our delivery milestones complete, equating to 318 milestones delivered from a total of 340 milestones. This compares to 86% of milestones completed in 2021/22.

Less than 7% of milestones were reported as incomplete in 2022/23. Delays in delivery were due to factors outside of our control including dependencies on activities by other organisations, and staffing issues due to sickness absence. During the last 12 months, 82 milestone requests for change to delivery dates were approved, with an average extension requested of 169 days. Any agreed milestones that were unable to be delivered will roll-over into our 2023/24 Plan, of which 47% will be delivered in Quarter 1, 28% in Quarter 2, 6% in Quarter 3, and 19% in Quarter 4.

Our progress in delivering our milestones throughout 2022/23 is a great achievement for the organisation and reflects the continued tremendous work of our staff in very challenging times across NHS Wales. Further information on our key themes and examples of what we delivered in 2022/23, alongside key challenges and opportunities for learning, are set out in the following section.

### 3. Strategic Theme 1: Enabling Better Population Health and Reducing Health Inequalities Through Preventative and Sustainable Measures

The COVID-19 pandemic exacerbated existing population health and well-being challenges across Wales in relation to healthy life expectancy and health inequalities, both directly and indirectly, with our most deprived communities impacted considerably more than our least deprived communities. The pandemic has also added to a pre-existing backlog of care in the NHS, highlighting the need to build capacity to shift the NHS to a 'wellness system' based on prevention and early intervention, as envisioned in A Healthier Wales.

However, we also need to acknowledge that the pandemic has significantly interrupted our work towards this goal. The pandemic, together with the adaptive challenges posed by leaving the European Union and climate change, as well as emerging challenges such as the cost of living crisis continue to highlight the profound interdependencies between population health and societal, economic and environmental well-being.

#### 3.1 Wider Determinants of Health and Health Equity

In order to understand our population, we published a report on the [Trends in health and wellbeing during the Coronavirus pandemic](#). This was a summary report based on data from the 'How are We Doing in Wales?' public engagement survey on health and well-being during Coronavirus measures. The report summarised key trends from survey data collected from approximately 27,000 Wales residents over the two-year period until March 2022. The report presented trends in a range of areas and examined differences in responses by deprivation, gender and age.

Under the auspices of the Building a Healthier Wales Partnership, we hosted a national Cost of Living Summit involving 180 leaders and public advocates to identify good practice, challenges and solutions to inform national and local responses. We have also advised the Minister for Health and Social Services and policy leads directly on how health inequalities can be addressed through implementing universal free primary school meals and the early years and childcare offer. This accompanied the publication of [Cost of Living: A public health issue](#) by the Polisi Team.

We published a report "[Cold homes and their association with health and well-being: a systematic literature review](#)" in order to provide evidence on the appropriateness of Welsh Government's definition of a satisfactory heating regime for health and well-being in Wales, in light of the COVID-19 pandemic, rising cost of living and other important contextual factors including fuel poverty.

The [Violence Prevention strategy](#) was launched by the Wales Violence Prevention Unit to take forward a strategic approach at an all-Wales level to embed and sustain the key principles of Violence Prevention, a system wide approach to preventing, mitigating and responding to violence using a public health approach. The framework lays the groundwork for multi-agency action, supporting partners in Wales to make sure valuable time, money and resources are spent on implementing strategies and activities that prevent violence among children and young people.

The Wider Determinants of Health Unit published a guide and a suite of products for local agencies to inform and advocate for action to improve participation in [fair work](#) to develop health, well-being and equity, which have now been incorporated within Public Services Board Well-being plans (2023-28).

[Public Health Network Cymru](#) (PHNC) continues to increase its membership and reach, having delivered 17 digital on-line events to share learning on policy, research and practice, covering topics such as climate change, planning for a healthier future and systems thinking.

## 3.2 Mental Well-being and Resilience

A [Mental Wellbeing Impact Assessment](#) (MWIA) of COVID-19 on children and young people was published in July 2022, followed by a Virtual masterclass on MWIA in September 2022. The report aims to provide evidence and learning to inform cross-sector policy and practice directed at pandemic recovery, future emergencies and improving population mental wellbeing for the long term.

To help Local Authorities and Schools make informed decisions when choosing interventions to improve and promote mental well-being in schools, we rolled-out our [“What Works Toolkit”](#). We examined the best available evidence for interventions to find out if they are effective in improving mental and emotional well-being outcomes in learners or staff, when delivered in a school setting.

We have published a [Conceptual Framework for Mental Wellbeing](#) to explain the relationship between individual and community wellbeing and key elements that influence wellbeing at each level, and build a common cross-sector understanding of mental wellbeing in Wales and the factors that influence it.

### Healthy Behaviours

Our **Behavioural Science Unit** (BeSci Unit) was launched in May 2022 chaired by Jan Williams, our Chairperson, with contributions from Dr Frank Atherton, Chief Medical Officer, Prof Jim McManus, President of the UK Association of Directors of Public Health, and Professor Robert West, University College London). The BeSci Unit provides specialist expertise on behavioural science and enabled the increasingly routine application of it to improve health and well-being in Wales. Since the launch

of the BeSci Unit, it has produced a series of guides, carried out research and launched the Wales Behavioural Science Community of Practice.

The **Tobacco Control Programme** has completed a literature review and a public survey on further restricting smoking in outdoor areas, which confirmed there is increasing public support for this within Wales, and internationally, particularly in areas frequented by children and young people. A Help Me Quit in Hospital Programme has also been successfully implemented to maximise the potential of a secondary care referral or contact to motivate a quit attempt and direct smokers to support.

Our **Physical Activity Programme** launched the first all-Wales Travel to School Hands Up Survey, which asks primary school children how they usually travel to school. Over 30,000 children took part in the annual survey, which will inform policy and planning at all levels. The Programme has shaped the development of the national Daily Active Whole School Approach, which aims to improve opportunities for physical activity in and around the school day. We led on two key pieces of work; a mapping exercise and insight work with teachers that identified barriers and facilitators to delivering a whole school approach to physical activity.

Our Social Marketing Programme has led the development and implementation of two key packages, including Feel the Difference (for Help Me Quit) and Healthy Weight Healthy You (for Healthy Weight Healthy Wales).

Our **Healthy Working Wales** (HWW) team has:

- ❖ Produced a briefing paper on the significance of ill-health in driving economic inactivity in Wales. As well as setting out policy and practical implications, the paper highlights the contribution of Healthy Working Wales and the Employee Health Management Programmes in preventing people from falling out of work due to ill health through supportive employer practices and improved management of sickness absence.
- ❖ Produced two further HWW podcasts focusing on financial wellbeing and Planetary Health: Employer Action on Environmental Sustainability. The podcasts are designed to provide employers with knowledge and support to help keep the Welsh workforce healthy and in work. The Welsh Language Commissioner's office highlighted podcasts as examples of good practice in relation to Welsh language standards.
- ❖ Launched new HWW web pages for employers on mental health and wellbeing, the cost-of-living crisis, and musculoskeletal conditions (MSKs), capturing the most up to date information and evidence, including suggestions for employer action, resources and guidance documents from trusted sources, and links to services providing further support.

Significant progress has been made to review all aspects of the **National Exercise Referral Scheme** in order to improve quality, ensure consistent delivery of the programme and measure programme outputs and outcomes more effectively. National operational oversight and management of NERS also transferred to Public Health Wales from the WLGA which led to the creation of a new, in-house team and

establishment of effective communication channels with all 22 local NERS programmes. In addition, we procured development of a new Health Improvement Patient Administration System for both NERS and Help Me Quit.

The **Nutrition and Obesity Team** reviewed national nutritional guidance and policy relating to school meals in Wales, which highlighted that they were no longer in line with current nutritional recommendations particularly in relation to sugar. The work also highlighted the opportunities to align guidance and standards with wider policy objectives such as carbon reduction and removal of ultra-processed foods. The work is helping to inform a Welsh Government led review of school meals standards.

The **Education and Health programme** has continued its work to review and refresh the Welsh Network of Health Promoting School Schemes to ensure that it remains relevant and supports the wider reform of the curriculum. The recommendations were presented and discussed at a roundtable event in October with representatives from across the Education and Health sector in Wales.

## Early Years

The **Ace Support Hub** led on the implementation of our [Trauma and Adverse Childhood Experiences \(TrACE\) toolkit](#) which was developed to support organisations to embed ACE Awareness and Trauma-Informed Practice. The Hub also launched the [National Trauma Practice Framework for Wales 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity'](#).

The **First 1000 Days programme** published a [Public Health Approach to Supporting Parents](#), based on the structural and psychosocial factors that influence effective parenting and determine outcomes for our youngest children. The programme has also collaborated with the FUSE Centre for Translational Research in Public Health on research to understand the [influence of socio-economic status on pregnancy outcomes](#), accompanied by a podcast and infographic.

## Health in All Policies

Working with the Office of the Future Generations Commissioner, the **Polisi team** used a participatory futures approach to understand what less heard from communities hope and fear for a future with climate change in Wales, with the findings shared as part of Welsh Government's Wales Climate Week 2022, which had over 900 attendees. A masterclass of the methodology was also held in Wrexham, and several other projects have adopted the approach, including Natural Resources Wales' Nature and Us Citizen's Assembly.

## International Health

The **International Health team** produced two animations, showcasing innovative *Welsh Health Equity Status Report Initiative (WHESRI)* work, aiming to inform and support solutions to address health inequalities in Wales and beyond. The animations highlight Wales as being one of the first live innovation sites for health equity and investment for health and well-being in the World Health Organization European Region.

To quantify the health gap in Wales and to provide a better understanding of its main drivers, the International Health Team published [Influencing the Health Gap in Wales: Decomposition analysis discussion paper](#), applying an innovative World Health Organization methodology.

The team also produced a [Social Value Database and Simulator for Public Health tool](#) which is part of a pioneering programme of work towards increasing value and impact, aiming to inform sustainable evidence- and Value-Based decision-making and investment prioritisation across Public health Wales and NHS Wales.

The International Health team also produced five [International Horizon Scanning and Learning reports](#) on priority public health topics to inform policy and practice in Wales, including on the Cost of Living Crisis.

## Prevention in Primary Care

We published a [Primary Care Obesity Prevention \(PCOP\) Action Plan 2022-24](#), which includes the establishment of an obesity prevention peer network, research on understanding the effectiveness of non-specialist interventions for weight management up to 5-years after birth; and support for implementing the All Wales Weight Management Pathway (AWWMP) including the development of a minimum data set.

Following our input into contract negotiations, the GMS contract agreement 2022-23 includes a [quality improvement project focused on specific unhealthy behaviours](#) in newly registered patients as well as patients with certain long-term or chronic conditions. The QI project will include supporting identification of patients aged 16 and over who have a high BMI, signposting/referring patients who are identified as at risk to relevant support and ensuring HbA1C measurements are taken and referrals made into the All Wales Diabetes Prevention Programme where appropriate.

Led by the Primary Care Division, the [All Wales Diabetes Prevention Programme \(AWDPP\)](#) formally launched in June 2022 during 'Diabetes Awareness Week' by the Deputy Minister for Mental Health and Wellbeing. Within the first 9 months of implementing the AWDPP, 12 out of 14 primary care clusters receiving Welsh Government funding have commenced delivery of the programme, with 26 healthcare support workers and 7 dietetic leads recruited and actively delivering the AWDPP across Wales. Our central team has played a key role in supporting the programme nationally, including publishing an [AWDPP Intervention Protocol](#),

developing a compendium of resources and providing ongoing programme management and support to Health Boards.

In relation to social prescribing, we published a [Social Prescribing Interfaces](#) report to inform strategic direction and policy development on social prescribing. We also contributed to the [National Review of Primary Care Mental Health Demand & Activity](#), supported development of a 'core capabilities framework' led by Health Education and Improvement Wales (HEIW), and participated in the EurohealthNet Social Prescribing Country Exchange.

We developed a [Primary Care Model for Wales \(PCMW\) / Accelerated Cluster Development \(ACD\)](#) monitoring and evaluation [plan](#) supported by a Cluster Development Framework ([CDF](#)). A Cluster peer review process has been designed, and pilot reviews implemented in each Health Board / Regional Partnership Board. Proposals have been made to Strategic Programme for Primary Care for a self-reflection tool and key indicator dashboard to further support and monitor implementation progress during post-transition year.

We have continued to support the **Strategic Programme for Primary Care** in relation to Accelerated Cluster Development (ACD), including supporting an Optometry Professional Collaborative pilot in Cwm Taf and producing a [Learning and development opportunities for new and existing cluster leads discussion paper](#) to inform a leadership programme being provided by HEIW from Spring 2023. In addition, we produced an [ACD Toolkit](#), developed a [Cluster Planning Support Portal](#) and enhanced the Primary Care One website.

We have continued to provide general public health advice on optometry and have inputted into the strategic development of primary care eye health care services, including specialist advice to the Optometry Contract Reform Implementation Board and relevant sub-groups. We have also provided advice and guidance to a Health Education and Improvement Wales Optometric Fellow producing an All Wales Eye Health Needs Assessment.

In support of oral health improvement, **Designed to Smile**, the national oral health improvement programme for children ([www.designedtosmile.org](http://www.designedtosmile.org)) continued to work towards regaining coverage that was suspended during the pandemic.

The Dental Public Health team is responsible for the design, conduct and delivery of the Dental Epidemiology Programme for Wales, working alongside the Welsh Oral Health Information Unit (WOHIU) within the Cardiff University School of Dentistry and Community Dental Services (CDSs) in Health Boards. We are currently supporting national dental examination and data collection from Year 1 children. We also started planning for the dental health survey of Year 7 children in Wales.

The team also continues to provide specialist input and programme management support to the General Dental Services Reform Programme, including through an overarching Dental Strategic Oversight Group, We also provided independent

advice and support to Welsh Government, Health Boards, Health Education and Improvement Wales (HEIW) and others. We also reviewed, improved and co-ordinated a once for Wales annual Quality Assurance self-assessment process, achieving a 99.7% response rate from NHS dental practices submitting their self-assessments to their Health Boards.

## **Highlighting Excellence and Innovative Practice**

### **Wider Determinants of Health and Health Equity**

The Wider Determinants of Health Unit successfully secured a Health Foundation design award, in collaboration with Local Public Health Teams, which is funding an innovative approach to applying and learning from complex system approaches to support Public Services Boards across Wales. There is a strong appetite for applying systems approaches to themes identified in Well-being Plans and sharing learning across Wales and UK nations. We have designed an approach involving Applied Systems Learning Cohorts to support PSBs for submission to the Health Foundation. This aligns with Future Generations Office and Welsh Government work on strengthening PSBs use of the Well-Being of Future Generations five ways of working and further developing a culture of reflective practice.

We developed, piloted and evaluated Communities4Change (C4C) Wales as an evidence informed, time-limited approach which brings together individuals from multiple agencies with a common goal to enable and accelerate change to improve health and health equity. The first C4C has been undertaken with Cwm Taf Morgannwg Healthy Housing Partnership. Learning from this has demonstrated the potential of the approach as a catalyst to change, the importance of the nature of the problem and context, the need to focus on relationships from the outset, identify required capacity and exit planning.

### **Healthy Behaviours**

The Behaviour Science Unit served as a focal point for World Health Organization Europe's Behavioural and Cultural Insights flagship initiative activity – contributing to a guide on establishing Behavioural Science Units, featuring a case-study on Wales; and a Resolution and Action Framework on using behavioural science for better health adopted across all 53 member states.

The development of 'Healthy Weight Healthy You' has adopted best practice approaches to the design of digital tools. The Nutrition and Obesity and Social Marketing Programme Teams have engaged users in the development of the tools, commissioning the development of personas which led to four unique user journeys which have formed the basis of the tool. The work has received very positive feedback in user testing with particularly positive responses from both professionals and the public on the approach to avoiding stigma and promoting a



psychologically informed approach to supporting people living with overweight and obesity.

## Early Years

The First 1000 Days and Public Information Programme teams have taken a best practice approach in engaging users in developing the replacement for Bump Baby and Beyond. Having a baby is a time when many parents seek information and support to help them in their transition to and through the early years of parenthood. Every Child 'Your Pregnancy and Birth' was finalised at the end of 2022/23. The response from user testing has been very positive with participants welcoming the informative, helpful and clear content which is inclusive of parents from a range of backgrounds including those from traditionally marginalised communities.

## Health in All Policies

The Polisi Team published a report on the [Cost of living crisis in Wales: a public health lens](#), drawing upon expertise from across Public Health Wales. The report has helped inform Welsh Government's response and scrutiny by the Senedd, as well as the action of Health Boards and third sector organisations.

## International Health

The World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being celebrated its re-designation with a high-level cross-sector webinar which was addressed by the Wales' Minister for Health and Social Services and Head of the WHO European Office for Investment for Health and Development. The International Health team co-organised and took an active part in the first WHO high level forum on 'Health in the Wellbeing Economy' in Copenhagen, 2023; and is supporting the Welsh Government to build a Wellbeing Economy in Wales and the European Region.

## Prevention in Primary Care

Designed and led by the Primary Care Division, Public Health Wales, the Greener Primary Care Framework and Award Scheme was launched nationally in June 2022 with the [support](#) of the Minister for Health and Social Services, Minister for Climate Change and the Future Generations Commissioner. The first year saw over 100 practices, across all four contractor settings and all health board areas in Wales complete approximately 650 climate change actions with 16 bronze, 11 silver and 8 gold awards given. The relaunch of year 2 was marked with a [webinar](#) on 20 March

2023 which was endorsed for the second year with a [Ministerial written statement](#). An [animation](#) designed and developed to promote the Scheme was developed and a [Yearbook](#) of case studies from year 1 published with funding from the Welsh Government Health and Social Care Climate Emergency National Programme. Successful completion of the 2022-2023 [Bevan Exemplar Programme](#) where the Scheme was commended at the [Bevan Showcase event](#) in January 2023.

The [Ex Service / Veterans Health – Guidance for General Practices](#), 2022 provides detail of the duty on all general practices in Wales to provide care, signpost to and/or refer to relevant services where appropriate any veteran or veteran family member registered with the practice.

## Key Challenges and Risks

We need to build sustainable organisational capability and the associated systems and processes in order to routinely deploy behavioural science, to optimise our policies, services and communications, to ultimately improve and protect health and wellbeing. In addition, there are capacity limitations in the Wales Health Impact Assessment Support Unit (WHIASU), team to prepare for and support the Welsh Government and public bodies for the Health Impact Assessment statutory regulations which will come on stream in 2023/24.

There is pressure across the system as a result of the pandemic and the cost of living crisis which has had an impact on the ability of our partners to engage in system wide initiatives. System capacity to act on population health is likely to remain a challenge in the coming years. The impact of wider determinants on the health of the people of Wales is an organisational priority; however, our capacity to respond to these evolving challenges remains limited, while other parts of the system that we seek to engage, e.g. local authorities, are facing major financial and operational challenges.

## Learning and Areas for Improvement

The *'How are We Doing in Wales?'* public engagement summary report presented trends data that were weighted to national population demographics by deprivation, gender and age. The learning from the public engagement survey has informed the development and piloting in 2022-2023 of the cross-organisational *'Time to Talk Public Health'* population panel survey.

Our report *'Cost of living crisis in Wales: A public health lens'* demonstrated our ability to rapidly draw together expertise across the organisation and produce well evidenced, actionable insight on an ongoing crisis in a format relevant to policymakers.

The development of public facing information and behaviour change tools during the year highlighted the critical importance of user voice and needs as a focus for

development and the importance of balancing this with the needs and wants of professionals.

## 4. Strategic Theme 2: Delivering Excellent Services for Population Screening Programmes, Health Protection and Infection

Protecting the public from the effects of infections and exposure to environmental problems, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. Our Category 1 responder status (as part of the Civil Contingences Act) demonstrates our role in protecting the public and working with our partners to mitigate risks to human health. We work to protect the health of the people of Wales through the delivery of a number of health protection and infection control services, and national screening programmes.

### 4.1 COVID-19 Response

During 2022/23, our response to COVID-19 has been integrated into business as usual, moving from a COVID-focussed response to an Acute Respiratory Infection Management Team. This has enabled the work to protect against the threat from COVID-19 alongside other infectious disease threats, such as influenza and Respiratory Syncytial Virus.

We developed a transition plan to prepare for a move from pandemic to endemic response, setting out the direction of travel for: Diagnostics and Treatment; Surveillance and Evidence; and Prevention and Control. Although COVID-19 has not settled to an endemic phase, where the rate of infection and its impact can be predicted and are a low and acceptable levels, we are planning the transition to an endemic state by phasing in integrated and business as usual ways of working, particularly around testing and surveillance.

We were commissioned by the Welsh Government to develop an integrated respiratory surveillance system for Wales. Following submission of a business case, funding was provided to implement a sentinel surveillance service in primary care, pharmacy and care homes, and for testing and pathogen genomics.

We continued to advise the Welsh Government on policy decisions for COVID-19, including the sharing of five advice notes with the Chief Medical Officer, including advice the COVID-19 testing strategy for the Spring/Summer of 2023, which was implemented on 1 April 2023.

## 4.2 Infection Service

The Infection Service provides clinical and diagnostics services across Wales. It operates 13 laboratories including five hot labs and has an establishment of nearly 700 posts. We collaborate with multiple partners to provide clinical and population infection services including Health Protection, Health Boards and the Welsh Government. We are a multi-professional workforce including healthcare scientists, biomedical support workers, and medical and nursing staff.

The Infection Service provides a range of diagnostics covering bacteriology, mycology and virology. It includes several national and specialist reference laboratories including the UK Anaerobe Reference Unit and the Pathogen Genomics Unit.

During 2022/23, the Infection Service supported NHS Wales by processing over 1.6m samples including 85,000 blood cultures, 385,000 urine samples and 380,000 respiratory samples. Increased requirements in areas such as antimicrobial susceptibility mean that each sample undergoes multiple steps, with some going to our national/specialist reference laboratories for specialist testing.

The Infection Service also underwent a full surveillance visit by UKAS in the latter part of 2022/23. While based on visits and reviews across a few weeks, it requires preparation and implementation of robust quality systems and practices as an ongoing requirement. Full accreditation was maintained.

We continue to focus on training and education to ensure a competent and confident workforce. Given the professional requirements across our roles, this is a significant challenge on available resources, with over 200 staff (roughly 1/3 of our workforce) undergoing formal training including top-up modules, certification of competency and specialist portfolios. This is absolutely fundamental to the long-term sustainability of the service, recruitment, retention and ensuring we are able to deliver the service required of us.

Recovery across the NHS system has seen a general increase in our workload, and while COVID-19 and respiratory testing continued to attract significant attention, the service has had to respond to a number of other public health challenges including Monkey Pox (Mpox), supporting the safe arrivals of refugees from the Ukraine conflict, and the increase in Strep A infections during the winter season.

### 4.3 Public Health Wales Public Health Genomics Programme and Pathogen Genomics Unit

Established in 2018 as part of the Welsh Government Precision Medicine Strategy, the Public Health Wales Pathogen Genomics Unit (PenGU) provides clinical pathogen genomics services on an All-Wales basis. Established following the 2017 Welsh Government Genomics for Precision Medicine Strategy, PenGU forms a key part of the clinical genomics ecosystem in Wales, and functions as a core component of Genomics Partnership Wales, the entity set up to deliver the Welsh Government strategy. PenGU operates a set of accredited clinical pathogen genomics services covering key pathogens such as HIV, Tuberculosis, *C. difficile* and SARS-CoV-2.

The genomics services, supported by specialist laboratories are world-leading in terms of both the type of data generated, and the speed with which it is produced and used. The genomics is utilised by teams across the organisation, and staff from across the Health Protection and Screening Services directorate are now directly involved in delivering services that depend upon genomics data.

The range and types of genomics services being delivered from within Public Health Wales are extensive. Genomics data is now routinely used for purposes ranging from diagnostic services, to inform patient management, through to analysis that has been generated over the course of the COVID-19 pandemic to inform policy and public health action at a population level. The cross-organisational nature of the genomics activity poses challenges and also creates opportunities to improve and re-imagine how we deliver a range of services. Reflecting the challenges and opportunities to optimise the application of genomics across the organisation, we established, in 2022, a cross-organisational programme for Public Health Genomics.

The establishment of the public health genomics programme required staff to work alongside at pace, navigating out of the pandemic. There are specific challenges balancing activities including the provision of new services, continuing to deliver and improve our existing services, and managing the operational requirements of supporting the delivery of a new Centre of Excellence for Precision Medicine. Our Public Health Genomics Programme will help further realise the potential of genomics in Wales.

More broadly, we continue to recognise the issue of workforce development. Genomics expertise, and particularly Bioinformatics/Data Science, remains a key area of need within the NHS more widely and in Public Health Wales in particular. In addition, as genomics data becomes more widely used, there is an increasing need to consider how to provide training for staff who may not work within PenGU/the Public Health Genomics Programme, but who may come into contact with genomics data as part of their work.

## 4.4 Vaccination and Immunisation

The Vaccine Preventable Disease Programme (VPDP) provides the Welsh Government, NHS Wales and the Welsh public with expert clinical, scientific and epidemiological advice for both vaccines, and the diseases which they prevent. The programme works with Health Protection bodies across the UK to co-ordinate the response to outbreaks of vaccine preventable disease and support monitoring and delivery of vaccine programmes in Wales. The programme also has specific responsibilities for supporting the public and NHS professionals with information and evidence on vaccination to help people make an informed choice.

In 2022/23 vaccination has become the mainstay of the response to the COVID-19 pandemic. As the COVID-19 response has changed with the developing epidemiology, VPDP has continued to ensure that the population have access to up to date information and has supported NHS Wales with the deployment of the latest vaccines. 2022/23 has also seen the emergence of new infectious threats and the re-emergence of older ones. We also supported the response to the MPox (previously known as monkey pox) outbreak, supporting NHS Wales to stand up a new vaccination programme for those at high risk at short notice. Additionally, we have supported the response to outbreaks in England of Vaccine Derived Polio Virus and Diphtheria, to ensure that Wales is prepared to detect and respond to those threats if seen in Wales, and to actively address under-vaccination through a catch-up campaign.

Following the COVID-19 pandemic, we have seen a resurgent focus on the prevention of harm through vaccinations other than COVID-19. The Joint Committee on Vaccination and Immunisation has made recommendations for changes to the human papillomavirus (HPV) and Shingles vaccination programmes which will be delivered in 2023/24. For VPDP, the work to prepare for these changes started in 22/23 and has balanced the need for continuing COVID-19 response with the need to deliver major improvements in non-COVID programmes, to support NHS Wales towards delivery. Alongside the continuation of the delivery of the extensive routine vaccination programme and winter respiratory campaign, including Influenza.

In October 2023, the Welsh Government published the first national immunisation framework for Wales, which sets out the future strategy for vaccinations and immunisations in Wales. This strategy takes the learning from the COVID-19 pandemic and blends it with the good practice seen in Wales for other vaccinations. We have supported the Welsh Government and the NHS Executive/Delivery Unit, to create this vision for Wales, and move towards implementation. The framework has Public Health principles at its core, and the challenges faced by VPDP over the next few years will include delivery of those core principles, including co-production and evidence-based quality improvement.

## 4.5 Communicable Disease Surveillance Centre

The Communicable Disease Surveillance Centre (CDSC) supports our vision to achieve a healthier future for Wales through protecting the public from communicable diseases and environmental threats to health. Our role is to provide high quality field epidemiology, surveillance, scientific advice, research, and training in this area.

The team works with its stakeholders to collect, analyse, and interpret information for public health action. This can include detecting and investigating possible outbreaks of infectious disease, responding to emerging disease threats, and understanding how different population groups are affected by health risks in order to inform policy. CDSC collaborates with partners across the UK and internationally to share intelligence.

CDSC comprises specialty groups and themes including acute respiratory and vaccine-preventable infections; sexually transmitted infections, blood-borne viruses, tuberculosis and inequalities; healthcare associated infections and antimicrobial resistance; statistics, data science and genomic epidemiology; gastrointestinal, zoonotic and emerging infections; environmental and setting-specific surveillance.

The past year has seen a significant transition from pandemic working. With the reduced frequency of COVID-19 reporting and large reduction in testing, coupled with a resurgence of usual social and economic activity and associated disease transmission, our expanded staff have refocused on their usual disease areas, and will further develop new approaches. In addition to restarting and revising usual reporting, training, and research activities, the end of mass COVID-19 testing and return of seasonal viruses such as influenza and RSV required a shift in response and rapid expansion of hospital and community surveillance.

The pandemic has shown the importance of newer methodologies including data science and genomics, and the need for a stronger focus on determinants of disease from inequalities, settings such as care homes, and collaborating with the new UKHSA. Through our new specialty group, we have improved data and analytical capacity, linked datasets, and streamlined and automated processes.

Challenges have included the emergence in Wales of several new and important infections, including MPox and Hepatitis of unknown aetiology, as well as unseasonal and severe manifestations of endemic diseases, such as Respiratory Syncytial Virus (RSV) and Group A Streptococcal infections. Some of this can be attributed to the suppression of these infections during the pandemic, with associated changes in population immunity and epidemiology. Our new field epidemiology service is now fully operational and has provided rapid and in-depth



support for these incidents, including analytic studies on foodborne outbreaks and modelling support for the m-pox incident.

CDSC has worked with partners, particularly microbiology and genomics, to address scientific questions through research-funded projects and surveillance data. We have presented work both in Wales, at our most successful Science in Health Protection Seminar, internationally at a European applied epidemiology meeting in Stockholm, and via peer reviewed publications.

To respond to the changing needs, CDSC has provided training for staff in newer methods and software, and provided training for others. We also continue to both benefit from and contribute to the UK Field epidemiology training programme, with the additional internally seconded fellows from 2022, improving equity of access. We have worked to improve staff wellbeing following the pandemic pressures, and to provide development routes for staff to progress their careers.

## 4.6 Communicable Disease Inclusion Health

The Communicable Disease Inclusion Health Programme (CDIHP) provides an overarching and integrated structure for the health protection needs of vulnerable populations, encompassing the existing programmes of Substance Misuse and Vulnerable Groups, Health and Justice, and Sexual Health. The CDIHP strengthens resource and efficiency within health protection services as well as streamlining governance function. The CDIHP sits within the Integrated Health Protection Division complementing and supporting the existing programmes and functions through the provision of dedicated and specialist expertise related to high-risk settings and populations at increased risk of communicable disease, negative health outcomes, inequalities and inequities.

In January 2022, the proposal for the Communicable Disease Inclusion Health Programme (CDIHP) within Health Protection was accepted via our Directorate Leadership Team. Through 2022/23 the programme was established with work to appoint to the posts identified to begin to deliver the functions identified when the wider CDIHP programme was envisaged. Alongside this a work plan has been developed and, working with colleagues in Welsh Universities and specialist organisations providing for inclusion groups, a mapping exercise has begun to provide information on the geographical spread of inclusion groups and the services that support them. The exercise will also include identifying all related policy.

## 4.7 Environmental Public Health

The Environmental Public Health Service in Wales is delivered jointly by the Environmental Public Health (EPH) team at Public Health Wales and the UK Health Security Agency's Radiation, Chemicals and Environmental Hazards Directorate Wales (RCE-Wales). The teams are functionally integrated and operate a duty desk during office hours to respond to environmental incidents that occur in Wales and queries related to the environment that come from sources ranging from members of the public to national politicians. The duty desk is staffed by a duty scientist and duty manager. COVID-19 saw the team largely re-deployed to the response yet also continuing to deliver a reactive environmental public health service.

As the demands of the pandemic have receded, the team have seen a backlog of routine queries as well as much greater demand for support relating to the climate emergency than existed pre-pandemic. We are also now looking to work more proactively again, particularly supporting the legislation around Clean Air, 20mph, and Coal Tip Safety, but there are a wide range of other areas in which we are working. For example, the Public Health Wales part of the team is also delivering the environmental public health elements of the wider Public Health Wales response to the climate emergency, particularly in terms of public information in relation to extreme weather. The team sits on the newly established Public Health Wales Climate Change Programme Board, representing Health Protection, and is also working across the UK with other public health agencies to collaborate to address the climate emergency.

We responded to a situation with potential for significant population harm at Baglan Bay, an almost continuous cycle of extreme weather events while dealing with a backlog of issues that had built during COVID-19.

The team has not benefitted from investment in the way that the rest of health protection has and is subject to increasing demands. The future resourcing going forward will need to be considered. It is also important to note that while the Public Health Wales team is 'integrated' with the UKHSA team, the UKHSA team is only able to support reactive incident response. Proactive environmental work sits mainly with our team and all of the climate work (both proactive and reactive – including extreme weather responses) that we do is delivered solely by our team.

There is also increasing demand for surveillance data to inform proactive EPH action in a range of areas. The Communicable Disease Surveillance Centre (CDSC) has recently assigned a consultant to support EPH work, including wider climate surveillance. An EPH information analyst, based within CDSC, has also been appointed and an Epidemiological Scientist and Advanced Epidemiological Data Scientist assigned to provide some support to Environmental and Climate Surveillance. All of this is already enabling us to develop more robust data around

specific environmental hazards e.g. carbon monoxide, but also to start to build intelligence to help to understand the health effects of climate and extreme weather and the datasets that enable us to see these signals of effect.

Internally, we have developed a complete “introduction to environmental public health” programme to support the development of wider resilience of the team. This provides a series of short overviews of key subjects and also offers opportunity to develop competency as part of a work placement. This is currently an internal programme, but there may be the scope in the future to consider whether some or all of it can be made available externally, particularly to environmental health officers to support their professional development.

We have also been considering the need for external subject specific training days. Although training covering the new Air Quality Cell (AQC) guidance will be led by Natural Resources Wales, we will be working with them to develop it.

## 4.8 Healthcare Associated Infections (HCAI), Antimicrobial Resistance (AMR) and Prescribing Programme

The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) provides the Welsh Government, NHS Wales, the wider health and care sector and the population of Wales with expert clinical, scientific, and epidemiological advice to reduce the burden of healthcare associated infections, and antimicrobial resistance. The programme has a key role in the delivery of the UK AMR Strategy within Wales.

The programme team is multi-disciplinary including experts in Infection Prevention and Control, Antimicrobial Pharmacy, Medical Microbiology, Surveillance and Epidemiology. The work of the programme is delivered through the three main specialist work streams that make up the programme:

- ❖ *Surveillance* - responsible for the collection, analysis, and feedback of surveillance data on healthcare associated infections, antimicrobial usage and resistance across the health and care sectors of Wales.
- ❖ *Antimicrobial Stewardship* - responsible for the promotion of optimal antimicrobial prescribing
- ❖ *Infection Prevention and Control (IPC)* - responsible for the promotion of interventions and practice to prevent the spread and contain outbreaks of infection

During the COVID-19 pandemic HARP programme team members were heavily involved in delivering COVID-19 surveillance and expert advice and guidance on Infection Prevention and Control and Antimicrobial Prescribing. The challenge

during 2022/23 was to manage continued COVID-19 related work demands whilst also recovering the core work of the HARP programme.

The surveillance focus was on re-establishing the development work on expanding the HCAI surveillance, including taking forward innovations and developments that delivered nosocomial COVID-19 surveillance into a broader range of HCAI surveillance. During 2022-23, the antimicrobial surveillance programme was challenged by the roll out of a new pharmacy stock control system across Wales, which necessitated considerable work re-mapping data and continues to be a challenge to compile secondary care antimicrobial prescribing data. Antimicrobial usage data in primary care continued to be monitored and there was continued development of the antimicrobial portal. The return of staff from COVID-19 surveillance rotas allowed the recovery of HCAI and AMR regular surveillance reporting and support for the re-established HCAI and AMR Delivery Boards.

The Antimicrobial Stewardship and Infection Prevention and Control educational forums were re-established from the summer of 2022, holding the first face to face meetings, also with virtual access, since December 2019. The professional support work of the programme for IP&C and antimicrobial prescribing was able to re-focus as the requirements for COVID-19 specific advice receded. From May 2022 ,UK COVID-19 IPC Guidance was stood down and IPC guidance reverted to HARP programme IPC Guidance. The antimicrobial guidance group was also re-established.

## 4.9 Screening Services

We deliver, monitor, and evaluate seven population-based screening programmes, and coordinate the all-Wales managed clinical network for antenatal screening. The screening programmes are informed by evidence-based recommendations from the UK National Screening Committee, which are considered by the Wales Screening Committee and delivered in line with agreed Welsh Government policy.

The aims of the programmes are either to reduce incidence of disease (e.g., cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g., breast screening). The division has a strong record of evaluation and a comprehensive programme of improvements and developments in line with policy decisions. There is an equitable offer of screening to the eligible population but there is variation in uptake and enabling informed consent to improve uptake and reduce inequity of uptake is a key priority. The division's approach is to ensure that everyone eligible for screening has equitable access and the opportunity to take up their screening offer.

Recovery plans for Wales Abdominal Aortic Aneurysm Screening, Diabetic Eye Screening Wales and Breast Test Wales have continued with additional recovery

funding provided by Welsh Government. These programmes have achieved pre COVID-19 levels of activity (and above) to support recovery of the programmes. Increased activity in both Breast Test Wales and Diabetic Eye Screening Wales has resulted in a reduction in the backlogs in line with expectations.

Increasing screening activity in these programmes has been challenging with the need for additional clinic venues availability and ensuring adequate staff to cover. Workforce capacity has been a limiting factor with staff absence due to sick leave; COVID-19 illness, and not been able to recruit to established roles especially key clinical roles.

Alternative solutions to screening venues have been taken forward for areas where venues are limited with Diabetic Eye screening using temporary mobile unit and Wales Abdominal Aortic Aneurysm Screening using Welsh Blood and Tenovus vans. In May 2022, we opened the first [screening centre](#) of its kind on the high street in Mountain Ash. The dedicated screening centre is part of a brand new approach to help boost accessibility and uptake of screening. The centre houses multiple screening services all under one roof making it easier for people to access their screening offer.

We have worked hard to continue delivering screening services whilst industrial action was carried out. Royal Mail industrial action led to an alternate solution for Newborn Bloodspot test cards to be returned to the laboratory in a timely manner. A courier service was urgently put in place working with midwifery services across Wales, which is being evaluated with a view to continuing this approach in the future. Industrial action in other areas has had an impact on delivery of screening appointments for some programmes in the latter part of the year.

Replacement of Cervical screening equipment in the Screening Laboratory has progressed overcoming challenges of reconfiguration within the Laboratory. The new platform has been implemented recently and tested successfully whilst maintaining services.

## 5. Strategic Theme 3: Support Improvements in the Quality and Safety of Health and Care Services

Our aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time across the whole care system. To do this we work alongside organisations across Wales to create the conditions, build the capability and make the connections for improvement to flourish. This is also true of the way we are driving quality, improvement and innovation across our own organisation. The past year has been the busiest and most rewarding year of our Improvement Cymru journey to date. There has been a balance between responding to urgent need and laying the foundations for longer term fundamental change.

### Leading for Patient Safety

Over 40 senior clinical leads from across all Health Boards and Trusts took part in a five-month development programme focusing on their role as leaders of patient safety. The network created from this programme now directly sponsors patient safety improvement projects in the Safe Care Collaborative.

### Foundational Site Visits

Two-day visits provided an opportunity for Improvement Cymru and Institute for Healthcare Improvement (IHI) to spend time with staff, teams and departments across each organisation. Summary reports highlighted good practice, alongside challenges and opportunities for further improvements. These have informed local quality strategies and improvement focus.

### Coaching for Patient Safety

Over 45 delegates took part in the four-month development programme, building improvement coaching skills focused on the Framework for Safe, Effective and Reliable Care. The network created from this programme now directly coaches patient safety improvement projects in the Safe Care Collaborative.

### Safe Care Collaborative launch

The collaborative brings together teams, coaches and senior leaders for safety from the Health Boards and trusts in Wales to focus on common safety priorities spanning four workstream themes: leadership, community care, ambulatory care, and acute care. Members of the collaborative workstreams receive support from Improvement Cymru and IHI, and access a series of learning sessions, coaching and networking to

learn together to collectively achieve the safe care priorities. To date we have delivered two (of five) learning sessions, established four workstreams, undertaken eight coaching calls (24 to follow) and visited ten sites with local teams. In addition, we have congratulated 23 Leading Patient Safety graduates, trained 39 coaches, identified 41 improvement projects and welcomed 300 Safe Care Collaborative members (and growing).

## Highlighting Excellence and Innovative Practice

### Targeted Safety Improvements

**Real Time Demand Capacity (RTDC):** To support hospitals to reduce length of stay in hours to create flow and build situational awareness, Improvement Cymru worked with the originators of the RTDC methodology to train and coach staff to create behaviour change at all levels of an organisation to reduce length of stay in hours and improve patient flow.

**Maternity and Neonatal Safety Support Programme:** Improvement Cymru undertook a national Discovery phase for a new NHS Wales Maternity and Neonatal Safety Support Programme (MatNeoSSP). Extensive work took place including conversations with colleagues working in maternity and neonatal services, analysis data entries and site visits to create a rich picture of bright spots of existing practice, the challenges being faced and what opportunities exist to share learning.

**Wales Cancer Network:** Working in partnership with the Wales Cancer Network this work aims to increase the pace and reliability of the early diagnostic phase of the pathway. Three multi-disciplinary teams (MDTs) are testing and working through opportunities to improve the coordination and management of the early part of the patient pathway.

### Mental Health Improvements

**Dementia:** The team supported the Welsh regions during a period of readiness and implementation of the [Dementia Pathway of Standards](#) that align to the Dementia Action Plan for Wales. There has been extensive collaboration and coaching with each region and via national work streams to support key areas such as hospital-specific self-assessment tools, movement and mobility campaign, memory assessment guides for assessment and diagnosis.

**Outcome measures:** Funding was provided to test approaches for embedding agreed patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). This work is supported by those with lived experience, Health Boards, social care, third sector and professional bodies. From this work outcome measures training was developed and delivered, and so far it has been undertaken by at least one staff member of:

- ❖ **78%** of all adult mental health teams in Wales.

- ❖ **88%** of all adult learning disability services.
- ❖ **100%** of children's mental health and learning disability services.

## Learning Disability Improvements

**Physical health work programme:** The programme identified evidence-based priority areas in respect of avoidable health problems, delayed treatment, and premature and/or avoidable deaths. Improvement work will continue until March 2025, and current headlines include health check packs, awareness training, addressing constipation risks, accessible vaccines campaign and a health profile campaign.

## Quality support

**Duty of Quality:** The Duty of Quality is one element of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and to support its implementation, Improvement Cymru chaired and provided subject knowledge expertise and programme support to two national duty of quality workstreams.

**Quality Management System:** In response to the Duty of Quality and the Quality and Safety Framework, Improvement Cymru has focused on implementing a quality management system through a pilot in Public Health Wales.

## Capability building

**Improvement Cymru Academy:** The Improving Quality Together series has been updated to a new Improvement Series. Five new courses were developed and delivered, two Health Boards were supported in delivering courses, and training developed and delivered for Real Time Demand Capacity work and the Safe Care Collaborative.

**Education Programme for Patients (EPP):** Improvement Cymru, in partnership with EPP trainers/coordinators in Health Boards, have delivered courses on chronic disease management, diabetes, chronic pain and cancer with new courses in development.

**Q Lab Cymru:** The team have collaborated across several areas of interest including supporting colleagues from Public Health Wales's wider determinants of health team and the Wales Cancer Network.



## Other Highlights

**Improvement Cymru national conference:** The Improvement Cymru national conference was a celebration of improvement across health and social care in Wales and beyond.

**Podcast: Talking Improvement:** A new podcast series, [Talking Improvement](#), was launched providing a safe space to talk all things improvement

**Return of the NHS Awards Wales:** We hosted the [NHS Wales Awards](#) following a two-year gap due to the COVID-19 pandemic.

## Key Challenges and Risks

Whilst during 2022/2023 Improvement Cymru has developed the breadth and depth of its support to NHS Wales, this has been impacted upon by the responsiveness of the system, which is still facing increasing challenges.

## Learning and areas for improvement

There is overwhelming engagement from Executives in NHS Wales to work together on national system-wide quality and safety priorities across Wales. However, engagement of the wider system is taking longer than expected.

During 2023/2024 Improvement Cymru will transition to become the quality, safety and improvement function within the NHS Wales Executive. Improvement Cymru will work closely with NHS Wales Executive partners to align and integrate our support to organisations.

## Safeguarding

During 2022-23 the National Safeguarding Service (NSS) rebranded and refreshed its focus to strengthen its position in shaping and guiding the NHS safeguarding landscape in Wales. The NSS are a team of designated safeguarding professionals in NHS Wales who provide expertise, standardised practice, training, and specialist guidance to colleagues, multi-agency organisations and government. The NSS coordinates the NHS Wales Safeguarding Network which links local and national policy to develop a collaborative approach to safeguarding delivery across the NHS in Wales.

Key achievements in 2022/23 include:

- ❖ Development of a quality assurance tool for NHS commissioned care placements, currently being piloted in Hywel Dda University Health Board, to support a consistent approach for NHS bodies who commission care services.
- ❖ Succession planning in safeguarding services – a comprehensive review of current corporate safeguarding provision in the NHS in Wales and implications for future workforce planning.
- ❖ Improvements to the Safeguarding Maturity Matrix to accommodate the duty of quality. The Safeguarding Maturity Matrix (SMM) is a self-assessment tool which supports safeguarding quality improvement across NHS Wales.
- ❖ An update to the Procedural Response to Unexpected Death in Children (PRUDiC) was launched in March 2023. This process facilitates the coordination of services following the unexpected death of a child and ensures there is immediate liaison and bereavement support for families.

Maximising opportunities to inform safeguarding practice through other functions within the organisation, such as the Child Death Review Panel, Wales Violence Prevention Unit (VPU), the Adverse Childhood Experiences (ACEs) Hub, World Health Organization and Behavioural Insights Unit.

The *NHS Wales 'Safeguarding Together: Then, Now, Next' Conference* took place at City Hall, Cardiff on 8 March 2023, marking 10 years of the NHS Wales Safeguarding Network. It presented a life journey approach on how safeguarding services have evolved and changed in response to legislation, learning from tragic events and the voice of those abused and neglected – also a recognition and call to arms that there is more to do to improve the safety of our most vulnerable populations and enable health organisations deliver high quality services to safeguard the people of Wales.

## 6. Strategic Theme 4: Maximise the Use of Digital, Data and Evidence to Improve Public Health

This year has been characterised by two major themes – recovery and foundation. Recovering after COVID-19 and setting in place new foundations to build back our services. We have published statistics and reports from our major registers and programmes in more accessible formats and focussed on publishing research that enables better delivery of health care and health information. This year we also introduced two new areas – data and data science – which have delivered a number of open-ended programmes and deliverables to add to the stable of registration, analysis, research, evaluation and knowledge sharing.

With the diversity in programmes of work within the Data, Knowledge and Research Directorate, there are many key achievements that have been made across the organisation and in collaboration with key partners. A selection of which are detailed below:

- ❖ Brought together different datasets to understand the impact of a shift to [working from home](#) due to the pandemic on health and wellbeing, and found it had a more negative impact specifically on some younger groups.
- ❖ Completed the largest survey of health and wellbeing amongst nurses and midwives in Wales during the pandemic, supported by the Royal College of Nursing (RCN) and Royal College of Midwives (RCM).
- ❖ Delivered research examining [the role of community volunteering in pandemic response and recovery \(funded by the Health Foundation\)](#) - the findings informed Welsh Parliament's Local Government and Housing Committee's inquiry into community assets; and the Wales Council for Voluntary Action examination on the value of volunteering within integrated models of care in relation to the new Health and Social Care Framework in Wales.
- ❖ Developed the novel Rapid Cancer Diagnosis Dataset (RCDD) in the SAIL Databank environment with multiple academic and NHS partners to enable rapid research on the effect of the pandemic on cancer diagnosis and stage - academic papers were published and early findings were shared with policy makers; we are currently further developing novel data as near-real time cancer incidence experimental statistics to be publicly available, and to support an externally-funded improving bowel cancer audit.
- ❖ Produced four rapid reviews and one rapid evidence map aimed at answering important questions relating to COVID-19 and public health strategies.
- ❖ Secured funding, commissioned, and completed an architecture review, three organisation-wide discoveries, and two alpha-phase projects. This has delivered



a broad range of insights that will form the foundation of user-centred design work in the coming years.

- ❖ Refreshed our organisational Research and Evaluation Strategy, aligned to our Long Term Strategy, following extensive engagement and prioritisation.
- ❖ Strengthened our evaluation capabilities and established a comprehensive programme supporting Public Health Wales and external partners to evaluate what works. For example, in our outcome evaluation of the All-Wales Diabetes Prevention Programme we developed a system to support practitioners to collect key information on who was offered, accepted the service and the outcomes. We also designed a research study, embedded in the programme (in collaboration with Aneurin Bevan University Health Board to deliver more robust estimates on outcomes across groups.
- ❖ Other evaluations in development include vaccine prevention programmes, Hapus programme, Healthy Start Scheme and Mind Our Futures.
- ❖ Published a report for the Child Measurement Programme (CMP) 2020-2021 data, which was limited to two health board regions as data collection was still impacted across the other health boards. A draft options appraisal considering a second CMP measurement has been completed and submitted to sub-committees of the Healthy Weight: Healthy Wales Board.
- ❖ Published official statistics on congenital anomalies from the Congenital Anomalies Registration and information System (CARIS) in Autumn 2022. The CARIS team have continued to support the Rare Diseases Implementation Group (RDIG) Wales, with pilot work in progress to provide LHB level data for rare diseases.
- ❖ Launched the Real Time Suicide Surveillance System in April 2022, collecting information on all suspected suicide deaths in Wales. The first annual surveillance report is due Autumn 2023.
- ❖ Published a patterns and trends report on 10 years of child deaths in Wales in April 2022 and hosted a webinar on the Child Death Review Programme to over 100 stakeholders.
- ❖ Continued to develop the [Wales Public Health Rapid Overview Dashboard](#) which was adopted for formal Board reporting in the summer 2022 and helped stimulate discussion with the Minister early in the new year. This already included some near-real time cancer data.
- ❖ Launched a new version of the [Public Health Outcomes Framework](#) (PHOF) reporting tool in the autumn with a further iteration published in December. The development and design of this dashboard was taken forward using Agile methods with an active user group at its heart.

- ❖ In partnership with colleagues in Cardiff University, we developed a [dashboard](#) to visualise School Health Research Network (SHRN) data on the health and wellbeing of children aged 11-16 years. The development was informed by an active user group with representation from public health, education, Welsh Government, and academic sectors.
- ❖ Participated in the International Cancer Benchmarking Partnership (ICBP) module examining the effects of the pandemic in Wales compared to other countries across the world.
- ❖ We have had our official statistics reviewed against the code of practice for statistics and for accessibility, and will continue to work on implementing the recommendations. This included reporting Non-Melanoma Skin Cancer incidence for the first time.
- ❖ Developed new publications and interactive tools with input from user groups so they meet our users' needs.
- ❖ Recruited a new data science team, whose first projects include developing projections of disease prevalence and relevant risk factors out to 2035. With this new team we have set up the cross-organisation data science community, to help share knowledge, build skills and develop collaborative working in data science.
- ❖ Supported income generation of £1.5m to Wales in 2022/23.

## Highlighting excellence and innovative practice

This year we spent time focusing on adapting our products to better meet the needs of our users, whilst ensuring methodological quality and transparency. Many of our new products are in formats that better meet these requirements and can be produced by us more rapidly, enabling stakeholders access to the evidence in a timely manner.

Examples of these new products are:

- ❖ [Evidence Maps](#) (e.g. on smoking cessation)
- ❖ [Topic Evidence Summaries](#) (e.g. Interventions to increase active travel)
- ❖ [Agile Scoping Reviews](#) (e.g. Maximising uptake of pre-habilitation interventions)

Our data specialists have concentrated on enabling colleagues in digital, registers, screening and Improvement Cymru teams. We have delivered projects, training and co-production exercises, as well as workshops and learning experiences to increase the skills and capability of teams across the organisation.

We have successfully been awarded a further 3 years funding from the Health Foundation, to collaborate with Networked Data Lab (NDL) reflecting the excellence of the work to date. The NDL continues to innovate in linked data,

recently working across multiple partners to bring together Local Authority and primary care data on unpaid carers. This novel approach improves our understanding on:

- ❖ the overlap of unpaid carers identified across sectors and their needs
- ❖ raising important insights in support of the Wales Carers strategy
- ❖ how to identify and support unpaid carers in Wales.

In further innovation, we carried out the first study using census linkage to look at cancer screening uptake data by ethnic group, enabling a population-scale analysis of inequalities.

Our knowledge on digital health and inequalities led to the World Health Organization (WHO) commissioning us to complete [one of the most comprehensive reviews of equity within digital health technology](#). The report has been shared across the WHO European region and is shaping WHO's digital action plans and we will continue to strengthen these links for future programmes and supporting innovation in Wales.

### **Key challenges and risks**

We can identify potential improvements to services across the organisation, but a great deal of the opportunity for automation, waste reduction and efficiency that can be made will require a more mature understanding of the interplay between digital and non-digital service transformation. Without clear channel strategies and user-centred design philosophies we are unlikely to achieve the full benefit that our insights show are available.

Achieving Confidentiality Advisory Group (CAG) long term data collection permissions for the Adult Rare Diseases surveillance registry remains in progress.

### **Learning and areas for improvement**

We can be much clearer about the effort required for true user centred transformation. We also need to be more able to work in multidisciplinary partnership across digital services, procurement and commercial, clinical and communications teams, in order to deliver effective transformation of services. We have examples of good practice but can be much better in how we engage with users and the public to shape the work we do.

## 7. Enabling the successful delivery of our Plan

Our enabling functions have been pivotal to the successful delivery of our public health priorities and in continuing to support wider organisational recovery over the past year. Our enablers have played a critical role in the leadership and delivery of a number of major areas of work, alongside our role in the response to COVID-19, and the delivery of our full range of statutory functions and activities.

### 7.1 Our People

Our workforce is at the heart of our ability to deliver our aims and to protect and improve the public's health. Our People Strategy provides direction and focus to shape our future workforce, the type of organisation we aspire to be, our culture, ways of working as well as optimising relationships and working in collaboration. Our long-term people ambition is to develop a flexible, sustainable, diverse and thriving workforce with the capability and capacity to deliver our strategic priorities.

Given how critical our people are to achieving our long-term ambitions, we need to ensure that we provide all our people with the environment, skills and knowledge they need to meet the challenges ahead. We want to attract and retain people in public health, to deliver our Long-Term Strategy and to create a positive impact in the communities we serve.

Our strategic objectives for 2022-2025 focussed on actions we could take in the short- to medium-term to move us towards achieving our long-term ambitions as set out in our People Strategy.

Our objectives and key achievements to date are summarised below:

#### **Increased ability and agility to deploy resources where needed, reducing silos and increasing collaboration and cross boundary working**

- ❖ The Directorate and Divisional Assurance Dashboards have been rolled out to enable managers to proactively utilise people data to inform planning, decision-making and team management.
- ❖ We have fully integrated our dashboard approach into all aspects of governance and dashboards are reviewed at Board level and by the executive team on a monthly basis. The data informs decisions around investment in interventions, where to prioritise finance and other resource, where to engage in deeper dives to capture additional qualitative data and the general wellbeing of the workforce.
- ❖ We have reviewed and refreshed the Management and Leadership Framework through engagement across the organisation



- ❖ We have increased capability in change management skills through reviewing the Managing Change Masterclass and adapting it to better suit virtual delivery. Pre-course material has also been developed, allowing the focus of the virtual session to be interactive and participative.
- ❖ 11 sessions of the Managing Change Masterclass have been delivered throughout the year, all of which have been well evaluated.
- ❖ Further improvement activity has been identified and has been taken forward through a Task and Finish group in partnership with Trades Unions.
- ❖ Re-commissioned to ensure provision of the Managing Change Masterclass throughout 2023-24 to increase capability and target areas impacted by planned change programmes.
- ❖ Building a common understanding and agreed approach to commissioning (internal and external) that will support our planning and resourcing for initiatives. Further refinement of draft principles, frameworks and development of resources required to support this activity is scheduled for completion during this coming year.

### **Actively plan and manage towards our agreed optimum workforce size and shape**

- ❖ Rolled out a revised approach to Strategic Workforce Planning to enable the organisation to better understand its current workforce and how we can build interventions to better attract, develop and retain the current workforce to meet future needs.
- ❖ Successful transfer of Public Health Consultants into Local Health Boards

### **An employee value proposition and brand that works for all, embracing flexibility, career satisfaction, inclusivity and healthy lives**

- ❖ Co-designed and developed our Employer Value Proposition (People Promise), along with a road map to deliver and embed.
- ❖ Pilot of our approach to agile working, Work How it Works Best – see case study for detail.
- ❖ Co designed a behavioural framework to support delivery of desired culture and employee experience



## **A compelling cultural narrative**

- ❖ We have assessed our current and ideal culture and have reviewed outputs from assessment to inform future activity towards developing our organisational culture.
- ❖ We submitted a portfolio of evidence under the Diverse Cymru Cultural Competence Scheme in October 2022 and were awarded Silver Plus One level. This is the highest achievement for any NHS organisation in Wales.
- ❖ Our Workforce Diversity Data was published in December 2022, outlining the work undertaken towards creating and maintaining an inclusive organisation where everyone can be themselves at work. The report shows progress in all areas, although we still have a way to go to be truly representative, particularly in the area of Disability employment.

## **Widen access and identify, attract and recruit the best available talent, which more accurately reflects the communities we serve**

- ❖ We have begun engaging with communities to better understand barriers experienced by under-represented groups.
- ❖ Updated training, guidance and information on recruitment and make available to all staff.
- ❖ Implemented an integrated approach to engaging young people from all backgrounds and set out how we will build relationships with schools and academia to raise our profile as an employer.

## **Create a clear approach and investment plans to develop or access the skills required to deliver our strategic priorities.**

- ❖ Introduced first cohort of five Kickstart Work Placements.
- ❖ Two colleagues secured permanent internal opportunities and two utilised the experience to secure employment opportunities elsewhere.

## Highlighting Excellence and Innovative Practice

At the Healthcare People Management Association Cymru Conference and Awards Ceremony on the 1 March 2023, the work of the Public Health Wales People and Organisational Development team was recognised with two awards: Excellence in Organisational Development and Workforce Analytics. These national awards celebrate the incredible work that is ongoing throughout NHS Wales.

The Excellence in Organisational Development award recognised the design, implementation and evaluation of Work How It Works Best, and how the trial has significantly benefited the organisation. The judges were impressed with our approach to project management and team-working, as well as the evaluation process which is already evidencing the positive impact the trial is having on the employees of Public Health Wales.

The award for Workforce Analytics highlighted how our Performance Assurance Dashboard and Directorate and Divisional Dashboards have improved the data literacy of decision-makers, enabling them to interrogate people analytics in greater detail and through different lenses to provide assurance, make decisions, prioritise improvement activities, and evaluate interventions relating to our people. This category recognises how the analysis of workforce data delivers insight, which generates action, leading to better decision-making and better business performance.

Both awards have been the result of a real team effort - across the organisation - and we are proud of the differences that Work How It Works Best and the Dashboards are making to people at Public Health Wales.

## Key Challenges and Risks

We continue to face challenges which impact on the work we do and our workforce. The availability of staff, new ways of working and expectations and perspectives of staff. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of the COVID-19 pandemic, climate change, the European Union transition and cost of living crisis all affect our staff.

We need to be able to recruit and develop a more diverse workforce that better reflects the communities we serve and can provide insight into the needs and motivations of all our service users. We need to harness and utilise advances in technology; support learning agility and investment in continuous development and reskilling and to find, develop and retain the talent needed to execute our strategic priorities for emerging skills, particularly around digital, data and technology.

We need to determine the right culture to support our refreshed Long-Term Strategy and assess where we are now, understanding the behaviours that both help and hinder delivery and positive employee experience. We also need to design and embed ways of working to attract and inspire a multi-generational workforce to

work effectively together, valuing each other's skills and perspectives, and supporting people's changing needs by increasing the opportunities for flexible and agile working.

We need to support the use of the Welsh language and bilingual careers as demand for Welsh language services increase, develop and support our leaders and managers to lead with compassion and manage a diverse workforce and embed change effectively, and build strategic relationships with partners and suppliers to both deliver our services and strengthen access to capacity and talent.

Our Welsh Language Annual Reports are available on our [website](#) detailing key activity undertaken to promote the Welsh language, support the needs of our staff, and ensure compliance with the Welsh Language Standards. The 2022/23 Welsh Language Annual Report will be available on our [website](#) in due course.

## Learning and Areas for Improvement

Following a pilot approach to [Work How it Works Best](#) in 2022/23 and based on a clear understanding of where and how our people work best, we will look to take what we have [learned](#) and use these insights to shape policies, practices, and ways of working which enable our people to thrive.

Having fully appreciated the value of an engaged workforce, following a broad consultation and an assessment of our current and ideal cultures, we are developing and articulating a compelling cultural narrative, underpinned by our values and behavioural framework. All colleagues will be able to see, and share in their own words, how our Long-Term Strategy is supported by, and delivered through, our culture.

Our inclusive and consultative approach will enable the design of an employee value proposition and brand that works for all, reflecting employees' experiences and expectations. We will develop new processes to support all stages of people's careers and we will support everyone to understand why employee well-being, diversity, and inclusion matters.

## 7.2 Operations and Finance

### Long Term Strategy

During the year, we have developed our new long term strategy, Working Together for a Healthier Wales. It sets out our long term strategic ambitions for how we will tackle the population health challenges facing Wales in the coming years, and our commitment to working together for a healthier Wales. While the current challenges that we face in Wales are stark, we believe that now is the time to set out a bold long term vision for achieving a healthier Wales by 2035.

We are committed to working towards a Wales where people live longer, healthier lives and where all people have fair and equal access to the things that lead to good health and well-being. We will do this through focusing on the delivery of our six strategic priorities:

- ❖ Influencing the wider determinants of health
- ❖ Promoting Mental and Social Well-being
- ❖ Promoting Healthy Behaviours
- ❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
- ❖ Delivering excellent public health services to protect the public and maximise population health outcomes
- ❖ Tackling the public health effects of climate change

These will also act as our organisational Well-being Objectives and we will embrace the Well-being of Future Generations (Wales) Act 2015 five ways of working to help us implement our new strategy.

In delivering our strategy, we have the opportunity to build on the partnership working and collaboration that underpinned our response to COVID-19. We have also seen the power and impact of embracing innovative ways of working, such as harnessing the potential of big data and new technologies. This will serve as a corner stone to the delivery of our strategy and how we work in the future.

### Health on the high street – Opening our first high street screening centre

In May 2022, Public Health Wales' opened its doors to the first screening centre of its kind on a high street in Wales. The dedicated screening centre is part of a brand new approach to help boost accessibility and uptake of screening. The centre houses multiple screening services all under one roof making it easier for people to access their screening offer.

Based in Mountain Ash, the centre is the result of a person-centred, partnership approach supported by Rhondda Cynon Taf CBC, and has been designed with public

accessibility as a priority, making it easier for people to attend screening appointments.

Public Health Wales hopes this new model can be the blue print for the future of health screening in Wales. It is the first time that the organisation has leased and rejuvenated a building specifically to offer multiple screening programmes under one roof, in the heart of the community. It brings together services for three national programmes: diabetic eye, abdominal aortic aneurysm (AAA) and newborn hearing screening. Just under 8,000 people will be invited to screening at the centre in its first year.

The Centre was officially opened by the Minister for Health and Social Services, Eluned Morgan MS along with senior executives of Public Health Wales and Councillor Andrew Morgan OBE, Leader of Rhondda Cynon Taf County Borough Council on 16 August 2022.

The new screening centre contributes to the Welsh Government's commitment to deliver better public access to health professionals.

Public Health Wales worked in partnership with the Council to carry out a full re-fit to enable this fantastic regional multi-screening facility to be developed in Mountain Ash. The building has been refurbished to a bespoke design with a focus on ensuring that it is environmentally, economically and socially sustainable. Examples of how this has been achieved include the re-use of carpet tiles and furniture from previous Public Health Wales offices, as well as the provision of additional workspace, providing staff with the option to work more locally, rather than travel to offices further afield.

### **Modernisation of Clwydian House, Wrexham**

The Our Space programme was originally launched in November 2013 with the aim of creating "a workplace for the future which enables efficient, effective and flexible ways of working." These principles are being applied across our estate.

In 2020, the Executive Team agreed to commence the third phase of the Our Space Programme to review our estate in North Wales. Due to the COVID-19 response, the project was paused however it recommenced in August 2022 and plans were developed to modernise Clwydian House as the first piece of work in Phase 3 of Our Space. Staff were engaged with to understand their requirements and to understand their future ways of working and the project also incorporated learnings from our experiences of working through COVID-19.

The refurbishment was completed in February 2023. As part of the strip out works, we worked with Collecteco while clearing the building in advance of the strip out works and £5,950 value was donated to the community, 1,890kg CO<sub>2</sub>e avoided and 2,250kg diverted from landfill. As part of the fit out, 220m<sup>2</sup> of Grade A recycled carpet was laid, a shower installed and bike racks to allow for green travel. All work

was completed by a local born and bred builder to Wrexham – keeping the costs in Wales, with 80% of the workforce from Wales. Ziptaps (instant boiling water) have been installed and ceiling tiles and the metal used from the ceiling tile framing has been recycled further supporting the organisations contribution to the Welsh Government net zero target by 2030.

## **Outbreak and Incident Support**

The Communications Division advised, supported and led on public and system communications for 18 incidents and outbreaks during 2022/23. Of those, Monkeypox Outbreak was a significant communications event, requiring intense communications support to the system.

## **Project and Programme Management Community of Practice/ Feasibility Assessments to Inform in-year Planning Decisions**

During the year we have worked to develop the project and programme management profession. We launched our project and programme management community of practice in September 2022 and have created a virtual network for the profession to share best practice and development opportunities with the community and enable peer support. The community of practice provides an active space for members to develop their project and programme skills, share new knowledge, and increase awareness of project activity across the organisation with the aim of driving collaboration and innovation across the organisation.

We have continued to innovate in the way we assess the feasibility of our plans, creating new insights to influence our planning assumptions and decision making. Linking data in new ways has enabled us to gain a deeper understanding of the interdependencies in our plans and enabled us to visualise complex issues.

## **Climate Change Programme Board Established**

Public Health Wales recognises it has a key role to play across a number of areas to address climate change. Our approach to decarbonisation is outlined in our Decarbonisation Action Plan which was agreed by the Executive Team in April 2022 however the organisation recognised a cross organisational approach was required in order to successfully support the organisations response to climate change. Therefore, a Climate Change Programme Board was established during 2022/23 to:

- ❖ Agree a strategic direction on Public Health Wales' role in tackling the impact of climate change on public health.
- ❖ Agree a co-ordinated approach to responding to requests for evidence, information or support.
- ❖ Become an exemplar organisation in our approach to decarbonisation.
- ❖ Monitor commitments to climate change work in the current IMTP and identify opportunities for cross organisational working.

The cross organisational programme consists of three work streams focusing on:

- ❖ **Strategic Direction** aiming to bring people together to develop the organisation's co-ordinated, unified approach to Climate Change and to support the organisation to achieve our long term objectives outlined in the Long Term Strategy.
- ❖ **Co-ordinating the approach to requests for Public Health Wales' opinion** so that stakeholders can access public health advice and opinion on areas relating to climate change and develop a repository of evidence and opinion provided for easy access for all staff.
- ❖ **Being an Exemplar organisation in our approach to decarbonisation** which provides a mechanism for implementing and monitoring the organisation's Decarbonisation Action Plan.

## Financial Performance

We produced a Welsh Government approved Strategic Plan and met our financial duties to break-even for the financial year 2021-22 and for the rolling three-year period 2019-22. We also met the NHS Wales target to pay 95% of non-NHS contracts within 30 days.

The Organisation submitted its draft financial statements within the required timescales, which were considered by the Audit and Corporate Governance Committee and the Board in June 2022. Audit Wales issued an unqualified opinion on the 2021-22 Financial Statements, except for the regularity opinion, for which a qualified opinion was issued. This was in relation to the Auditor General qualifying his regularity opinion, at eight of eleven NHS bodies, due to the accounts including expenditure and funding in respect of clinicians' pension tax liabilities.

See the [Annual Accounts Report](#) for a detailed overview of our financial performance in 2022/23.

## Roll out of Finance Development Programme

The initial band 3-6 development programme was piloted and run jointly by Hywel Dda University Health Board and Swansea Bay UHB. We worked with Cardiff and Vale University Health Board and NHS Wales Shared Services Partnership to ensure that our lowest banded staff had the same development opportunities by offering our own programme covering six modules and six cohorts, approximately 50 attendees across our three organisations. The modules were delivered in a mixed

way, with 4 being provided internally and two provided by an external company. They were a mixture of face to face and virtual delivery. The feedback has been extremely positive from colleagues that attended, providing a great opportunity for staff networking with the two other organisations involved.

### 7.3 Partnership Working and Engagement

Improved population health outcomes and tackling health inequalities can only be achieved through working in partnership with others. We have continued to strengthen our organisational arrangements to enable purposeful collaboration when working with our partners and the public.

Our Approach to Engagement enables an underpinning approach for equitable, effective public engagement, ensuring the voice of the people we work with and for is at the heart of what we do and how we do it. It covers four main types of engagement:

- ❖ Public Information and General Consultation
- ❖ User Feedback
- ❖ Coproduction
- ❖ Community Empowerment

We have recognised that engagement with the public, including our service users, customers and stakeholders, is a core public health activity and essential in delivering against our strategic priorities to protect, promote and improve the health and well-being of the population of Wales.

Key achievements in 2022/23 include:

- ❖ **Improving reach and engagement of our communications through gaining a deeper understanding of our audiences** has been a key theme in our work this year. Using insights based on audience research, we have been able to tailor content and messaging to focus on meeting user needs ensuring that we are responsive to emerging issues. For example, in response to the extreme heat conditions in summer 2022, we issued actionable public health advice through our social media channels tailored to specific audiences.
- ❖ **Actions implemented to improve accessibility on our website following an audit by Digital Accessibility Centre** - this included both technical fixes and content changes to improve the user experience. As part of these changes, we are moving towards publishing our patient leaflets and other key documents in HTML format. To ensure these improvements are sustainable, we have invested in accessibility training for all digital officers and have updated our publishing guidelines.



## Transfer of Local Public Health Team to Health Boards

On 30 September 2022, we successfully supported the Local Public Health Team transfer to the health boards. The project covered eight organisations, Public Health Wales and seven Local Health Boards, with the aim of increasing the focus on improving the health and well-being of the local population. We set out an extensive engagement plan, working closely with staff, Executive Directors of Public Health, Health Boards, and Trade Unions to work through the transfer arrangements and communicated with Welsh Government and external stakeholders to keep them informed as this transition progressed.

The formal consultation period for the transfer of the Local Public Health Teams took place between 24 May 2022 and continued to 31 July. Throughout this consultation period, information was shared with staff about the process to be followed, any additional measures proposed by the Health Boards and key contact details. Meetings were held with staff on a one to one and group basis and any questions raised in these were responded to and informed ongoing planning.

This embedding of specialist public health resources and skills at the local level, will further enable health boards, and local partners, to increase their focus on improving the health and well-being of the local population. The transfer also clarifies strategic and operational accountability for local delivery with the aim of strengthening the wider public health system in Wales.

There are still very close working links between our organisation and the Local Public Health Teams, as we continue to strengthen our collective local and national approaches to tackle health inequalities, improve health and well-being, and work together in a strong, connected and aligned way. The project included significant work from Finance, IT, Estates and Communications to ensure a smooth transfer of 176 staff, IT equipment, furniture and mobile devices.

## Key Challenges and Risks

**Delivery of net zero target and adapting to hybrid working arrangements:** Due to the nature and variety of the services that are delivered in Public Health Wales, our infrastructure and ways of working, achieving the NHS Wales decarbonisation of net zero will be very challenging. Considerable work is underway to identify areas and implement projects to support the decarbonisation agenda across Public Health Wales however like many organisations, understanding and calculating the impact of our work on the environment remains difficult. We recognise that considerable work is required in the area of Procurement and also to support staff to adopt more sustainable behaviours to support the organisations carbon footprint reduction. During the COVID-19 pandemic approximately 3000 pieces of equipment have been issued to staff to ensure, not only that staff are able to work safely but also provides flexibility for staff to choose how they work best and hopefully make more environmentally sustainable choices. In addition to this, during 2022/23, we have continued to review the estate we require now and in the future and taking opportunities to rationalise where possible but also create innovative Hubs bring services together creating benefits for not only Public Health Wales but also the service user. Many of these projects will continue into 2023/24.

**Cyber security:** The management of cyber security risks will continue to be a priority for Public Health Wales. Through working with the Cyber Resilience Unit in Digital Health and Care Wales in response to the Network and Information Systems Directive, we set out actions to mitigate risks and prioritise our resources for cyber security. Whilst a recent internal audit report was positive of our approaches, this is an area that requires continued improvement and diligence.

Additionally, recent discovery work is helping us improve our development processes and better understand our architecture. These agile approaches and principles are embedded in the delivery of the Digital and Data Strategy.

**Learning and areas for Improvement:** Public Health Wales implemented the lessons learned from the announcement of Cervical Screening internal changes in January 2022 by implementing enhanced audience testing and signoff processes in delivering the Cervical Screening campaign in July 2022. We are working to include public testing as part for our standard processes for all campaigns.

## 7.4 Quality, Improvement and Risk Management

Our Quality, Nursing, and Allied Health Professionals Directorate is responsible for ensuring arrangements are in place for quality assurance and integrated governance. This includes clinical, information, corporate governance and works closely with the Board Secretary and Head of the Board Business Unit.

### Records Management Project

Public Health Wales is a public body with responsibilities under the Public Records Act 1958 and the Government of Wales Act 2006 for management of Welsh Public Records. In order to strengthen our corporate approach to records management, Phase II of the records management project was completed in 2022/23, including the launch of a designated Electronic Document and Records Management System. This system provides effective, efficient and consistent archiving of records.

### Risk Management

Managing risk is essential to running a successful organisation. It should be at the heart of decision-making and allocating resources at both an operational and planning level and should aim to identify opportunities to innovate and invest, alongside the need to reduce risk. During 2022/23, we reviewed and revised our strategic risks and corporate risks in line with the newly refreshed Long Term Strategy. We also developed a system for establishing the risk appetite across all levels of the organisation that align with the expectation of the Public Health Wales' Board.

### Civica Implementation Project

Our new Service User Experience (Civica) system was launched in April 2022 and aims to capture feedback from our service users and / or stakeholders efficiently, equitably and in a consistent manner across the organisation. We use it to understand real-time feedback and experiences about services, programmes and functions, which in turn supports prioritisation and drives quality improvements. During 2022/23, there were 78 surveys created within the system and as of 31 March 2023 there are 333 active Civica accounts within the organisation.

### Infection, Prevention and Control (IPC)

We are a member of the all-Wales working group 'Core Ward Audits' which aims to standardise IP and C audit tools used across Wales. The implementation of changes remain ongoing and will be introduced alongside the IPC Link Worker Programme.

## Highlighting excellence and innovative practice

### Developing Health Care Professional Students' Placements

During 2022/23, we worked collaboratively with Higher Education Institutes to offer student nurse / midwife / occupational therapists appropriately designed five day bespoke placements within our organisation. These placements commenced in October 2022, with four students completing as of the 31 March 2023. This programme will continue into 2023/24.

### The Young Ambassadors' Programme

Our Young Ambassadors' Programme provides young people across Wales with the opportunity to develop skills and knowledge to support and influence the delivery of our Long Term Strategy. In February 2023, a Young Ambassadors' residential was held, attended by a total of 34 young people between 12-21 years old, with the majority staying overnight. The residential programme covered the Cost of Living Crisis, our Long Term Strategy and young people and vaccinations.



### HEAR2 Project

Health Experiences of Asylum seekers and Refugees (HEAR2): how well are their interpretation needs met? This was a collaborative project between Public Health Wales, Health and Care Research Wales and Welsh Government, which looked at producing new evidence to meet the interpretation needs of asylum seekers and refugees with potential benefits in healthcare quality, safety, and physical and mental health outcomes. The results will guide policy recommendations for the commissioning and delivery of interpretation services in Wales, benefiting patients, the public, and the NHS; this research has wider implications for all who need or provide NHS health care through interpretation services.

### Public Health Wales Merit Award Badge Project

An internal Equality and Health Impact Assessment identified the risk of widening health inequalities in groups who are under-represented in established youth organisations. A project group consisting of Public Health Wales, St John Ambulance Cymru, Scouts Cymru and the Army Cadets was set up using co-production principles. A competition was held with young people to design the Merit Award Badge. The curriculum and other project materials will continue to be further developed following feedback from young people and youth leaders who complete the award as part of this pilot phase and through the phases of the evaluation.



## Key challenges and risks

### Health and Social Care (Quality and Engagement) (Wales) Act 2020 / Duty of Quality / Duty of Candour

The introduction of the Engagement Act requires NHS bodies to report against the Duty of Candour and Duty of Quality from 1 April 2023. During 2022/23, we developed an Implementation Plan, acknowledging that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements and we are continuing to develop our integrated governance systems, processes, and culture within the organisation to align with the Act.

### Putting Things Right

We welcome concerns (incidents, complaints and claims) as a way of improving the services and programmes we provide. We accept that we do not always get things right and sometimes fail to meet your expectations. When this happens we are committed to doing what we can to put things right and learn from complaints so the same thing does not happen again. As such, we have systems in place for recognising when things go wrong, investigating why problems happen and making changes if appropriate. Feedback and learning is important to us as it gives us the opportunity to improve and add to our services and programmes. Also, it is important that people feel that they have been heard and treated with respect, and that they receive an open, honest and prompt response to their concerns. We continue to manage concerns under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulation 2011, commonly called 'Putting Things Right'.

In 2022-2023, we received 30 formal complaints, a reduction of 54 from 21/22 (-64%). The two most common themes were:

- *Communication Issues* – Some examples include issues with appointment letter and Welsh Language statements
- *Appointments* – Including dissatisfaction with appointment delays, locations, and cancellations



## Learning and Areas for Improvement

**Dissatisfaction with the Welsh Language sentence required and included on all screening invitation letters**

• The concerns were reviewed by the Welsh Language and Public Information Groups and revised wording is now being considered for organisational roll-out.

**A complaint was received about a screening clinic not opening on time. Staff were also waiting outside for the clinic to open due to rota confusion**

• Multiple rotas have been combined into a single rota so that it is clearer to see who is opening and closing each day. This action has also been implemented into other screening sites to prevent re-occurrence at another venue.

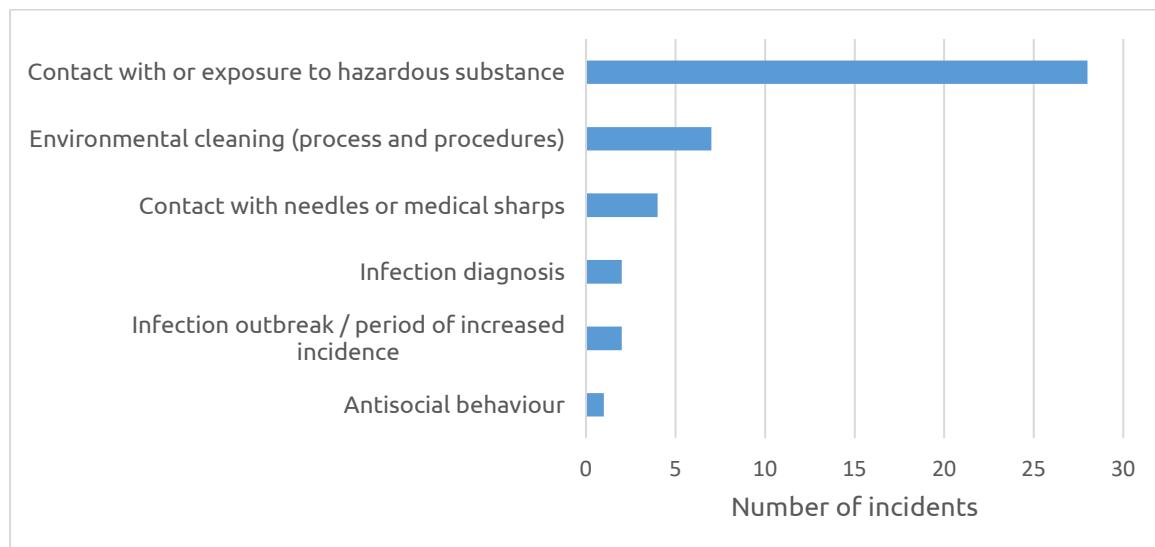
**A complaint was received regarding the location and accessibility of a screening site that is not owned by Public Health Wales**

• Communication with service user has been improved to better prepare them for accessing the site. The site is managed by the local health board and their Estates Team are now working with us to improve signage and complete a new risk assessment for the venue.

## Infection Prevention and Control (IPC)

We reported a total of 57 infection prevention and control incidents between 1 April 2022 and 31 March 2023. The Chart below shows the number of incidents reported in each sub-type.

*Infection Prevention and Control Incident sub-types recorded on Datix (April 2022-March 2023)*



## Learning and Areas for Improvement

### 'Contact with or exposure to hazardous substances', 'contact with object or animal' and 'Needlestick injuries'

The data shows a number of incidents relate to contact with, or exposure to, hazardous substances, particularly within the Microbiology laboratories, resulting in the updating of the Sharps Injury Policy which will provide greater clarification on the types of incidents and Datix coding.

## Quality and Clinical Audit

We have taken a risk-based approach to quality and clinical audit, with a 30% increase in the number of audits completed during 2022/23. There was also a 200% decrease in audits being deferred, which is a significant improvement from 2021/22. Greater emphasis and oversight will be given to the completion of audit reports in 2023-24.

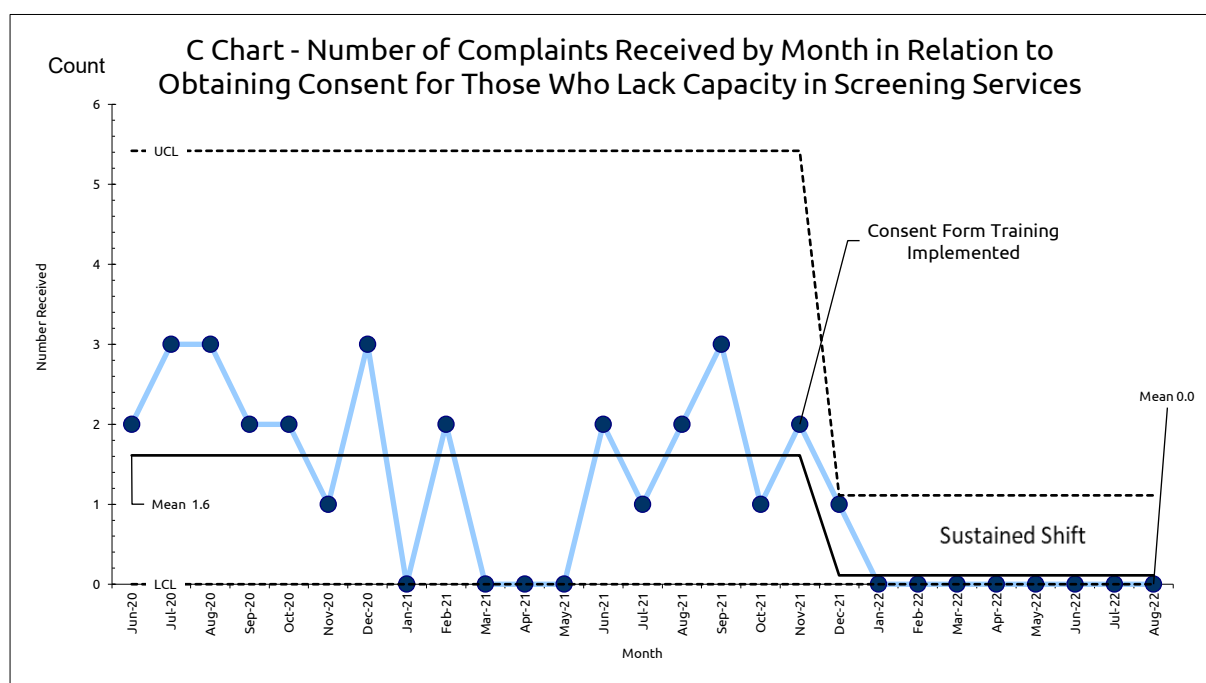
	2022-23	2021-22
Completed audits	23	16
Audit report received	11	14
Number of audits deferred to next reporting year	2	6
Number of audits progressing but delayed at year-end	6	4

Based on the Audit Wales recommendations from 2021, three key improvement quality and clinical audit initiatives were developed focusing on: Quality Assurance in the Audit Process; Learning from Audits and Developing a Risk Based Approach to Audit.

## Corporate Safeguarding

### Improving Consent for Public Health Wales Participants Accessing Abdominal Aortic Aneurysm Screening Who Lack Capacity

We led an innovative quality improvement project for obtaining consent for participants attending screening programmes who lacked capacity. The implementation of this process resulted in a marked reduction in complaints relating to screening being declined for participants lacking capacity.



The data in the chart above shows that this improved process produced a change, improving patient experience for a vulnerable client group and leading to the development of a procedure for obtaining (and recording) consent to screening which was approved by the Board.

#### Learning and areas for improvement:

- ❖ Building key relationships with staff is critical to effective engagement
- ❖ Quality Improvement can start with a set of measures that can be built upon
- ❖ Analysis of information gives the narrative required to communicate your story
- ❖ Leading an improvement project requires sustained motivation and drive to keep on track



## 7.6 Foundational economy

The foundational economy is the part of our economy that creates and distributes goods and services that we rely on for everyday life. There is a significant opportunity for the NHS to become an 'anchor institution' and positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. Understanding our role in relation to this, as both the National Public Health Institute for Wales and an organisation in our own right, has been a key driver in both our Long Term Strategy and our strategic plan.

In 2022/23 we have undertaken work in support of the wider system and by embedding the foundation economy principles within our approach to value and innovation. In addition, during 2022/23 we have sought to embed the foundational economy principles in our strategic decision making processes to ensure that they are considered when making decisions and changes to our services.

Key achievements during 2022/23 include:

- ❖ We have worked with the World Health Organization to develop NHS Wales footprint analysis and inform NHS Wales' foundation economy approach.
- ❖ We have undertaken a number of estates developments across Wales bringing economic benefits to the local communities and also embedding the principles of the Circular Economy in our developments. Developments include new Screening Hubs in Mountain Ash and North Cardiff and redevelopment of our North Wales estate through the Our Space 3 programme.
- ❖ We have adopted a procurement approach utilising social value criteria as a part of the evaluation methodology which has resulted in us awarding contracts to a number of Welsh SME's and social enterprises.
- ❖ We are actively participating in The Government's Kickstart Programme which provides funding to employers to create jobs from 16-24 years olds in receipt of universal credit, enabling young people from lesser privileged backgrounds have an opportunity to gain work-based experience.
- ❖ We have recruited a number of apprentices and are further developing and improving our approach to recruiting and utilising apprentices so that our model not only provides opportunities for young people, but also builds career pipelines in some of our critical roles.
- ❖ As an anchor organisation we have great potential to further support and promote the Foundation Economy and we will continue to build on our achievements in future through the delivery of our long term strategy and strategic plan.

## 7.7 Sustainability

Wales is one of the only countries in the world to have pioneering legislation that requires public bodies to improve the social, economic, environmental and cultural well-being of Wales. This means that Public Health Wales and other bodies have to think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

This means making links between public health and the health of our planet; understanding that the climate crisis is also a health crisis, with connections to how we address poverty and inequality.

The Well-being of Future Generations Act enables us to find solutions to these challenges in a way that will deliver benefits to people's health and the environment. It will help us to create a Wales that we all want to live in, now and in the future. Our 'Health and Sustainability Hub' continues to support action, build capacity, inspire and educate. Additional information on our key deliverables in 2022/23 can be found in the Well-being of Future Generations Report.

In line with Welsh Government guidance, we will be publishing a separate Sustainability Report on the Public Health Wales [website](#) once finalised data is available in September 2023.

## 8. Conclusion and Forward Look

Our progress in delivering our key strategic themes in 2022/23 is a great achievement for the organisation and reflects the exceptional work of our staff in an extremely busy and challenging time in Wales. Alongside the delivery of our key priority themes for 2022/23, we have been developing our new [Long Term Strategy](#) and associated Strategic Plan, Financial Plan and Budgetary Control Framework for 2023/24. We have developed these through our integrated approach to planning, which aims to align delivery of our priorities within finance and workforce requirements. The Plan has been developed in line with our statutory requirements and Welsh Government guidance.

Our Strategic Plan for 2023 – 2026 sets out the actions that we will deliver over the first three years of our new strategy, Working Together for a Healthier Wales 2023-2035. In particular, the first year of our plan will be a year of change as we transition into the delivery of our six new strategic priorities. This will involve us demonstrating an unwavering focus on ensuring that we are deliver maximum value and impact for our population within each priority.

We know that the challenges that we face as a country are stark. The COVID-19 pandemic has had profound effects on the people of Wales, which will continue to be felt for years to come. This includes not only the direct health impacts but also the broader and longer-term implications for our health and well-being. The pandemic has also had wider socio-economic consequences that have been felt unequally across our society and disproportionately affected those who already had the greatest health and social needs. Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health.

This has highlighted, once again, the profound interdependence between population, societal, economic and environmental well-being. These inequalities are likely to be further negatively impacted in the coming years as a result of the current cost of living crisis. This will be a long term public health issue, which will affect the whole population and exacerbate existing health inequalities. We also know the impact these challenges, particularly the pandemic, have had on the wider health and social care system. The pressure on the NHS and social care is significant and will require the collective efforts of a range of partners to address the issue over the coming years.

However, we have seen the power and impact that we can have when we mobilise our collective efforts and expertise. Wales has a proud history of community and collaboration. As a country, we have seen the improvements that can be realised at scale through embracing innovation, technological developments and our commitment to collaboration. The Well-being of Future Generations (Wales) Act (2015) provides the enabling legislative driver to enable us to take a long term preventative approach focused on involving the public, collaborating with our

partners to deliver integrated solutions as we tackle the challenges that we face today and tomorrow.

In developing our new strategy, we have focused on where we, as Public Health Wales, can add most value for the people of Wales. We have also focused on how we enable and drive the delivery of our plan through embracing more agile and data driven approaches, along with adopting innovation where possible, placing users at the heart of what we do and embedding quality improvement. We will use a range of methods and tools to support this approach. We will enable the delivery of our strategy and strategic plan through focusing on maximising the use of digital, data and evidence to improve population health, ensuring that we are delivering value and impact, making Public Health Wales a great place to work and creating the conditions so that we are able to continuously improve and learn.

As we begin to implement our strategy, we recognise that we are operating within a volatile and changing environment. We therefore need to demonstrate an ability to dynamically respond to new and emerging threats and opportunities. As a learning organisation, we will embed research and evaluation into everything we do to ensure that we are delivering maximum value and impact. This will see us prioritise those areas where we can have greatest impact and flex to respond to emerging issues.

## 9. Well-being of Future Generations Act (Wales) 2015

### 9.1 An enabling framework



The Wellbeing of Future Generations (WFG) Act remains pivotal to helping us to work towards a Wales where all people enjoy longer, healthier lives and have fair and equal access to the ['essential conditions'](#) that lead to good health and well-being, now and for future generations.

The WFG Act is our framework for how we work and what we do, and as such our strategic priorities are also our wellbeing objectives, shaping our organisation's work going forward to 2035.

We know that a healthier and more equal Wales can only be achieved if we make progress on all seven goals. We also know that a collaborative and integrated approach to working with partners, involving citizens, which considers the long-term, with an emphasis on prevention and public health, is essential if we are to address both current and future challenges in Wales. That is why we continue to use the Act to apply a future generation 'lens' to shape what we do as an organisation and as part of the wider system to protect and improve health.

Public Health Wales continues to identify areas of our work which exemplify the sustainable development principles and where we can maximise our contribution towards the well-being goals. Recent examples include:

- ❖ The [Welsh Health Equity Status Report Initiative](#) (WHESRI) provides an up-to-date dynamic picture of health inequities, their burden, determinants and related policies in Wales, in order to inform solutions and investment prioritisation, as well as to facilitate a joint cross-sector whole-of-government, whole-of-society policy dialogue and action towards a Healthier, More Equal and Prosperous Wales.
- ❖ The report ['Circular Economies and Sustainable Health and Well-being: The public health impact of public bodies refocusing on waste reduction and reuse in Wales'](#) details how implementing policies to reduce and re-use waste, alongside recycling schemes will have possible significant positive impacts on health and well-being for the whole population of Wales. These include contributing to tackling the climate emergency and thereby reducing air pollution, reducing risk of extreme weather events, increased sustainable production of food and improved mental health and well-being.
- ❖ For our staff, the 'Work How it Works Best' initiative takes forward the best sustainable ways of working from our past and present and co-create a great place to work and support health, wellbeing, welfare and resilience.



- ❖ As part of our workforce planning, we ask managers to consider long-term trends and the skills they will need for the future. We also actively manage our estates, with staff involvement, to ensure they better enable collaborative, integrated working and reduced environmental impact.
- ❖ In June 2022, the Minister for Health and Social Care launched the [Greener Primary Care Wales Framework and Award Scheme](#). It supports community pharmacy, dental, optometry and general practice to improve the environmental sustainability of their day-to-day practice and reach decarbonisation targets. During the first year we have seen over 100 teams register and 35 achieve an award.
- ❖ In 2022, we published a guide [“Delivering fair work for health, well-being and equity”](#) intended to support agencies in their existing efforts to improve health, well-being and equity through inclusive participation in fair work.
- ❖ In November 2022, we published a guide [Improving health and wellbeing: A guide to using behavioural science in policy and practice](#) in collaboration with the Centre for Behaviour Change at University College London. It is framed through the lens of the well-being goals and highlights how behavioural science can contribute to each way of working. We have also published a guide [Responding to the climate crisis: applying behavioural science](#).

In light of the challenges that Wales is facing now and in the long-term, the review of our long-term strategy in 2023 allows us to formally assess our existing priorities, including engaging with our key partners and stakeholders, to ensure that our future focus and action is having the biggest impact and delivering maximum value for the people of Wales. The WFG Act has been applied to empower our staff to help shape the development of our strategy and integrates with priorities of the wider system, to ensure it is fit for purpose and effectively addresses pressing public health challenges.

Climate change is recognised as the most significant global threat that we face and urgent action is needed to combat both the climate and nature emergencies. In response, Climate Change has been identified as a strategic priority in our revised long-term strategy and a Programme Board has been established to provide oversight and direction.

## 9.2 Health and Sustainability Hub (The Hub)



Set up in 2016, The Health and Sustainability Hub maximises opportunities to improve health and well-being and reduce inequalities whilst reducing our impact on the planet. The Hub supports Public Health Wales staff to maximise their contribution towards each of the national well-being goals, and in applying the five ways of working, to become an exemplar, championing and sustainable organisation.

The Hub works closely with, and in support of, the wider NHS, other public bodies and cross-sector stakeholder organisations to support system change and strengthen the impact of the Act on public health, planetary health and sustainability. In 2022/23, the Hub has focussed its work on supporting action, building capacity, inspiring and educating to empower change.

The Hub is supporting the organisation to strengthen the ways of working in line with the WFG Act. Translating the goals of the WFG Act into everyday normal practice is heavily reliant on the way we, as an organisation, develop our strategies and plans, how we create the right structures, policies and processes and how we lead, communicate and involve our staff and partners, so that we work together towards a common purpose.

Recent examples of some of the Hub's work in line with the Sustainable Development Principle are highlighted below. We recognise that the Five ways of working are mutually reinforcing.

## 9.3 Sustainable Development Principles (Five ways of working):



### Involvement

The Hub coordinates the Internal **Green Advocates Network**, established in March 2021, with now over 100 members who come together to meet for informal quarterly lunchtime sessions, enabling discussion, learning and action at an individual and team level. Recent discussions have included climate change, biodiversity, active travel and sustainable nutrition.

We are building on the knowledge of the [Climate Change and health in Wales: Views from the public](#) report to ensure we listen and learn from the population to help find acceptable effective solutions.

We have developed 'Resources for Sustainable Health' e-catalogue bringing together the range of online resources and toolkits produced by the Hub aimed at engaging, inspiring and helping organisations and individuals to consider the natural environment and the health of the planet and people in everything they do.



### Collaboration

We continue to work in partnership with internal and external partners to help us harness a collective benefit in delivering the well-being objectives.

We continue to share learning within our partnerships such as with Welsh Government, The Future Generations Office, Centre for Sustainable Healthcare, Health Education and Improvement Wales (HEIW), Natural Resources Wales (NRW), Green Health Wales, public health teams and Health Boards, Sustainable Development Coordinators Cymru Plus (SDCC+), Sustrans, Cardiff University and Faculty of Public Health and more.

The Hub is collaborating with staff exploring how the Sustainable Development Principle can enable individuals, teams and the organisation to interpret the ways of working so that they are "real" in their everyday work and thinking and are connected to the definitions in the legislation.





## Prevention

To prevent long-term challenges such as climate change getting worse, the Hub has contributed to the development of the Climate Change strategic priority.

The Hub has been supporting progress against the charter commitments including promoting active and sustainable travel as part of the [Healthy Travel Charter](#) Day in September 2022.

Over the last three years Public Health Wales has:

- ❖ Promoted our cycle to work scheme and healthy travel options to all staff.
- ❖ Put in place cycle-friendly facilities such as storage and showers.
- ❖ Supported agile working.
- ❖ Installed eight electric vehicle charging points across Wales.
- ❖ Explored low emission vehicles for our fleet and public transport discounts.
- ❖ We're also establishing a network of Healthy Travel champions to help us promote healthy travel across Wales.

Inspired by Wales' well-being goals, the "[Be the Change](#)" toolkit for public bodies and a series of e-guides provides sustainable steps that all staff can do, regardless of role. These aim to encourage individuals and teams to embrace ways of working and living that will improve health and well-being, reduce emissions and waste, tackle climate change and improve our lives now, and the lives of future generations. The Hub has developed a package of options for training and capacity building opportunities to engage Public Health Wales colleagues to support awareness and understanding of climate change, sustainability and reducing emissions. This highlights simple actions everyone can take, to prevent problems occurring in the future or getting worse.



## Integration

Given the climate crisis we are facing, and the interconnections between planetary and human health, the Hub has been supporting a range of activities to progress Public Health Wales's work on decarbonisation.

We have supported the development of the **Public Health Wales's Decarbonisation Action Plan** and created a [Cutting your carbon emissions](#) infographic to highlight how people can take actions to reduce carbon emissions in work and at home.



In 2023, we have published an updated [Biodiversity and Resilience of Ecosystems Duty Report](#) outlining the steps Public Health Wales is taking to promote biodiversity, highlighting progress made between 2019 and 2022 including against actions identified in our Biodiversity Action Plan, Making Space for Nature.

Public Health Wales and Natural Resources Wales (NRW) have recently re-established a **Memorandum of Understanding (MOU)** originally signed in 2020. It will add value to existing ways of working and support a joint approach to the delivery of biodiversity targets. It will ensure that people's health is considered in NRW's work looking after Wales's environment and equally, natural resources are understood and considered in Public Health Wales' decisions and developments.



### Long-Term

The Hub champions sustainability to ensure that together we can reduce and mitigate the climate change effects on social and environmental determinants of health now and in the long-term.

The Hub continues to support teams within Public Health Wales to use the [SIFT Healthy Environment](#) workshop, which supports team planning to identify and reduce negative impacts on the environment and climate change.

To support the Decarbonisation agenda, the Hub secured Welsh Government funding to undertake a research project to reduce single use plastics, high waste streams, PPE and associated emissions within Public Health Wales' laboratories, with a focus on the Microbiology Service area.

The Health and Sustainability Hub have been working with external environmental consultants to calculate the carbon footprint for 2020/2021 as part of a wider research project to assess the impact of the COVID-19 pandemic on Public Health Wales' Carbon Footprint.

## 9.4 Next Steps

Public Health Wales continues to work to embed the culture change required to implement the Act successfully. We have identified further opportunities to increase awareness and understanding of individuals and team roles and contributions to the Act; strengthening our multi-agency working to develop longer term, collaborative projects and focusing on health inequalities, and the social, cultural and economic aspects of sustainability, whilst continuing our work on environmental sustainability.

Further information on the Health and Sustainability Hub including additional resources is available at: <https://phwwhocc.co.uk/teams/health-and-sustainability-hub/>

# Section 2

# Accountability Report

# Section 2: Accountability Report

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### Accountability Report Introduction

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- ❖ Director's Report
- ❖ Statement of Chief Executive's Responsibilities as Accountable Officer
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- ❖ Annual Governance Statement

#### Part B: Remuneration and Staff Report

#### Part C: Parliamentary Accountability and Audit Report

- ❖ The Certificate and Independent Auditor's report of the Auditor General for Wales to the Welsh Parliament

## Introduction

The Accountability Report is part of a collection of reports, which form the Public Health Wales's Annual Report and Accounts.

The Accountability Report is intended to demonstrate how we have met the key accountability requirements to the Welsh Government.

The requirements of the accountability report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The Accountability Report consists of the following main parts:

**Part A: The Corporate Governance Report:**

This Corporate Governance Report explains the composition and organisation of our governance structures and how they support the achievement of Public Health Wales objectives.

**Part B: The Remuneration and Staff Report:**

The Remuneration and Staff Report contains information about senior managers' remuneration. It details salaries and other payments, our policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, it also contains staff information with regards to numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

**Part C: Parliamentary Accountability and Audit Report:**

The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the Certificate and Independent Auditor's report of the Auditor General for Wales to the Welsh Parliament.



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Part A: Corporate Governance Report

## Public Health Wales Directors' Report 2022/23

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

Requirement	Cross-Reference
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 Appendix 1 in the Annual Governance Statement.
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 Appendix 1 in the Annual Governance Statement.
The names of the directors forming an audit committee or committees.	See Appendix 1 in the Annual Governance Statement.
Details of company directorships and other significant interests held by members of the management board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the <a href="#">Register of Interests 2022/23</a>
Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See <a href="#">Section 11.9</a> of the Annual Governance Statement.
Information on environmental, social and community issues.	See <a href="#">Section 11.6</a> of this the Annual Governance Statement.
As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	



## Statement of Chief Executive's Responsibilities as Accountable Officer

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer of Public Health Wales.

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.

The Accountable Officer is required to confirm that, as far as he or she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

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

### Signed:

Chief Executive  
July 2023

Tracey Cooper

Date: 27

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

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

In preparing those accounts, the Directors are required to:

- ❖ Apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- ❖ Make judgements and estimates which are responsible and prudent
- ❖ State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

### By Order of the Board

#### Signed:

Chair:	Jan Williams	27 July 2023
Chief Executive:	Tracey Cooper	27 July 2023
Director of Finance:	Huw George	27 July 2023

# Annual Governance Statement

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## 1. Introduction

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which forms part of the Annual Report and Accounts for 2022/23.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2022/23 and the extent to which we complied with our own governance requirements.

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

The Audit and Corporate Governance Committee (ACGC) considered the draft for submission at its meeting on the 10 May 2023. This final version was presented to the Committee on the 14 July 2023 for recommendation to the Board for approval on the 27 July 2023. The Board approved this Statement for submission to Welsh Government at a Board meeting on the 28 July 2023

## 2. Scope of Responsibility

As Chief Executive of Public Health Wales, I have responsibility for ensuring that effective and robust governance arrangements are in place, a sound system of internal control that supports the achievement of the organisation's Long Term Strategy exists and the safeguarding of public funds and the organisation's assets. These are carried out in accordance with my Accountable Officer responsibilities allocated by the Director General for Health and Social Services in the Welsh Government.

I have personal overall responsibility for the management and staffing of the organisation and 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.

This Annual Governance Statement demonstrates the mechanisms and arrangements in place to ensure the effective governance systems in place during this time, in the context of challenges we face as an organisation.

### 3. Governance Framework

The Public Health Wales Board is accountable for setting the strategic direction of the organisation and assurance in relation to governance, risk management, and internal controls in the organisation. The Chief Executive (and Accountable Officer) of the organisation has responsibility for maintaining appropriate governance structures and procedures.

In particular, the Board has responsibility for

- ❖ Setting the strategic direction
- ❖ Setting the governance framework
- ❖ Setting organisational culture and development
- ❖ Steering the risk appetite and overseeing strategic risks
- ❖ Developing strong relationships with key stakeholders and partners
- ❖ The successful delivery of Public Health Wales' aims and objectives.

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 as a unitary Board. In addition to their role as Board Members, Executive Directors also have responsibility for discharging Public Health Wales' corporate and public health functions.

Other Directors within the Executive team are also in attendance at Board meetings, as is the Board Secretary and Head of the Board Business Unit who supports the Board, and other staff as required.

In accordance with regulation 12 of the Regulations, Public Health Wales must agree Standing Orders (SOs) for the regulation of proceedings and business. We have adopted the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business.<sup>1</sup> They are 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.

The Board has adopted a [Board Etiquette](#), which sets out the behaviours and conduct expected of all Board members and attendees; as the Board/Committees enact their stewardship role and takes the lead in promoting the values and standards of conduct for the organisation and its staff.

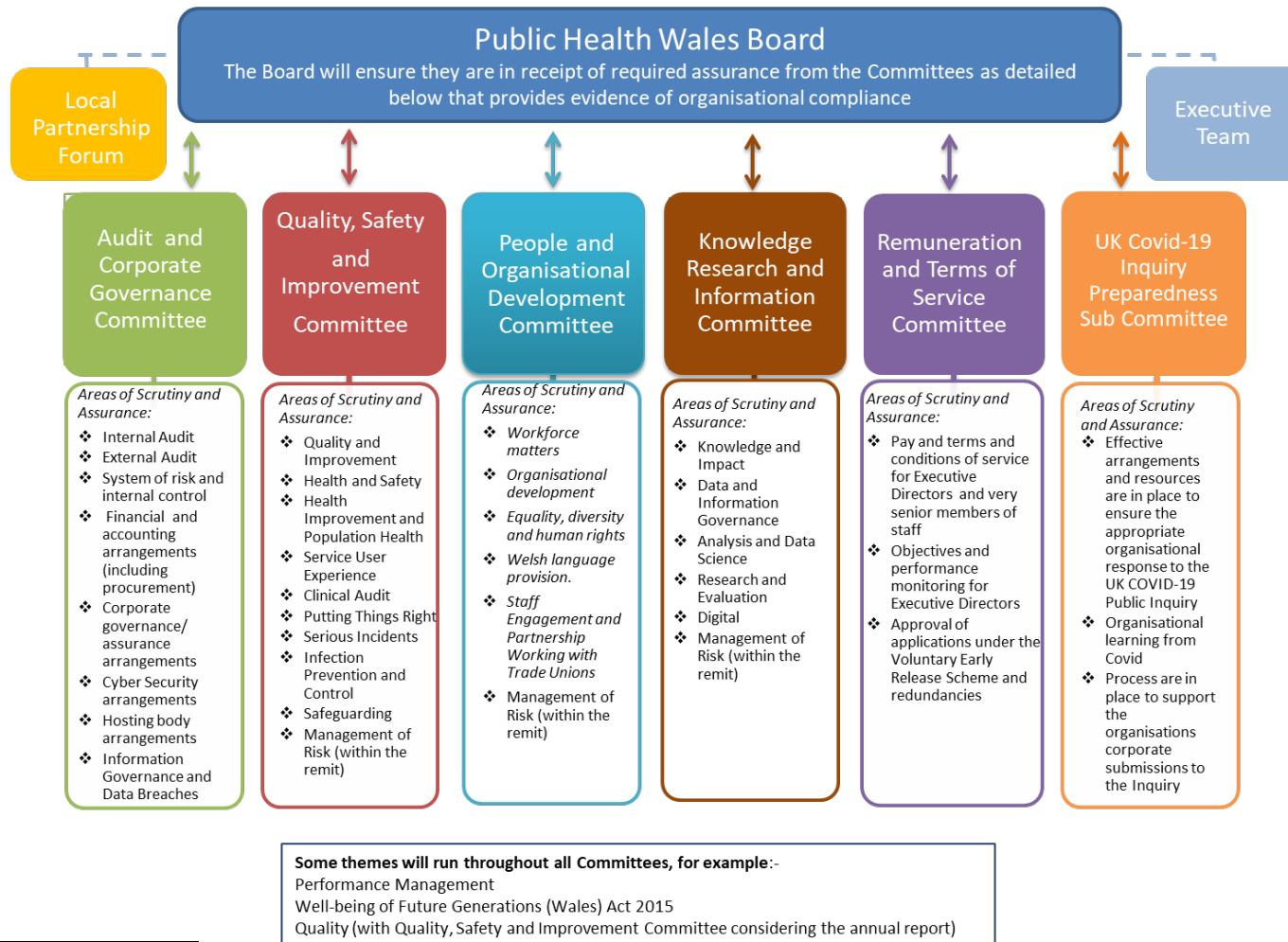
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<sup>1</sup> Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 6.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

The Board is committed to operating in as transparent, open, and accountable way as is possible. The [Protocol for Reserving Matters to a Private Board \(or Committee\)](#) was approved by the Board in May 2021, and further updated in September 2022, identify the different rationales that apply to material considered in private sessions. (See [Section 4.3](#) for further details).

This year we have maintained and demonstrated robust governance through the assurance role of our Board and Committees and the leadership of the Executive Team and other senior professionals across the organisation. **Figure 1** below outlines the Board and Committee structure in place this year.

**Figure 1: Board and Committee structure approved by Board in July 2018 and operational from 1 April 2019 (with some changes during the period of COVID-19<sup>2</sup>):**



<sup>2</sup> Between March 2020 to April 2021, the People and Organisational Committee did not operate due to COVID-19. Between March 2020 to November 2021 the Knowledge, Research and Information Committee did not operate due to COVID-19



## 3.1 The Board

The key business and risk matters considered by the Board during 2022/23 are outlined in this statement and further information can be obtained from the published meeting papers on our [website pages](#).

**Figure 2** outlines the dates of Board and Committee meetings held during 2022/23.

All the meetings of the Board in 2022/23 were appropriately constituted and quorate. Escalation arrangements are in place to ensure that, in the event of a Committee not being quorate, any matters of significant concern are brought to the attention of the Chair of the Board.

The Board held its Annual General Meeting on Thursday 29 July 2022. This was held in person and livestreamed on our website providing members of the public with the opportunity to access and engage in the meeting as it happened.

Meetings of the Board and its Committees are compliant with the Public Bodies (Admissions to Meetings) Act 1960.

Meeting of the Board and Committees are accessible to the public:

- ❖ Notification of Board meeting are published on the website in advance of the meetings.
- ❖ Agendas and reports are published 7 calendar days before the meeting on the website.
- ❖ Public Health Wales has continued to livestream all Board meetings during 2022/23. The video recording of the meeting is uploaded to the website as soon as possible following the meeting. A link to join the livestream of the meeting is included on the website. *(Note: Committee meetings are not livestreamed, only Board)*
- ❖ Minutes of the meeting are published in draft form as soon as possible following the meetings.
- ❖ Meetings in private are kept to a minimum, in line with the Protocol for meetings in private, and are reviewed annually.
- ❖ A summary of the private meeting is published at each meeting via the Board Private Session Chairs Report.

**Board meetings** were a blend of in person and virtual meetings during 2022/23; the Board agreed that from the November 2022 Board, meeting, the Board would meet in person where possible for both Board meetings, and Board Development Sessions.

**Meetings of the Committees** of the Board have met virtually during 2022/23 and are not currently livestreamed. In line with Board meetings, agendas and reports for these meetings are published on the website 7 days prior to the meeting, and draft minutes are published as soon as possible following the meeting.

The Board Work Plan ensures that the Board discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Board considers any additional items arising during the year.

In order to monitor progress and any necessary follow up action, the Board has an action log that capture all agreed actions. This provides an essential element of assurance to the Board that agreed actions are progressed and implemented.

## Variations to the Standing Orders

Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 6.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

**Figure 2: Board and Committee Meetings 2022/23**

<b>Board meetings:</b>						
26 May	14 June	28 July	29 Sept	24 Nov	26 Jan	30 Mar
<b>Quality, Safety and Improvement:</b>						
18 May	20 July	19 Oct	14 Dec	15 Feb		
<b>Audit and Corporate Governance:</b>						
5 May	14 June	13 Oct	19 Jan	16 Mar		
<b>People and Organisational Development</b>						
7 Apr	7 July	6 Sept	6 Oct	12 Jan	15 Mar	
<b>Remuneration and Terms of Service:</b>						
6 June*	14 Mar*					
<b>Knowledge, Research and Information</b>						
16 Jun	21 Sept	6 Dec	8 Mar			
<b>COVID-19 Public Inquiry Preparedness Sub Group</b>						
21 Sept*	22 Nov*					

\*Private only session

## 3.2 Board Activity

During the year, the Board has considered a number of key issues and taken action where appropriate, these are summarised below:

Board Assurance Framework	
Chief Executive's Report	<p>The Board received regular reports from the Chief Executive at each Board meeting, providing a summary of key organisational activity to update the Board. This included:</p> <ul style="list-style-type: none"> <li>❖ Changes to the Executive Team.</li> <li>❖ Summary of meetings such as Joint Executive Team (JET), meetings with Welsh Government Ministers and submissions to the Senedd (Welsh Parliament) Committees, meetings with partner organisations.</li> <li>❖ Regular updates on the UK COVID-19 Public Inquiry, including preparation within the organisation.</li> <li>❖ Updates on the establishment of the NHS Executive announced in <i>A Healthier Wales</i> in 2018 but delayed due to the COVID-9 pandemic.</li> <li>❖ Updates on key Organisational work such as winter planning preparations, the opening of a Screening Centre in Mountain Ash, refurbishment of Clwydian House, Wrexham and Disability Confident Leaders Renewal.</li> <li>❖ International meetings and engagement the World Health Organization (WHO), and updates on the work including Public Health Wales' WHO Collaborating Centre Re-designation extension.</li> <li>❖ Update on publication of relevant reports such as the report of the Independent Review of Health Protection in Wales, External Review of the Tuberculosis Outbreak centred around Llwynhendy, and Fair Work for Health, Well-being and Equity: release of a guide for local authorities, health boards and other regional and local agencies on improving health, well-being and equity through action on fair work.</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Updates on current organisational initiatives such as Cervical and Bowel Screening Programmes optimisation, implementation of our new Cervical Screening Information Management System, and update on our approach to the cost of living crisis and how we can support and help mitigate the implications of the cost of living crisis in Wales, Young Ambassadors Programme, and meetings with Universities exploring our respective activities, priorities and opportunities for collaboration.</li> <li>❖ Update on events hosted and attended, including Staff Conference Events, Asia Europe Foundation Event: The Role of Risk Communications in Pandemics jointly hosted a two-day international high-level meeting on The Role of Risk Communications in Pandemics, and Conference of the Parties (COP) of the United Nations Framework Convention on Climate Change known as COP27.</li> <li>❖ Update on Awards received, including: Swansea University Research and Innovation Award for our Microbiology Team recognition of their hard work and dedication throughout the pandemic, Our Research and Evaluation Team awarded the Health and Care Research Wales Impact Award and The Healthcare People Management Association (HPMA) Cymru Conference and Public Health Wales Award Winners.</li> </ul>
<p><b>Integrated Performance Report and Financial Report</b></p>	<p>The Board received the <a href="#">Integrated Performance Report</a> at each Board meeting, providing a summary of key information including performance highlights, trends, and issues. This was read in conjunction with the Performance and Assurance Dashboard, which highlighted the latest available performance in an interactive format.</p> <p>The presentation at Board meetings included updates from each of the Executive Leads to highlight any specific issues including Workforce, Finance, Operational Plan, Service Delivery and Quality.</p> <p>The <a href="#">Financial Report</a> outlined the revenue and capital position for Public Health Wales on a monthly basis together with year-end forecasts where appropriate.</p>

Public Health Dashboard	The Board considered the newly developed <a href="#">Public Health Dashboard</a> , which shared a range of public health information to inform the management of inequalities and the wider determinants of health, with particular focus on the cost of living crisis.
Risk	<p>The Board:</p> <ul style="list-style-type: none"> <li>❖ Regularly considered the <a href="#">Strategic</a> and <a href="#">Corporate Risk</a> Registers, and received assurance as part of the Committee's in depth consideration of the Risk register.</li> <li>❖ Considered and approved the <a href="#">revised risk appetite</a> descriptors for the Integrated Medium Term Plan (IMTP) Strategic Priorities in May 2022.</li> <li>❖ As part of the Long Term Planning progress, the Board also undertook a review of the Strategic Risks, and approved a revised Strategic Risk Register in March 2023. (<a href="#">See Section 5</a> for further details)</li> </ul>
Corporate Policies	The Board approved an updated <a href="#">Corporate Policies, Procedures and Other Written Control Document Policy</a> , and considered an <a href="#">annual update</a> on the current status of Policies within the organisations, including plans in progress to review and update those past their review date.
Young Ambassadors Programme	The Board considered the feedback from the Young Ambassadors residential event and approved the establishment of a Young Ambassadors Board Partnership Forum. The Young Ambassadors Board Partnership Forum reported to the Board following their meetings. (See <a href="#">section 3.2.6</a> for further details)
<b>Board and Committee Governance</b>	
Chair's Action and Affixing of the Common Seal	Where applicable, the Board received reports advising of any agreements that have required the affixing of the Public Health Wales seal, and also identifying any Chair's Actions that had been taken by the Chair of the Board, for ratification.
Protocol – Private Session	The Board approved an update to the <a href="#">Protocol for Reserving Matters to a Private Board (or Committee)</a> (See <a href="#">Section 4.3</a> for further details).
Committees of the Board: Report from Committee Chairs	At each meeting, the Board received a report from the Chairs of the Board Committees for assurance, summarising the activity of the Committees within that period. (See <a href="#">Section 3.2</a> for further details)

Committees of the Board Annual Reports 2021/22	The Board considered <a href="#">Annual Reports</a> from the Committee's for 2021/22, and took assurance that the Committees were fulfilling their terms of reference. <i>(Note: the Annual Reports for 2022/23 will be presented to the Board for assurance in May 2023)</i> (See <a href="#">Section 3.2</a> for further details)
Committee Terms of Reference Annual Review	The Board considered a review of the Committee's terms of reference and approved the proposed revisions. (See <a href="#">Section 9</a> for further details)
<b>Plans and Strategies</b>	
Strategic Plan (Integrated Medium Term Plan)	The Board considered and approved the Strategic Plan (Integrated Medium Term Plan) 2023 to 2036. (See <a href="#">Section 9</a> for further details)
Long Term Strategy	The Board considered and approved the <a href="#">Long Term Strategy 2023 to 2035</a> . (See <a href="#">Section x</a> for further details)
Financial Plan /Budgetary Control Framework	The Board considered and approved the <a href="#">Financial Plan /Budgetary Control Framework</a> .
Capital Programme 2022/23	The Board approved the planned <a href="#">capital expenditure</a> for 2022/23, including a proposed plan for Public Health Wales' discretionary capital funding, as well as a Public Health Wales' strategic capital replacement programme with regard to Breast Test Wales.
Improvement Cymru Strategy – 'Achieving Quality and Safety Improvement' (2021) Update on Progress	The Board considered an update on progress against the 2022/23 work plan, and were assured of the delivery of the NHS wide approved Improvement Cymru Strategy – ' <a href="#">Achieving Quality and Safety Improvement</a> ' (2021).
Tuberculosis (TB) Report and Action Plan	The Board considered a paper to the Boards of Public Health Wales and Hywel Dda University Health Board (H DUHB) with the completed <a href="#">External Review Report</a> into the management of the TB outbreak centred around Llwynhendy, Carmarthenshire, and to outline the findings and recommendations made by the external review panel. The paper also set out the <a href="#">action plan</a> for Public Health Wales and high-level action plan for HD UHB in response to the recommendations
<b>Topical / emerging issues</b>	

Approval of Annual Report and Accounts	The Board approved the Annual Report and Accounts for 2021/22 for submission to the Welsh Government, following review by the Audit and Corporate Governance Committee and auditing by Audit Wales.
Staff Networks Update Report	The Board considered an update on the requests to date that the Staff Networks have made to the Board within presentations during 2021/22.
Cervical Screening Wales Interval Change	The Board considered an update on the change made to the Cervical Screening Wales Programme in January 2022 to be in line with current UK National Screening Committee recommendations for participants aged 25 to 49 years who have a HPV negative result. The Board was assured that work was being taken forward to review, learn lessons and to implement a communication strategy to reassure the public about the change.
Update on COVID-19 and Other Incidents	The Board was updated on relevant updates.
Cost of Living – Strategic Presentation	The Board considered the approach to respond to the <a href="#">Cost of Living crisis</a> and supported the framework as the basis for a public health approach to the cost of living crisis.
Trauma-Informed Wales:	Consideration of a presentation on <a href="#">Trauma informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity</a>
<b>Strategic Partnerships and Joint working</b>	
NHS Wales	Judith Paget, Director General Health and Social Services Group/NHS Wales Chief Executive at the Welsh Government joined the meeting of the 26 January 2023, to discuss the key challenges facing health and social care in Wales and the role of Public Health Wales.
Welsh Government	Eluned Morgan, the Minister for Health and Social Services, joined the Board meeting in January 2023 for the discussion on the Public Health Wales Rapid Overview Dashboard.
	Welsh Government representatives joined the Board to give a presentation on the Duty of Quality and Duty of Candour on the 26 January 2023, both of which came into force from 1 April 2023. This presentation outlined the purpose of each Duty, summarise the responses to a recent consultation process and highlighted the key implications



Public Health Merit Award	The Board considered an update on the Public Health Merit Award scheme, which has been coproduced with partners in established youth organisations. The Board endorsed the approach of the Public Health Merit Award scheme and the co-productive approach taken throughout.
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## Private Board Sessions

The Board held a Private Board session alongside every public session in 2022/23 to consider business of a confidential nature, considering aspects of significant issues including:

Topic	Purpose
COVID-19 updates	To supplement the update provided to the Board in open session by providing sensitive information including emerging outbreak issues and contractual approvals.
Health protection reports (non-COVID-19) –	To update the Board on sensitive information about non COVID-19 health protection matters
Strategic risk Four (Cyber Security)	To provide updates and allow for consideration of the Strategic risk four (Cyber Security) in private session due to the sensitive nature of the risk.
Memorandum of Understanding of Improvement Cymru with	To endorse the Memorandum of Understanding document, explaining how Public Health Wales will discharge the Services of 'Improvement Cymru' during the period of transition to ensure full integration across all services of the NHS Executive under a mandate from the Welsh Ministers, effective from 1 April 2023.
Local Public health teams/Update on transfer and associated Memorandum of Understanding	The Board approved the Memorandum of Understanding (Part 1) document forming an agreement between Public Health Wales and the seven Health Board for the transfer of the Local Public Health Teams
NHS Executive Hosting Agreement	To approve the Hosting Agreement for the NHS Executive with the Welsh Government and the Memorandum of Understanding for the relationship with Improvement Cymru and the NHS Executive .



Public Inquiry	To supplement the update provided to the Board in open session by providing sensitive information relating to the public inquiry including, summary of decisions undertaken by the Covid -19 Public Inquiry Preparedness Subgroup in relation to the application for core participants status and other confidential matters governed by confidentiality undertakings to the Inquiry..
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A summary of all matters reported in private session is reported in the public session of the next meeting through the Chair's Report as a standing agenda item, for the purposes of transparency and accountability.

### 3.1.3 Board Development and Briefing Sessions

The Public Health Wales Board has a Board Development Programme in place, and meets at least six times a year as part of this programme.

The Board has considered its effectiveness and ongoing development throughout 2022/23.

During the year, the Board undertook a number of development sessions, topics included the following.

#### ❖ **Quality Improvement**

This session focused on the Quality agenda in Wales, Update on the Duty of Candour, Citizens Voice Body, Quality management, Quality as an organisational strategy, and the Improvement and Innovation Hub, including its progress next steps

#### ❖ **Risk Appetite**

Discussion on risk appetite and tolerance, exploring and agreeing the risk appetite for the IMTP Strategic themes, and considering the focus for an overarching risk appetite statement.

#### ❖ **Long Term Strategy**

The Board undertook several sessions on the Development of the Long Term Strategy, including early input into shaping the focus of the strategy, the objectives and the themes within this to help shape the proposition. The Board also considered early drafts of the emerging strategic proposition, including suggested future organisational priorities.

#### ❖ **AGILE and User Centred design**

An overview of three recent projects that had been trail-blazing the use of AGILE and user-centred design in Public Health Wales. This focused on what we learned from employing the technique for the discovery phase on diabetic eye screening, developing a rapid public health overview dashboard and user feedback on our research, knowledge and analytical products, and discussed how this could be further developed and these techniques and ways of working embedded across the organisation.

#### ❖ **Providing Leadership to Shape our Culture**

The Board reviewed the draft cultural narrative, ensuring it was aligned to the long term strategy. The Board explored a number of key questions including considering the type of culture needed to implement the refreshed Long-term Strategy and Quality as an Organisational Strategy

## ❖ **Climate Change**

The Board considered the challenges and opportunities of the climate and nature emergencies, and links to the public health agenda. The Board considered Public Health Wales could develop its narrative showing how solutions to the climate and nature crises would also result in improved public health outcomes, and linked to the current work around the Long Term Strategy priorities and how Climate Change was embedded within these.

The Board has also held sessions on:

- ❖ In addition to the Board Development Session listed above, the Board also held a separate session on the Long Term Strategy as part of the development of the strategy, to review an early draft and provide comment prior to finalisation.
- ❖ Strategic Risk Review, as part of the review of the strategic risks in the context of the Long Term Strategy.
- ❖ The initial findings from the review of Tuberculosis outbreak jointly commissioned by Public Health Wales and Hywel Dda University Health Board.

## 3.2 Committees of the Board

Public Health Wales has a range of Board Committees, which have key roles in the system of governance and assurance. The Board has five Board Committees established, whose purpose is to support the Board in the delivery of its role, the points below summarise the role of Committees:

- ❖ The organisation's activities are vast and complex: the Committees support the Board in covering the depth and breadth of the organisations activities.
- ❖ Committees have a defined role which allows for a higher / deeper degree of scrutiny on behalf of the Board
- ❖ Committees help ensure that the organisation operates effectively and meets its strategic objectives
- ❖ Provides the Board with assurance that this is the case, obtaining assurance that systems and controls are working as they were designed to do.

During 2022/23 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

In May 2022, the Board agreed to establish a COVID-19 Public Inquiry Preparedness Sub Group. The Sub-group's role is to provide independent assurance to the Board, that there are the appropriate and effective systems in place for areas within its remit, including delegation of decisions relevant to the participation of Public Health Wales in the Public Inquiry as well as ensuring that the appropriate development and quality improvements are captured. The Sub-group is anticipated to be time limited in line with the UK Public Inquiry lifespan.

With the exception of the Remuneration and Terms of Service Committee and the COVID-19 Public Inquiry Preparedness Sub-Group, papers and minutes for each meeting are published on our [website](#). Private Sessions of the Committees are held as required to receive and discuss sensitive or protected information. Business taken in private session is kept to a minimum.

The Committee Chairs report to the Board through a composite Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. This report is an overview of items considered by the Committee and highlighting any cross- committee issues / themes or items needing to be brought to the Board's attention. The Composite Chair's report and confirmed minutes are published with the Board papers. Committees operate in accordance to the [Protocol for Reserving Matters to a Private Board \(or Committee\)](#).

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

assessment of Board effectiveness. They also provide an additional opportunity to raise any areas or issues that require the Board's attention.

The Committee Work Plans ensure that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items arising during the year.

In order to monitor progress and any necessary follow up action, the Committees have action logs that capture all agreed actions. This provides an essential element of assurance to the Committees and from the Committees to the Board.

Each Board Committee has an Executive Director lead or leads who work closely with the Chair of each Committee and Board Secretary in agenda setting, business cycle planning and management of the Committee.

We have not established a Charitable Funds Committee, given that we do not have our own charity. We do have access to a fund administered by Velindre NHS Trust and the Deputy Chief Executive/Executive Director of Operations and Finance has delegated authority to manage this fund.

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

Public Health Wales has the following Committees in operation during 2022/23\*

<b>Committee</b>	<b>Chairperson</b>	<b>Committee Members</b>
<b>Audit and Corporate Governance Committee</b>	Dyfed Edwards, Non-Executive Director (until 27 February 2023) Nick Elliot, Non-Executive Director (from 28 February 2023)	Mohammed Mehmet, Non-Executive Director Kate Young, Non-Executive Director
<b>Quality, Safety and Improvement Committee</b>	Kate Eden , Vice Chair and Non-Executive Director	Diane Crone, Non-Executive Director Sian Griffiths, Non-Executive Director Nick Elliot, Non-Executive Director
<b>Knowledge Research and Information Committee</b>	Sian Griffiths, Non-Executive Director	Nick Elliot, Non-Executive Director Diane Crone, Non-Executive Director
<b>People and Organisational Development Committee</b>	Mohammed Mehmet, Non-Executive Director	Dyfed Edwards, Non-Executive Director (until 28 February 2023) Kate Young, Non-Executive Director Jan Williams, Board Chair (from 1 March 2023)
<b>Remuneration and Terms of Service Committee</b>	Jan Williams, Board Chair	All Non-Executive Directors Tracey Cooper, Chief Executive

Committee	Chairperson	Committee Members
<b>Covid Inquiry Preparedness Sub Group</b>	Jan Williams, Board Chair	Dyfed Edwards, Non-Executive Director, Chair of Audit and Corporate Governance Committee (until 28 February 2023) Nick Elliot, Non-Executive Director, Chair of Audit and Corporate Governance Committee (From 1 March 2023) Kate Eden, Vice Chair and Non-Executive Director Tracey Cooper, Chief Executive Huw George, Deputy Chief Executive and Executive Director of Operations and Finance

*(Information on the attendances of Committee Members and Executives for the Committees this year is contained within the summary of Board Attendances in Appendix 1)*



### 3.2.1 Audit and Corporate Governance Committee

During 2022/23, the Committee met five times and was quorate on all occasions.

The Committee’s remit covers the following areas:

- ❖ Internal Audit Function
- ❖ External Audit Function
- ❖ System of risk and internal control
- ❖ Financial and accounting arrangements (including procurement)
- ❖ Corporate governance and assurance arrangements
- ❖ Cyber Security arrangements
- ❖ Hosting body arrangements
- ❖ Information Governance and Data Breaches

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. The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders. The Committee considered the following items:

Internal Audit	Took assurance from regulate updates from internal audit, and considered all Internal Audits listed in for <a href="#">Section 12.1</a> , for assurance.
	Took assurance from of the overall assessment and Opinion from the Head of Internal Audit for the 2021/22 year.
External Audit	Audit Wales (AW) provided the Committee with regular progress reports on any external audits, including the Structured Assessment for 2021 and the Annual Report summarising the audit work undertaken during 2022.

Audit (internal and external) Action Log	Took assurance on progress on the implementation of actions and to approve any closure of actions or amendments to timescales.
Counter Fraud	Took assurance on the effective management of Counter Fraud issues within the Organisation, the Committee receives an update at each meeting.
Financial Reporting	Considered Quarterly Losses and Special Payments Reports, and Quarterly Procurements Reports to assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs).
	Considered updates for assurance on the financial position of the organisation.
	Approved of the annual bad debts and claims abandoned for 2022/23.
Governance and Accountability	Took assurance on the implementation of the Standards of Behaviour Policy.
	Took assurance that the process for recording and monitoring the organisations compliance with WHCs was being managed effectively.
	Took assurance from the Self-Assessment 2022/23 – Compliance against the Governance in Central Government Departments: Code of Practice 2017.
	Took assurance on the prioritisation and progress being made to review policies and procedures within the remit of the Committee.
	Approved Policies within its remit.
Information Governance	Took assurance from the Quarterly Information Governance Performance Report that the Information Governance Management System was working effectively
	Took assurance on the progress and learning from data breaches.
Cyber Security	Took assurance on the organisation’s management of Cyber Security issues via Bi-annual updates as well as specific deep dives.
Annual Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees.
Terms of Reference Review	Annual review of the Committee’s terms of reference for a recommendation to the Board for any changes required.
Committee Work Plan	To plan the Committee’s focus for the following year, and to approve a work programme.

Annual Accounts and Accountability Reports	Took assurance that the arrangements were in place to produce the Annual Report in line with requirements for 2022/23.
	The Committee received the Accountability Report and the Annual Financial Statements and Accounts for 2022/23 in draft in May 2023 and final in July 2023, for approval prior to submission to Audit Wales and Welsh Government.
	The Committee received the Accountability Report and the Annual Financial Statements and Accounts for 2021/22 in draft on May 2022 and final in June 2022, for approval prior to submission to Audit Wales and Welsh Government.
Hosted Bodies	Took assurance from the hosted Finance Delivery Unit: Annual Assurance Statement and the hosted NHS Wales Health Collaborative Annual Assurance Statement that the hosted bodies had complied with the hosting arrangements.
Strategic and Corporate Risks	Took assurance that Strategic and Corporate Risks within the remit of the Committee were being appropriately managed, and took assurance on system of management of risks within the organisation.
	Took assurance from the Annual Review of Risk that the organisation has the appropriate plan in place to manage risk within the organisation.

### 3.2.2 Quality, Safety and Improvement Committee

The Quality, Safety, and Improvement Committee met five times during 2022/23 and was quorate on all five occasions. The 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.

In May 2020, the Committee increased the frequency of meetings during this period to one meeting approximately every eight weeks (where it was possible to do so) to allow for appropriate and timely activity. An increased frequency has continued since then to ensure appropriate time allocated to consider quality and safety matters.

The Committee's remit covers the following areas:

- ❖ Quality and Improvement
- ❖ Health and Safety
- ❖ Health Improvement and Population Health
- ❖ Service User Experience
- ❖ Clinical Audit
- ❖ Putting Things Right
- ❖ Serious Incidents
- ❖ Infection Prevention and Control
- ❖ Safeguarding
- ❖ Management of Risk (within the remit)

The Committee undertook further scrutiny of the following areas during 2022/23:

<b>Quality and Candour</b>	Considered updates on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales. The Committee took regular assurance on the Organisation's approach to successfully implement and comply with the legislative requirements of Duty of Quality and Candour.
	Took assurance on the approach to develop and implement the <a href="#">Innovation and Improvement</a> hub in Public Health Wales.
	Took regular assurance on the effective management of Putting Things Right (Incidents, Complaints, Redress, Claims and Compliments) via quarterly reports, as well as an annual report for <a href="#">2021-22</a> .
	Took assurance that the <a href="#">Health and Care Standards</a> self-assessment process had been completed for 2021-22 and noted the overall organisational position. The Committee noted the future direction of Health and Care Standards, following the introduction of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
	Noted the <a href="#">update</a> on the revised approach to reporting requirements for the Annual Quality Statement 2021/22.
<b>Safeguarding</b>	The Committee approved the Organisation's Safeguarding Annual Report <a href="#">2021/22</a> and noted the revised terms of reference for 2022/23. Took assurance from a mid-year update on Safeguarding, on the arrangements in place and progress on the delivery and implementation of safeguarding plans to enable Public Health Wales to fulfil its statutory responsibilities. Took assurance on the Safeguarding Maturity Matrix self-assessment and improvement plan to promote and monitor the welfare of children, young people and adults at risk.
<b>Medical Devices</b>	Took assurance on the arrangements for medical devices management through regular Committee updates.
<b>Health and Safety</b>	Took assurance that appropriate measures were in place to monitor compliance with health and safety regulations and incident reporting, and to address areas identified for improvement via quarterly health and safety reports. The Committee approved the <a href="#">Health and Safety Terms of Reference</a> and Work plan for <a href="#">2022/23</a> .

<b>Clinical Governance</b>	<p>Took assurance on the Quality and Clinical Audit Plan Annual Report for 2021/22, approved the Quality and Clinical Audit Plan 2022/23, and later took assurance on the progress of the plan.</p> <p>Took assurance from a deep dive of the management of Quality and Clinical Audit within the Organisation.</p>
	<p>Took assurance on the progress of the development of the Public Health Wales Clinical Governance Framework.</p>
	<p>Approved the Public Health Wales Infection Prevention and Control Annual Report for <a href="#">2021/22</a> and noted the revised terms of reference for 2022/23. The Committee took assurance throughout the year that Public Health Wales was meeting its IPC responsibilities.</p>
<b>Incidents and Alerts</b>	<p>Took assurance on the governance and implementation arrangements of the <a href="#">Once for Wales</a> Concerns Management system, which included the successful implementation of phase one.</p>
	<p>Took regular assurance that an effective management system for distribution, monitoring and record keeping for alerts / safety notices was in place.</p>
	<p>Took regular Claims and Redress updates, including lessons learnt and took assurance that the claims were being managed in line with Claims Management Policy and Procedure.</p>
<b>Deep Dives</b>	<p>Took assurance from a detailed <a href="#">presentation</a> on the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Programme.</p>
	<p>Took assurance from a detailed presentation on the work of the Health and Wellbeing Directorate, which included an overview of the key programmes delivered.</p>
	<p>Took assurance from a deep dive into the progress of the Organisations approach to Engagement and took assurance on the progress with the implementation on the Year 2 Implementation Plan for <a href="#">‘Our Approach to Engagement’</a>.</p>
<b>Service Delivery</b>	<p>The Committee considered regular updates on the recovery of the Organisation’s screening programmes due to the impact of the pandemic, taking assurance that the recovery of the screening programmes were progressing, the work underway to recover the remaining programmes, and the future development of screening programmes. The Committee also considered a cervical screening campaign <a href="#">update</a> following a change to the routine interval in the cervical screening programme, and took assurance on the work undertaken as part of the communications campaign to rebuild trust in the safety and effectiveness of the cervical screening programme in Wales.</p>

	<p>Took assurance on winter planning within the Health Protection and microbiology services for 2022/23.</p> <p>Considered <a href="#">updates</a> against the establishment of the Office of the Medical Director.</p> <p>Took assurance on the effectiveness of <a href="#">the internal influenza vaccine campaign delivery for 2021/22</a>.</p>
<b>Emergency Planning and Business Continuity</b>	<p>Took assurance from the Organisation’s Emergency Planning and Business Continuity annual report for both <a href="#">2021</a> and 2022, and took assurance in relation to the Organisation’s compliance with the requirements of the Civil Contingencies Act (2004) the NHS Wales Emergency Planning Core Guidance (2015) and the Organisation’s level of emergency preparedness.</p>
<b>Risk</b>	<p>The Committee received regular updates on the Corporate and Strategic Risks within the remit of the Committee, and took assurance on the management of these risks.</p>
<b>Professional Registration Arrangements</b>	<p>The Committee took assurance that there were systems in place to support <a href="#">Revalidation of Medical Consultants</a>, and supported the development of the Office of the Medical Director to further improve the arrangements and systems for Revalidation.</p> <p>The Committee considered an <a href="#">audit of arrangements</a> within Public Health Wales for verifying active professional registration for 2022/23 and took assurance that the arrangements were fit for the purpose stated.</p> <p>The Committee took assurance on the progress of the implementation of the <a href="#">Healthcare Support Workers Framework</a> within Public Health Wales.</p>
<b>Audit</b>	<p>Considered the Audit Wales Review of <a href="#">Quality Governance Arrangements</a>, noting the audit’s overall conclusion that the Trust was committed to improving its quality governance arrangements.</p> <p>Considered the <a href="#">stock management Internal Audit Report</a> and took assurance that the monitoring of any actions from this report would be undertaken through the Audit and Corporate Governance Committee.</p>
<b>Governance</b>	<p>Approved Policies within its remit.</p> <p>Considered a presentation on <a href="#">Committee Effectiveness</a> and performance following the completion of an online survey and workshop.</p> <p>Undertook an annual review of the Committee’s <a href="#">terms of reference</a> for recommendation to the Board for any changes required.</p> <p>Received the Committee Forward Look at each meeting.</p>

### 3.2.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2022/23 and was quorate on all four occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction; with particular reference to Equality, diversity and human rights; and Welsh language provision.

The Committee's remit covers the following areas:

- ❖ Workforce matters
- ❖ Organisational development
- ❖ Equality, diversity and human rights
- ❖ Welsh language provision.
- ❖ Staff Engagement and Partnership Working with Trade Unions

The Committee undertook further scrutiny of the following areas during 2022/23:

<b>People and Organisational Development Priorities</b>	Considered a <a href="#">presentation</a> on the People and Organisational Development Directorate High Level vision and set out the 'Big 5' Priorities for the year.
<b>Equality, Diversity and Inclusion</b>	<p>Considered Equality, Diversity and Inclusion: Priorities for 2022/2023 <a href="#">presentation</a> noting the work underway on the strategic equality objectives: the roll out of diversity dashboards; fair pay; learning and development; employee value proposition, the behaviours and competency framework and the legal reporting obligations.</p> <p>Took assurance through regular updates that the organisation had the appropriate plans in place to meet the Welsh Language statutory requirements.</p>
<b>Workforce</b>	<p>The Committee approved the following documents:</p> <ul style="list-style-type: none"> <li>• <a href="#">Annual Equality Report 2021-22</a></li> <li>• <a href="#">Workforce Report Annual Report 2021-22</a></li> <li>• <a href="#">Gender Pay Gap report 2022</a></li> </ul>



	<p>The Committee received the Behavioural Framework <a href="#">presentation</a>, which was one element of a programme designed to embed our values throughout the Organisation over a 2-3 year period.</p> <p>Took assurance that work on the 'Working Where Work Works Best' was progressing well.</p> <p>The Committee regularly considered a live presentation of live data from the Performance and Assurance Dashboard focusing on sickness absences, staff vaccinations, recruitment and turnover, Equality, Diversity and Inclusion date.</p> <p>The Committee received a <a href="#">presentation</a> on the Employee Value Proposition to address workforce challenges around attraction, recruitment and retention of staff.</p>
<b>Organisational Change Update</b>	<p>The Committee received an Update on Organisational redesign affecting Health and Well-Being (HWB) and World Health Organisation Collaborating Centre (WHO CC) directorates report. The Committee received a report on transfer of Local Public Health Teams to Local Health Boards.</p>
<b>Engagement and Partnerships</b>	<p>Regularly considered topical discussions with the local partnership forum representatives on the Committee.</p> <p>Took assurance the Staff Networks were developing and providing input into organisational development projects. The Committee noted a of number requests submitted by the Staff Networks to the Organisation's Board during 2021-22 and took assurance of the progress made against the requests to date.</p>
<b>Governance</b>	<p>Took assurance from an annual report on the management of Raising Concerns (also known as whistle blowing) in line with the All-Wales Raising Concerns Policy and noted plans for the promotion of the Raising Concerns policy process through manager training. A <a href="#">Concerns and Grievance Internal Audit Final Report</a> had received a reasonable assurance rating.</p> <p>The Committee's focus and plan for the following year was undertaken, and a work programme approved.</p> <p>The Committee undertook a Committee Effectiveness and Performance session and a report from this discussion will be submitted to the Board during Quarter 1 2023/4.</p> <p>Approved Policies within its remit.</p> <p>The Committee received regular assurance from an update on the register of policies and written control documents on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.</p>



<b>Audit</b>	The Committee considered the recommendations made within the Internal Audit Final reports for <a href="#">Workforce Sickness Absence Monitoring</a> , and took assurance that the monitoring of any actions from this reports would be undertaken through the Audit and Corporate Governance Committee.
<b>Risk</b>	The Committee regularly received the Corporate and Strategic Risk Registers to enable them to gain assurance that operational risks were being appropriately managed.

### 3.2.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met four times during 2022/23 and was quorate on all occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to relation to the overseeing quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation and cross sector where applicable.

The Committee's remit covers the following areas:

- ❖ Knowledge and Impact
- ❖ Data and Information Governance
- ❖ Analysis and Data Science
- ❖ Research and Evaluation
- ❖ Digital

The Committee undertook further scrutiny of the following areas during 2022/23:

<b>Monitoring Impact Proposal</b>	The Committee considered and approved the <a href="#">proposed approach</a> for a systematic approach for Public Health Wales to monitor the impact of its Knowledge and Research outputs.
<b>Behavioural Science Unit</b>	The Committee considered a <a href="#">presentation</a> by way of an introduction to the Behavioural Science Unit.
<b>Open University</b>	The Committee considered <a href="#">a presentation</a> from the Open University as part of its consideration of how Public Health Wales can work with universities in Wales to explore forming strategic partnerships. The links with the Open University (OU) had progressed the furthest due to an alignment of their interests in targeting people in the lowest two quintiles of the index of multiple deprivation. The discussion explored how Public Health Wales could develop a strategic partnership with OU.
<b>Research and Evaluation</b>	Considered a detailed overview on the Research, Development and Evaluation within the Specialist and Reference Units, Infection Services Division

	<p>Considered regular updates at each meeting on the progress with the development of the Research and Evaluation strategy.</p> <p>Considered an update on <a href="#">Research Opportunities</a> within the WHO Collaborating Centre overview of the opportunities within a global context the breadth of the work within the collaborating centre, particularly the range of international partners.</p>
<b>Deep Dives</b>	<p>Undertook a deep dive into the work of <a href="#">Diabetic Eye Screening Wales (DESW)</a> and the outcome of a systems review that had taken place. A 'Discovery' model had been undertaken to review the way in which diabetic eye screening was conducted in Wales.</p> <p>Undertook a <a href="#">deep dive</a> into Health Inequalities.</p>
<b>Data and Digital</b>	<p>Considered a detailed presentation from the Office of the national statistics on Statistics for the public good including exploring the concepts of trustworthiness, quality and value.</p> <p>Considered regular updates on the development of the Digital and Data Strategy. In December, the Committee provided input from the Committee to further develop the strategy.</p> <p>In March, the Committee considered a framework to introduce the current draft of the Public Health Wales digital and data strategy. It also provided details of the methods used, to provide a benchmark of quality for the work.</p> <p>Considered a <a href="#">presentation</a> of a review on Artificial Intelligence (AI) in Health and Care in Wales.</p> <p>Considered a verbal update on progress with the development of standards to collect equality information which aligned with census data.</p>
<b>Risk</b>	<p>The Committee received regular updates on the Corporate and Strategic Risks within the remit of the Committee, and took assurance on the management of these risks.</p>
<b>Governance</b>	<p>The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion would be to the Board in May 2023.</p> <p>Annual review of the Committee's terms of reference for a recommendation to the Board.</p>



	Considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
	Received the Committee Forward Look at each meeting.

### 3.2.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met twice during 2022/23 and was quorate on both occasions.

The role of the Committee is to approve, and provide assurance to the Board on matters relating to the appointment, termination, remuneration, and terms of service for the Chief Executive, Executive Directors, and other senior staff within the framework set by the Welsh Government in accordance with the scheme of delegation.

The Committee also approved proposals regarding termination arrangements, including those under the Voluntary Early Release Scheme, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions.

The Remuneration Report provides relevant information regarding the matters considered by the Committee during 2022/23.

### 3.2.6 UK COVID-19 Public Inquiry Preparedness Sub-Group

In May 2022 the Board agreed to set up the UK COVID-19 Public Inquiry Preparedness Sub-Group (the Sub-Group) to;

- ❖ Advise and assure the Board on whether effective arrangements and resources are in place to ensure the appropriate organisational response to the UK COVID-19 Public Inquiry (the Inquiry)
- ❖ Approve, on behalf of the Board, if the organisation should apply for Core Participant Status for each of the UK COVID-19 Inquiry modules/sub modules
- ❖ Seek assurances that appropriate processes are in place to support the organisations corporate submissions to the Inquiry, including the instructions for opening and closing addresses by Counsel
- ❖ Seek assurance that organisational learning is being identified and actioned where appropriate, both in regards to the Inquiry preparedness and the pandemic response itself.

The Board approved the terms of reference in September 2022 and the Sub-Group core Membership was agreed as:

- ❖ Chair of the Board
- ❖ Vice Chair of the Board (Non-Executive Director)
- ❖ Chair of the Audit and Corporate Governance Committee (Non-Executive Director)

- ❖ Chief Executive
- ❖ Deputy Chief Executive and Executive Director of Operations and Finance

The Sub-Group met on two occasions during 2022/23 to consider whether Public Health Wales should apply to be a core participant Modules 1, 2, 2B and 3 (as set out below).

## The Inquiry

In December 2021, Rt Hon Baroness Heather Hallett DBE, was appointed as the Chair of the UK Covid-19 Public Inquiry. Following the approval of the Inquiry's Terms of Reference by the Prime Minister in June 2022, the Inquiry was formally opened.

### Module 1

Module 1 opened on 21 July 2022, with the focus of the module being to examine the resilience and preparedness of the United Kingdom for a Coronavirus pandemic.

Following a comprehensive review of the provisional outline scope for Module 1, the COVID-19 Subgroup agreed that Public Health Wales should apply for Core Participant status.

On 7 September 2022, Baroness Hallett, granted our application for Core Participant status stating;

*"I consider that PHW played, or may have played, a direct and significant role in relation to the UK's resilience and preparedness for the Covid-19 pandemic and that it has a significant interest in Module 1 of the Inquiry."*

Since that time, we have worked with the Inquiry Team to provide detailed witness and documentary evidence in preparation for the public hearings, which are currently scheduled to take place between 13 June and 21 July 2023.

### Module 2

Module 2 opened on 31 August 2022, to investigate the core political and administrative governance and decision-making for the UK and devolved administrations during the pandemic response, from January 2020 until restrictions were lifted.

This module has been divided into the following parts:

- ❖ **Module 2**                      The Central Government and UK wide response to                      the pandemic.

- ❖ **Module 2A** The Scottish Government's core political and administrative decision-making / response to the pandemic.
- ❖ **Module 2B** Welsh Government's core political and administrative decision-making / response to the pandemic.
- ❖ **Module 2C** The decision-making and response to the pandemic by the government in Northern Ireland.

Following a comprehensive review of the provisional outline scope for Module 2 and its relevant sub parts, the Sub-Group met and agreed that Public Health Wales should apply for Core Participant status for Module 2B given its role as a category 1 responder pursuant to the Civil Contingencies Act 2004 and its role providing specialist advice and support to the Welsh Government throughout the pandemic response.

On 13 October 2022, Baroness Hallett, granted our application for Core Participant status for Module 2B stating;

*"I consider that the Applicant played, or may have played, a direct and significant role in relation to the Welsh Government's core political and administrative decision-making in response to the Covid-19 pandemic and that it has a significant interest in Module 2B of the Inquiry."*

Since that time, we (and our specialist colleagues) have been working with the Inquiry Team to provide detailed witness and documentary evidence in preparation for the public hearings, which are yet to be formally scheduled.

### Module 3

Module 3 opened on 8 November 2022, and will look at the governmental and societal response to COVID-19 as well as dissecting the impact the pandemic had on healthcare systems, patients and health care workers. This will include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long COVID-19 diagnosis and support.

Following a comprehensive review of the provisional outline scope for Module 3, the Subgroup agreed that Public Health Wales did not have sufficient involvement in the areas covered by the module to require Core Participant status for Module 3. No application was therefore made. Public Health Wales did however commit to support the Inquiry Team with any assistance it may require with this Module.

We look forward to our continued engagement with the Inquiry Team. Our internal preparations continue to ensure that we are ready and able to continue to respond to and provide any information the Inquiry requests of Public Health Wales in an open and transparent manner.



### 3.2.6 Young Ambassadors Board Partnership Forum

The Young Ambassadors (YA) programme was approved by the Public Health Wales Board in July 2018. The programme was developed in collaboration with young people and with consideration of several local and national youth engagement initiatives including Sports Wales, UK and Welsh Government youth engagement, Children's Commissioner for Wales Children's Steering Group and engagement models used across Welsh Health Boards and Local Authorities to inform the programme approach

In April 2022, following discussions with the Young Ambassadors, further ways were suggested that would support better facilitated Board engagement with young people. A scoping exercise was undertaken to help inform the organisational approach and ensure that we work towards the principles of co-production as set out by the Children's Commissioners 'The Right Way'. This included a fact-finding exercise which included engaging with the Children's Commissioner's Office, Welsh Youth Parliament, Children in Wales and Health Boards. The findings identify that for Board level participation to be fully realised the young people would need robust structures in place to support them to do this. Also, the information presented to the YAs would need to be accessible.

Following this, in July 2022, the Board approved the establishment of a Young Ambassadors Board Partnership Forum. It is intended that this forum will allow Board members and Young Ambassadors come together with an equal voice to discuss issues of shared interest. These discussions will then influence Public Health Wales decision-making by being fed back to the Business Executive Team and the Public Health Wales Board.

The Forum has met twice this year and in the process of developing its work plan and aims for the next year. The outcomes of these meetings are reported to the Board via the Chief Executive's report. A full report will be presented to the Board at its July 2023 meeting for a review of the arrangements, and suggestions for improvements as the Board Forum becomes more established.

## 3.3 Executive Governance

With the exception of powers reserved for the Board and its Committees (as outlined in the Scheme of Delegation) the Board delegates authority for operational delivery and operational decisions to its Chief Executive.

The Chief Executive has established and recognises the Executive Team as the key executive leadership team for the *collective* execution of the delegated responsibility in addition to the delegated individual accountabilities and responsibilities that each Director in the Executive Team has with their respective portfolios.

The Executive Team comprises the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. The Executive Team meets weekly. Twice a month these meetings are Business Executive Team meetings, as the main corporate assurance and delivery meeting, and the remaining weeks as a Strategic Executive Team to discuss strategic and pan-organisational items.

**Figure 3** shows the Executive Team and Directorate Structure in operation during 2022/23.

### 3.3.1 Business Executive Team

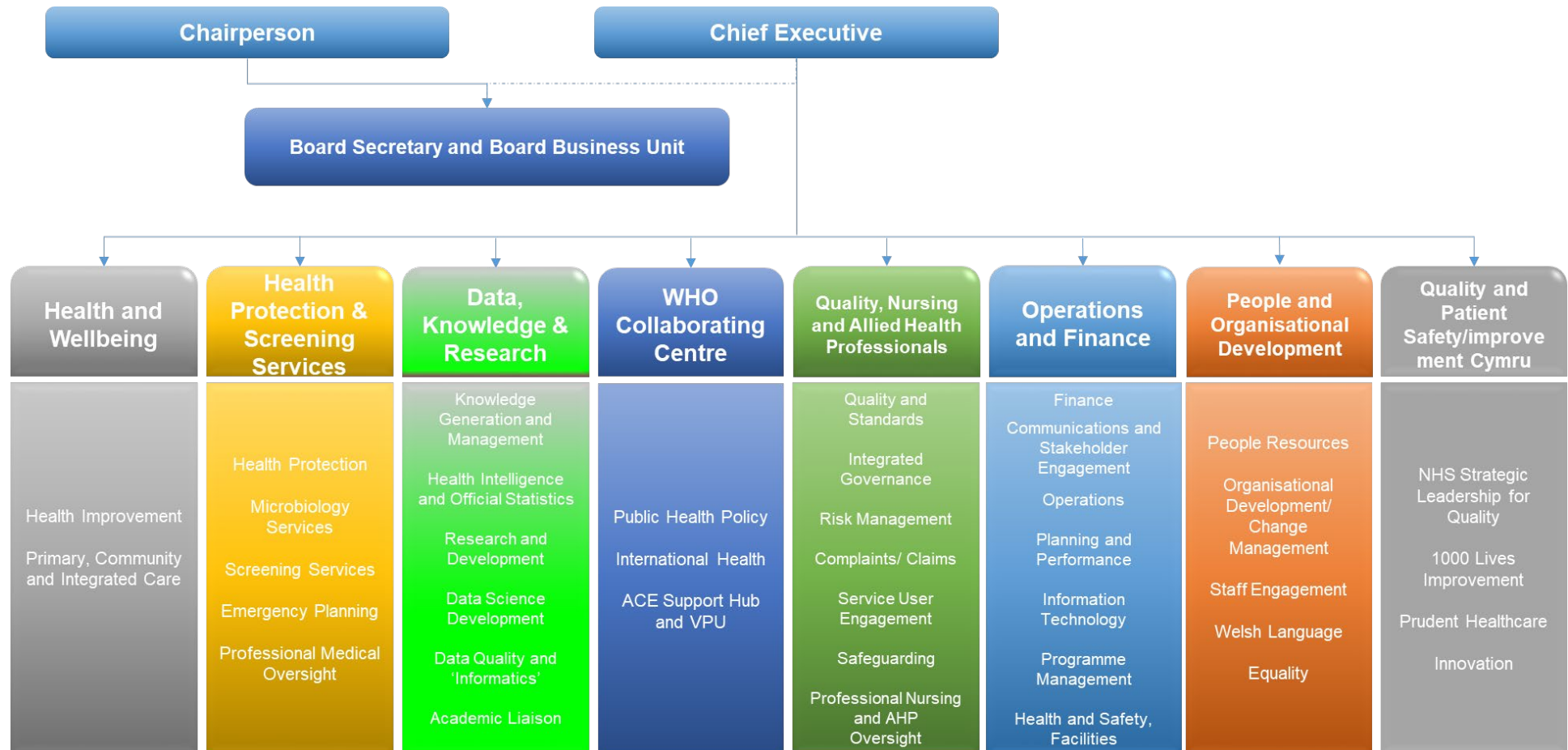
The Business Executive Team meeting is the main collective corporate assurance and delivery meeting. The Business Executive Team (BET) meeting is chaired by the Chief Executive and its role includes:

- ❖ Ensure the correct balance of strategic and operational time is invested to effectively and collectively lead (Executive) and oversee the management of the organisation.
- ❖ Overseeing, receiving assurance from Directors, and identifying remedial actions as appropriate in relation to the successful implementation of the Long Term Strategy (through the three-year Strategic Plan and annual plans) and the effective performance and delivery of the associated measurement and outcomes framework.
- ❖ Embedding a culture of openness and transparency, equality and diversity and innovation and curiosity across the breadth of the organisation.
- ❖ Receiving assurance from Directors in relation to the compliance with statutory requirements and relevant legislation.
- ❖ Ensuring the appropriate collective management and utilisation of all resources across the organisation.
- ❖ Looking forward and horizon scanning for future developments, innovation and technologies relevant to the organisation and public health more broadly
- ❖ Identifying and managing corporate and strategic risks within the Board's risk appetite

- ❖ Establishing relevant operational decision-making groups and delegating responsibilities to them as appropriate

In addition, the Chief Executive has established a Strategic Executive Team meeting. This is chaired by the Deputy Chief Executive and is dedicated specifically to strategic and pan-organisational items.

**Figure 3: Executive Team and Directorate Structure in operation from 1 April 2019**



## 3.5 Board and Executive Team Membership

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

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

### 3.5.1 Departure and appointment of Non-Executive Directors

#### Change in Regulations

On the 1 April 2022, new regulations became law allowing NHS Trusts in Wales to appoint a standalone Vice Chair position. For Public Health Wales this also meant an additional Executive and Non-Executive Director could be appointed, moving the Board to eight Non-Executive Director and six Executive Directors.

In line with this provision:

- ❖ From the 1 April 2022, the role of National Director for Public Health Knowledge and Research became an Executive Director role on the Board.
- ❖ Nick Elliot was appointed from 3 May 2022 to the Non-Executive Director (Data and Digital) role as an interim direct appointment following this change in regulation. Following this, a public recruitment exercise progressed, and Nick was appointed to a substantive full term post from 1 September 2022.

#### Vice Chair

Kate Eden's second term of office was due to end on 31 March 2023. Following a public recruitment exercise, Dyfed Edwards was due to discharge the Public Health Wales Vice Chair role from 1 April 2023. As of 28 February 2023, Dyfed Edwards is on secondment from Public Health Wales NHS Trust to Betsi Cadwaladr University Health Board, for one year, in the role of Interim Chair.

In the interim, Kate Eden's term as Vice Chair has been extended until 1 March 2024 pending Dyfed's return to Public Health Wales.

As a result of this, there is currently a vacancy for a Non-Executive (General) role as of 1 March 2023. A public recruitment process will progress for this in early 2023/24.

### **Non-Executive (Third Sector)**

Kate Young, Non-Executive Director (Third Sector) was appointed to this role from 1 April 2022 to the 31 March 2026, following the departure of Judi Rhys as of 31 March 2022.

### **Non-Executive (Local Authority)**

From 1 April 2021, Mohammed Mehmet has covered the vacancy left by Alison Ward's departure on the 31 March 2021, and has fulfilled the Local Authority Non-Executive Director on a full basis. Following a public recruitment exercise, Mohammed was appointed to a substantive full term post from 1 April 2022 to the 31 March 2026.

## **3.5.2 Board Succession Planning**

Succession planning has been actively considered during the year and following the review of Board skills, skills required for the future and appointment terms, relevant recruitment campaigns have successfully recruited additional Board members.

We have a clear timetable of appointment terms and actively monitor this on an ongoing basis to ensure the Board has the appropriate skills and appointments in place as required to meet the needs of the strategic direction of the organisation as well as comply with our Standing Orders and Regulations.

## **3.5.3 Senior Staff Appointments and Departures**

The current Executive Team structure has been in place since the 1 April 2019. The following changes have occurred in post holders during the year:

### **Executive Director of Health and Well-being**

Sally Attwood was appointed as Transitional Director of Health and Well-being on the 1 July 2021, she left Public Health Wales on 31 May 2022.

Angela Jones was appointed Acting Director of Health and Well-being as of 27 June 2022 for 1 year. The recruitment for a permanent Director of Health and Well-being is currently underway.

### **Board Secretary and Head of Board Business Unit**

Helen Bushell left Public Health Wales on the 8 January 2023, Elizabeth Blayney was appointed as Acting Board Secretary and Head of Board Business Unit pending the recruitment of a permanent appointment.

From 17 April 2023, Paul Veysey has been appointed in the permanent role.

## **National Director for Public Health Knowledge and Research**

From the 1 April 2022, the role of National Director for Public Health Knowledge and Research became an Executive Director role on the Board.

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

Professor Mark Bellis left Public Health Wales on the 5 December 2022, although he retains an Honorary Consultant contract with us. Dr Sumina Azam was appointed as Acting Director of the WHO Collaborating Centre on Investment for Health and Well-being from the 6 December 2022, pending the recruitment of a permanent appointment which is currently in progress.

### **3.5.4 Staff Representation at Board and Committee Meetings**

Staff side representatives are invited to all Board, Board Development, and relevant Committee meetings throughout the year. They are encouraged to play a full and active role in Board discussions.

We have continued to engage with all Unions and representatives on the Staff Partnership Forum to encourage effective staff representation at Board and Board Committee meetings throughout the year.

### **3.5.5 Board Diversity and Inclusion**

The Board recognises the importance of ensuring a diverse range of backgrounds, skills, and experiences to add value to the Board discussions and decisions.

As of 31 March 2023, the Board had a gender balance of 61.5% (8) female, 38.5% (5) male, 23% (3) members were from a Black and Ethnic Minority background, 0% declared a disability.

One Board member is a fluent Welsh speaker and a further two are advanced learners.

The Board is very committed to enhancing diversity and ensuring an appropriate range of skills and experiences to fulfil its role and has a range of initiatives in development for 2022/23.

## 4. Improvements to the Governance Framework

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

### 4.1 Review of the Board Committee Terms of Reference

The Committees are reviewed annually to ensure compliance with Standing Orders. A review of the Terms of Reference took place in May 2022 and suggested amendments were presented to the Board for approval for:

- ❖ Audit and Corporate Governance Committee
- ❖ Quality, Safety and Improvement Committee
- ❖ People and Organisational Development Committee
- ❖ Knowledge, Research and Information Committee
- ❖ Standard Terms of Reference and Operating Procedures
- ❖ Remuneration and Terms of Service Committee

The Board considered a review of the Terms of Reference for the Committees and approved revised versions on 26 May 2022

### 4.2 Performance and Effectiveness Cycle

The Board has a comprehensive approach to reviewing performance and effectiveness within an annual cycle. The following elements of the cycle have been in place this year:

#### a) External and Internal Assurances to the Board

During the year we have undertaken, or engaged in, a number of assessments that provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment, the main reviews that relate to the Board are outlined below:

- ❖ Audit Wales has completed the **Structured Assessment Review in 2022/23**, focusing on corporate arrangements, including the governance arrangements, for ensuring that resources are used efficiently, effectively and economically. ([Refer Section 14.3](#))
- ❖ We have completed an assessment against the Corporate Governance in Central Governance Departments: **Code of Good Practice 2017**. We used the “Comply” or “Explain” approach in relation to the Code of Good Practice. This was presented to the Audit and Corporate Governance Committee in [March 2023](#) who took **assurance** of our compliance with the Corporate Governance



in Central Government Departments – Code of Practice 2017. (Further information is provided in [section 9](#) of this report.)

## **b) Board Committee Effectiveness**

There is a programme in place to ensure Board Committees review the following activity for each Committee:

- ❖ Terms of Reference and Operating Arrangements
- ❖ Committee Effectiveness Questionnaire
- ❖ Committee Effectiveness Workshop
- ❖ Annual Committees Report of Activity to the Board
- ❖ Feedback session at the end of each meeting.

In February 2023, an online questionnaire was completed by members of all Committees. The questions were based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and Audit Office good practice guidance and were adapted for the Committees.

Workshops were held in February/March 2023, with Committee Members and the Executive Leads for each of the Committees to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting will be provided to each Committee, and to the Board in May 2023.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2022/23: a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 of 2023 as part of the wider Board effectiveness review.

## **c) Board Performance and Effectiveness**

A Board review of performance and effectiveness will take place in 2023/24, and will incorporate learning from the Committee reviews outlined in b) above.

After each Board meeting, feedback is sought from Board members and attendees.

## **d) Chair's Appraisal with the Minister for Health and Social Services**

The Chair of the Board undertakes an Annual appraisal with the Minister, including the setting of objectives, a mid-year review, and year-end appraisal of the year's performance.

## **e) Public Health Wales Chair's review led by the Vice Chair**

Between November and December 2022, an internal review was undertaken of the Chair's performance. This process was established in 2019, is repeated annually, and led by the Vice Chair. It provides an opportunity for the effective appraisal of the Chair at Board and Executive level and is in addition to the review held by the Minister for Health and Social Services. The process is based on the review format of Chairs of the Foundation Trusts and includes 360 feedback and it demonstrates our commitment to a culture of openness and transparency

#### **f) Chief Executive Appraisal**

The Chief Executive undertakes an Annual appraisal with the Chair of the Board, including setting objectives at the beginning of the year, a mid-year review, and year-end appraisal of the year's performance. The Chief Executive also has an end-of-year review with the Chair and the Director General for Health and Social Services/NHS Wales Chief Executive, in the Welsh Government, consistent with the Accountable Officer designation.

#### **g) Non-Executive Director appraisal with the Board Chair and Executive team appraisals with the Chief Executive**

The Chair of the Board undertakes a bi-annual review of the performance and personal development of Non-Executive Directors. The Chief Executive does the same with the Executive team. The process of appraisal for both groups includes objective setting, a mid-year review, and an end of year review. The Chair also meets with each Executive Director to discuss their Board member role on an annual basis.

#### **h) Board Secretary and Head of the Board Business Unit appraisal**

The Chief Executive and Board Chair undertake an appraisal with the Board Secretary and Head of the Board Business Unit and includes objective setting, a mid-year review and an end of year review.

### **4.3 Protocol for Reserving Matters to Private Session**

In accordance with the Public Health Wales Standing Orders, Public Health Wales holds its Board meetings in public, there will be occasions when some of the organisation's business is more appropriately considered in private session; to ensure that business considered is not prejudicial to the public interest - in other words that undue harm or influencing of the public unfairly does not take place.

In May 2023, the Board approved the [Protocol for the matters considered in private session](#), outlining the commitment of the Board to operate in as transparent, open and accountable a way as possible. This was reviewed by the Board during 2022/23 and an updated version was approved by the Board in September 2022.

The document was developed to help identify the reasons that are most likely to apply to material considered by the Board in private meetings.

From January 2022, a report was presented to each open Board session concerning the matters considered in the previous Board's private meeting. From November 2022, this report also included reference to any relevant material that had been circulated to the Board out of the formal meetings

An annual review on the matters taken in private session has taken place for the 2022/23 period, and will be presented to the Board in May 2023 for consideration with the view to identify any further learning and improvements that could be made to the process.

## 5. 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 2023 and up to the date of approval of the annual report and accounts.

We use a Strategic Risk Register (SRR) system and process to monitor, seek assurance, and ensure shortfalls are addressed through the scrutiny of the Board and its committees.

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

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

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

### 5.1 Capacity to Handle Risk

As part of the planning process and development of the IMTP and Long Term Strategy, which included full engagement with stakeholders, the Board approved six Strategic Risk descriptors on 31 March 2022. In September 2022 the Business Executive Team refreshed and approved six corporate risks. During the year, one corporate risk was removed from the register and another added. External stakeholders are regularly invited to attend, and in some cases, take part in Board and Committee meetings. Feedback is invited and incorporated into overall Board development and risk planning.

In addition to the risk registers, given the substantial changes in the organisation during the COVID-19 pandemic, a significant piece of work was completed to reframe the system of risk management and introduce a Risk Management Development Plan. The plan consolidates the good work that has been done previously including the reports received from internal audit, to learn lessons from the way risk has been managed throughout the pandemic and to take Public Health

Wales further along the journey to becoming a high performing organisation in terms of its risk management arrangements. The plan includes work on risk appetite, training and development at all levels, and the introduction of the Risk module from the Once for Wales Concerns Management System.

The Board approved the Risk Management Policy and the supporting Risk Management Procedure in November 2020, which includes the requirement for an Annual Statement of Risk Appetite.

The statement for risk appetite was reviewed by the Board in April 2022 to ensure a collective understanding of risk appetite in Public Health Wales. Following the development of our Intermediate Medium Term Plan for 2022-25, the Board did a full review of the risk appetite for all strategic themes in April 2022, this was formally approved at the Board on the [26 May 2022](#).

**Strategic Risks** are the highest level risks that could threaten the organisation’s ability to deliver on one or more of the strategic priorities, as laid out in the Strategic Plan. Strategic Risks are identified at Board level during the annual planning process. All strategic risks are assigned an Executive lead and this person will review their strategic risks and associated action plans on a regular basis and provide updates to both the Executive Team and Board.

The **Corporate Risks** are all of the operational risks that pose a direct risk to the day to day business of the organisation, or could lead to Directorates or Divisions failing to meet their objectives. This can include:

- ❖ Operational Risk
- ❖ Project / Programme Risk
- ❖ Clinical Risk
- ❖ Financial Risk
- ❖ Quality Risk

## Risk Appetite

The strategic themes have been assessed with a risk appetite being approved for each. All strategic and corporate risks have been assessed against the risk appetite. The table below demonstrates the risk appetite by strategic theme.

Strategic Theme	Appetite Descriptor
Enabling better population health and reducing health inequalities through preventative and sustainable measures	Willing
Delivering excellent services for population screening programmes, health protection and infection	Cautious
Supporting improvements in the quality and safety of health and care services	Keen

Maximising the use of digital, data and evidence to improve population health	Willing
Enabling the successful delivery of the plan	Willing

**Figure 5** outlines the key strategic risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2023

**Figure 5: Public Health Wales Key Strategic Risks 2022/23**

Strategic Risk	Risk Score* Max Score 20
There is a risk that Public Health Wales will not be sufficiently focused, agile and responsive in discharging our functions	16
There is a risk that Public Health Wales will not deliver its plans for delivering excellent services for population screening, health protection and infection	9
There is a risk that we will not manage organisational change well	15
There is a risk that we are unable to attract and retain the required professional workforce	15
There is a risk that we will fail to exploit data to inform and direct public health action and interventions	20
There is a risk that PHW will suffer a cyber-attack on its IT systems	20

\*Note: these risk were revised and updated in early 2023/24 following advice from specialist risk management consultancies (approved by the Board on 30 March 2023).

**Figure 6:** Outlines the key corporate risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2023.

**Figure 6: Public Health Wales Key Corporate Risks 2022/23**

Corporate risk	Risk Score* Max Score 20
Failure in service delivery in Diabetic Eye Screening	20
Fail to meet the requirements of the Health and Social Care (Quality and Engagement) Act 2020	20
Fail to align team performance and development with strategic and operational priorities	12
Fail to secure people resources at right time, at right cost, with right skills	12
Failure to recruit and retain sufficient medical and clinical staff in microbiology services	16

Fail to deliver capital projects (closed January 2023)	Closed
Fail to deliver LINC programme (added December 2022)	20

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

The Executive Team approved a protocol for the reporting and oversight of risk within Public Health Wales in October 2022. The protocol confirmed the Executive Team's responsibility for reviewing the Strategic Risk Register (SRR) and the Corporate Risk Register (CRR) at its regular business meeting. It approves any amendments to the SRR and CRR, including the extension of individual action due dates.

The Board approves the Strategic Risks for the organisation and sets the risk appetite, to be reviewed on an annual basis. The Board receives the SRR three times a year and the CRR twice a year. The Board has delegated receiving assurance on the system of risk management to the Audit and Corporate Governance Committee (ACGC). Board Committees have a key role in seeking assurance against the management of risks within their remit. Each Committee considers an extract of the SRR at each meeting and an extract of the CRR bi-annually. These papers are published on our website with the relevant Committee papers.

Board and Committees receive an [Executive Sponsor Insights Report](#) alongside the [Strategic Risk Register](#) and [Corporate Risk Register](#). This provides the Board and Committees with an assessment of each of the risks along with a Delivery Confidence Assessment. Where weaknesses in assurance are identified, a full assessment is provided for consideration by the Board and Committees.

The Strategic Risk Register and Corporate Risk Register are published on our website with the Board papers at relevant Board meetings.

There are now in excess of 100 Risk Handlers trained across the organisation whose role is to support directors and other Risk Owners, and training is offered to all senior managers who are expected to take on the responsibilities of risk owners. Guidance documents, nominated Risk Handlers, and a submission form available on the web-based incident reporting and risk management software, Datix, all provide staff with support for reporting risks across the organisation. This makes the identification, reporting, and management of risks more streamlined and effective.

At an operational level, Executive/Divisional directors are responsible for regularly reviewing their Directorate/Divisional Risk Registers, and for ensuring that effective controls and action plans are in place and monitoring progress.

## 6. Quality Governance Arrangements

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

### 6.1 Quality Governance

The Executive Director for Quality, Nursing, and Allied Health Professionals has the responsibility to ensure there are quality assurance arrangements in place, ensure alignment by working with the lead Director for Quality and Quality improvement. The Executive Director is also accountable for the professional oversight arrangements for Nurses and Midwives, Health Care Scientists, Allied Health Professionals and Health Care Support Workers. The Executive Director for Quality, Nursing, and Allied Health Professionals has shared responsibility with the Executive Director of Health Protection and Screening Services, for clinical governance arrangements across the organisation.

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

- ❖ Quality and Clinical governance including Quality and Clinical Audit
- ❖ Health and Care Standards
- ❖ Integrated Governance
- ❖ Putting Things Right (incidents, complaints and claims)
- ❖ 'Our Approach to Engagement' including Service User Engagement
- ❖ Infection, Prevention and Control (corporate)
- ❖ Safeguarding (corporate)
- ❖ Professional standards and oversight for Nursing/Midwifery, Health Care Scientists, AHP's and Healthcare support workers

There are a number of existing corporate groups which support the work of the Business Executive and Board Committees in discharging its functions in meeting its responsibilities with regard to quality, safety and the arrangements above.

These include:

- ❖ Safeguarding Group
- ❖ Infection, Prevention and Control Group
- ❖ Information Governance Working Group
- ❖ Nursing and Midwifery Senedd
- ❖ Internal Flu vaccination campaign
- ❖ Medical Devices Steering Group
- ❖ Engagement and Experience Network

*(Further information on the Committees can be found in [section 3.2](#) of this report.)*

In previous years, an Annual Quality Statement (AQS) has been produced for the public and provides information about the work, function, and progress of Public



Health Wales. The guidance in the Manual for Accounts states there is no requirement to prepare a separate AQS for 2022/23.

The Introduction of the Health and Social Care (Quality and Engagement) (Wales) Act (2020) Quality Act requires NHS bodies to report on their Duty of Candour and Duty of Quality annually. This will be introduced for 2023/24.

We also acknowledge that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements and we are continuing to develop our integrated governance systems, processes, and culture within the organisation.

## 6.2 Duty of Quality

The Duty of Quality is part of the Health and Social Care (Quality Engagement) Act (Wales) 2020 and will come into force in Wales on 1 April 2023 and arrangements to implement the duty in Public Health Wales are on-going.

The Duty of Quality means NHS organisations and Welsh Ministers have a duty to create a culture of quality within organisations, with a focus on improving the quality of health services and outcomes for the population on an ongoing basis.

Accountability for compliance with the Duty in Public Health Wales sits with the Chief Executive. Prof John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru is the identified Executive lead responsible for supporting and driving implementation of the Duty.

Rhiannon Beaumont-Wood, Executive Director of Nursing and Allied Health Professionals, represents Public Health Wales for both the Duty of Quality and Candour at the All Wales Duties of Quality and Candour Implementation Board. Members of the Improvement Cymru directorate, represent the organisation at the All Wales Duty of Quality Implementation Group.

There are a number of pan-organisational programmes of work already underway which are enablers for cultural change and support the Duty, including the Organisational Cultural Assessments, the Behavioural Framework, Work How It Works Best, Transforming Management and Leadership, and the Values Framework. Work is commencing to plan the integration of the Duty into these programmes of work.

A pan-organisation Senior Responsible Officer Group has been established to enable sustainable implementation, aligned to existing programmes of work within the organisation. The group in Public Health Wales provides governance and oversight for all work supporting implementation of the Duty of Quality in Public Health Wales to ensure compliance, delivery of projected outcomes and realisation of the required benefits.

Preparatory meetings and the inaugural SRO meeting took place in January and early February 2023, focused upon agreeing the Terms of Reference for the Group and working through the national roadmap for the implementation of key actions for the Duty. The group are working with a range of colleagues as required to ensure involvement across the organisation.

There is regular reporting on the progress with our implementation of the Act on a monthly basis to the Business Executive Team, and quarterly reporting to the Quality, Safety and Improvement Group. In addition, the Duty of Quality and all key actions are noted on the Corporate Risk Register which is monitored through the Business Executive Team and the Quality, Safety and Improvement Committee. ([See section 3.2.2](#))

### **Quality as an organisational Strategy**

Quality as an Organisational Strategy (QOS) provides Public Health Wales with the methodology to operate as a system designed for managing quality, focused on continuous improvement and innovation and driven by the needs of the population we serve. This in turn creates a culture and environment that supports our staff and provides a great place for staff to work and thrive. Developing a quality management system is also a key expectation of organisations within the Duty of Quality.

The QOS programme commenced in October 2022, and a programme of workshops is underway, which explore theory behind the five Leadership Activities in QOS now established. The membership of these workshops is pan organisation, and includes those at Assistant Director level along with members of the Executive Team and the Leadership Team.

The Improvement and Innovation Hub is supporting the concurrent Improvement Efforts workstream as part of QOS and three strategic improvement priorities are being identified by the group for intensive, just-in-time improvement coaching from the hub.

## **6.3 Duty of Candour**

The Duty of Candour came into force in Wales on 1 April 2023 and arrangements to implement the duty in Public Health Wales are on-going, building on and strengthening the fundamental principles of established 'Putting Things Right' frameworks. This provides a robust process to support 'Being Open' and includes updating policies and procedures and raising awareness and understanding of how the duty applies to Public Health Wales as an NHS body.

The key intention is to promote the ethos of openness, learning and improving, which must be owned at organisational level. The candour procedure and reporting framework encourages reflective learning and preventing future recurrence of

incidents. The duty applies when a person to whom healthcare has been offered, received or is receiving suffers an adverse outcome (a person suffers an adverse outcome if they experience, or could experience, any unintended or unexpected harm that is more than minimal) and the health care provided was or may have been a factor.

The duty means that NHS bodies and primary care will be required to follow a procedure when the duty is triggered.

The key points within the Duty of Candour are that:

- ❖ It builds on the non-statutory duties of candour that apply to a range of healthcare professionals as part of their professional regulations
- ❖ Organisations with an open and transparent culture are more likely to have processes and systems in place to support staff when incidents occur and promote learning and improvement
- ❖ It requires NHS bodies, including primary care providers, to follow a procedure when a service user suffers an adverse outcome during the course of care or treatment/ has failed to be offered healthcare and suffers harm that is “more than minimal”
- ❖ There is no element of fault or blame
- ❖ Candour incidents and all documentation relating to the investigation to be reported and stored via the Datix Cymru System
- ❖ Each organisation must publish an annual candour report - build on existing reporting structures (Putting Things Right)

### **Key work to date:**

A series of Welsh Government Duty of Candour workshops were scheduled between October to November 2021, of which Public Health Wales have been represented in the process of establishing internal arrangements to support the implementation of Duty of Candour.

A Duty of Candour Implementation Group was initiated to oversee the implementation within the organisation which included engagement with all services, raising awareness of Duty of Candour in advance of the implementation date. Awareness was also raised via monthly newsletters and an All Wales Duty of Candour Leaflet and Awareness Video shared via Communications. A Communications question and answer session video was also prepared and circulated.

Internal workshops were held with services to understand incidents which occur within those services and how the Duty may apply. A procedure and policy have been developed for the organisation, together with a Duty of Candour list of examples for each service as a single point of reference when investigating incidents.

A Level one e-learning package is now available via ESR and awareness has been raised for colleagues to undertake this training. Level two training was developed and has been offered through March and April to all services for those colleagues with clinical responsibilities, those colleagues who investigate incidents and may have Duty of Candour discussions with service users. The training will continue to be offered throughout the year to ensure all colleagues who require the training have attended.

## 6.4 Information Governance

We have well established arrangements for Information Governance to ensure that information is managed in line with relevant information governance law, regulations and Information Commissioner's Office guidance. The Knowledge, Research and Information Committee assumed responsibility on behalf of the Board for receiving assurances that the Information Governance system was operating effectively and having oversight of information governance issues. However, due to the ongoing pressures from the COVID-19 response that Committee was temporarily stood down in March 2020 (resumed in December 2021) and responsibility for oversight was transferred to the Audit and Corporate Governance Committee, where it has remained. The Information Governance Working Group supports the Committee in monitoring and providing oversight of Information Governance arrangements across the organisation.

A review of our records management arrangements has been undertaken and recommendations identified have led to a business case to invest in making improvements in response to the recommendations. Subject to investment the records management plan will be implemented over the next two years.

The Senior Information Risk Officer (SIRO) is the Executive Director for Quality, Nursing and Allied Health Professionals. The role of the SIRO is that of the advocate for information risk on the Board. The SIRO is responsible for Information Governance management arrangements within the organisation, with the aim of having a consistent and comprehensive approach to information risk management.

The role of Head of Information Governance also holds the formal position of Data Protection Officer as required by the UK General Data Protection Regulation (UK-GDPR). This role has responsibility for supporting the SIRO in implementing the management system that delivers our Information Governance requirements, and for advising and informing on compliance with all relevant legislation and regulation.

Due to the All-Wales remit of Public Health Wales, along with the diverse services it provides, it is acknowledged that the Caldicott Guardian requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Caldicott delegates have been identified and are required, along with the

Caldicott Guardian, to have undertaken the agreed Caldicott Guardian training on an annual basis, as a requirement of the role.

The Caldicott Guardian is the responsible person for arrangements to protect the confidentiality of patient and service-user personal information and arrangements for appropriate information sharing. The National Director of Health Protection and Screening Services, Executive Medical Director performs this role.

Significant improvements continue to be made towards compliance with the requirements of the UK-GDPR as tailored by the Data Protection Act 2018.

## 6.5 Health and Care Standards

As part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health and Care Standards have been reviewed as part of the duty of quality implementation. The review process has identified the need to strengthen the approach in NHS Wales to better align to outcome/performance measures or assurance mechanisms. The Welsh Government have signalled their intention to replace the Health and Care Standards with a new quality reporting framework, based on the Quality Standards. The Quality Standards are framed around the six domains of quality and the five quality enablers.

The new reporting framework and the duty of quality sets out a clear framework for quality management that will strengthen the connection between the duty of quality, quality standards, and the wider quality management process in NHS organisations in Wales.

For this reporting year in Public Health Wales the approach to report on the Health and Care Standards in Public Health Wales was, this was to reflect this period of transition and the superseding of the Standards at the end of reporting year. To 'close the loop' on the Health and Care Standards, we have captured improvements that have been implemented in 2022/23. These were identified in the self-assessment process of 2021-22 or are improvements that were identified for reporting against the Standards last year and can be mapped against the Standards.

A range of improvements in this reporting cycle are identified and include service improvements in access, communication and engagement which are being progressed in Public Health Wales. A key improvement area is our approach to listening and learning from feedback from the people we work with and for, which is being enabled through the implementation of Civica which is being utilised by a wide range of services and functions across the organisation.

The organisation is preparing for the duties arising from the Health and Social Care (Quality and Engagement) (Wales) Act and the expectations arising from the emerging guidance.

## 6.6 Health and Safety

The Health and Safety Group is a sub-group of the Quality, Safety and Improvement Committee.

The Health and Safety Group provides advice and assurance to the Quality, Safety and Improvement Committee, the Board and the Accountable Officer. This assurance provided includes whether effective arrangements are in place to ensure organisational wide compliance with the Public Health Wales Health and Safety Policy, approving and monitoring delivery against the Health and Safety action plan and ensuring compliance with the relevant legislation and Health and Care Standards for Wales. The Health and Safety Group receives a single Health and Safety report covering compliance, risks, incidents and health and safety issues. This enables the group to concentrate on key issues or challenges and to identify any organisational risks that require escalating to the Corporate Risk Register.

In order for the Health and Safety Group to discharge its responsibilities, it needs to receive assurance that the organisation is effectively managing health and safety. This includes details of any concerns, areas of non-compliance, outstanding actions from relevant health and safety action plans and controls and mitigations are in place.

Following the interim arrangements that were established during COVID-19 where the Health and Safety Group convened more frequently to support the COVID-19 response, the Health and Safety group has reverted back to its original quarterly meeting cycle. This has been since September 2021 and informal meetings of Health and Safety leads continue on a monthly basis in between each formal meeting. The terms of reference were reviewed in April 2022 and approved by the Quality, Safety and Improvement Committee.

The organisation has a number of processes in place for maintaining and monitoring health and safety compliances so that assurance can be provided and any gaps identified with the appropriate actions required. During 2022/23, these included:

- ❖ Undertaking and reviewing risk assessments for our premises and addressing actions to ensure our workplaces remained COVID-19 safe and undertaking regular compliance audits to ensure adherence with regulations. Despite restrictions easing in April 2022, many of our services based in health board premises have still been required to wear appropriate protective equipment and health and safety practices adopted during the pandemic have remained in place to minimise the risk of spreading the infection within the workplace.
- ❖ Actively reviewing and managing incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR's) identifying lessons learned and sharing across the organisation.
- ❖ Undertaking audits, ensuring schedules are in place, and results acted upon to ensure gaps in process are resolved.

- ❖ Continual reviewing and updating of risk registers including the identification of issues and actions to mitigate risks.
- ❖ Reviewing and monitoring existing policies and procedures and development of new processes and procedures where required.
- ❖ Taking action to implement alerts and notifications as appropriate for the organisation. All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

The Health and Safety Group receives this assurance via the quarterly Health and Safety Report and exception reports received from the various Directorates/Divisions through the respective Health and Safety leads.

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

## 7. Long Term Strategy: Working to Achieve a Healthier Future for Wales (2030)

Our existing Long Term Strategy, 'Working to Achieve a Healthier Future for Wales, 2018 - 2030', was launched in 2018 and was informed by engagement with a range of stakeholders and partners. It resulted in us agreeing seven strategic priorities.

A formal review of our long-term strategy was started in 2021/2022 to assess the validity and future relevance of our existing strategy given the public health challenges of COVID-19, the cost of living crisis, war in Ukraine and the increasing impacts of climate change on health. As part of this work, we intended to validate and agree the key public health outcomes we aim to address, which would draw on the previous work undertaken in early 2020.

As a result of the significant challenges that Wales had faced as a result of the pandemic, it was agreed by the Board in December 2021 that the timeline for our review of our long-term strategy be extended into be completed in Autumn 2022/23.

During 2022/23, the review of the Long Term Strategy recommenced.

Our Strategy review, which has been led by the Board, provided us with an opportunity to assess future public health threats and opportunities. The review was underpinned by the latest public health evidence and research. Through significant engagement, the views of staff, stakeholders and the public have been incorporated into the development. These has been used to shape our thinking and informed the development of our new Strategy.

As part of the review, we have taken the opportunity to review, and refresh, our organisational purpose, mission and vision. These have been developed and informed by the views of staff on what they see as the role and purpose of Public Health Wales.

The draft Strategy was discussed in a series of Board and Executive Team sessions. In addition, draft versions were shared to provide an opportunity for specific comments and amendments.

Our new [Long Term Strategy for 2023- 2035](#) was approved by the Board on the 30 March 2023.

This revised Strategy sets out our vision for achieving a healthier future for Wales by 2035 through focusing on the delivery of our six strategic priorities that will drive our work over the long term. The Strategy has been developed through significant engagement with our staff, stakeholders and the public. We have used the Well-



being of Future Generations (Wales) Act, particularly the five ways of working, as key drivers to shape the approach to reviewing our Strategy.

We have adopted a cross-organisational and multidisciplinary approach to the development of our priorities, which has seen colleagues from across the organisation lead and contribute to each of them. For each, we set out the rationale for why it is a priority, the scope, our ambitions for what Wales will look like by 2035 and a small number of system-level population outcomes.

Our strategic priorities are:

❖ Influencing the wider determinants of health
❖ Promoting Mental and Social Well-being
❖ Promoting Healthy Behaviours
❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
❖ Delivering excellent public health services to protect the public and maximise population health outcomes
❖ Tackling the public health effects of climate change

We have focused on ensuring that we articulate within our strategy where we, as Public Health Wales, can add the most value for the people of Wales and our partners, including our role as a system leader, where appropriate.

For each strategic priority, we have set out system-level outcomes that will help us understand our progress in delivering the strategy.

Our focus will be on clearly articulating our specific role in relation to how we:

- ❖ Inform partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action
- ❖ Advocate for action to improve and protect health and reduce inequalities
- ❖ Mobilise partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities
- ❖ Deliver evidence-informed services to the public

Planning is underway for a formal launch of the long term strategy in May 2023, with a Plain English version, webpages and a plan on a page being developed.

## 8. Our Strategic Plan (Integrated Medium Term Plan)

Alongside the development of our Strategy, we also developed our new Strategic Plan (Integrated Medium Term Plan) for the first three years of the Long Term Strategy, and Financial Plan and Budgetary Control Framework for 2023/24. We have developed these through our integrated approach to planning, which aims to align delivery of our priorities within finance and workforce requirements. The Plan has been developed in line with our statutory requirements and Welsh Government guidance. The draft Strategic Plan has been discussed at a number of Executive Team sessions and shared for comment. As a result, a number of specific changes have been made, which are reflected in the version presented for approval.

On the 31 March 2023, the Board approved the [Strategic Plan 2023-2026](#) that was subsequently submitted to the Minister for Health and Social Services in April 2023 for approval.

The purpose of this Strategic Plan is to set out the key actions that Public Health Wales will deliver over the next three years in implementing the Long Term Strategy. . In delivering our strategic priorities, we will provide system leadership to support others where appropriate, work collaboratively to mobilise the collective efforts of partners, and aim to influence policy and legislation to achieve measurable improvements to population health.

In developing the Plan, we recognise that we are operating in a highly volatile and changing environment, which may require us to respond dynamically to changing or evolving challenges/opportunities. Therefore, the delivery of our Plan will need to be subject to regular review and we will establish robust arrangements to manage delivery and make decisions over potential in-year changes to this plan.

Our financially balanced Strategic Plan for 2023 – 2026 sets out the actions that we will deliver over the first three years of our new strategy. In particular, the first year of our plan will be a year of change as we transition into the delivery of our six strategic priorities. The Plan has been developed in line with Welsh Government planning requirements and is underpinned by a more detailed minimum data set. Our refreshed strategic risks will be included within the Plan once finalised.

We adopted an integrated approach to the development of our Plan, which considers the key delivery, financial and workforce implications. Specific detail on each of these aspects is included within relevant sections of the Plan. A key focus during the development of the Plan has been on assessing its overall feasibility and to better understand the internal and external dependencies related to our key milestones.

Significant work has been undertaken during early 2023 around this and the Plan has been refined, including the profiling of milestones, accordingly.

As part of our implementation, we will put in place key controls to manage and oversee the delivery of the Plan, including regularly reporting progress to the Executive Team and Board.

## 9. Mandatory Disclosures

### 9.1 Equality, Diversity and Human Rights

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

We launched our Strategic Equality Plan for 2020–2024 in July 2020, following a consultation with members of staff and the public, and continue to work towards achieving the targets and objectives we set out in the plan. Work towards developing the next set of objectives for 2024-2028 will commence in April 2023, in partnership with internal and external stakeholders.

In order to support the revised Strategic Equality Plan, an implementation plan has been developed. A Stakeholder Reference Group made up of external organisations who represent the different protected characteristics continues to monitor and oversee progress being made towards achieving the objectives. Corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee. Progress against the actions in the Strategic Equality Plan will be reported to the People and Organisational Development Committee regularly.

In line with the Public Sector Equality Duties, we have recently published our [Annual Equality Report for 2021-2022](#) highlighting progress so far. We have also published a separate report on our [Gender Pay Gap](#), which has also been reported on the Government portal. We have also reported on our employment, training, and equality data.

We recognise that we need to continue to ensure that the services we deliver are inclusive and that the workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality. Work must also continue, to reduce inequalities. We are engaging more with people from protected communities to inform our work. In adopting this practice, we will develop strong partnerships with people from protected communities and learn from them and with them. We were awarded Silver Plus One status in the Diverse Cymru Cultural Competence Certification Scheme.

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

## 9.2 Welsh Language

Responsibility for the Welsh language within Public Health Wales rests with the Director of People and Organisational Development, and oversight of operational activity is delegated to the Welsh Language Manger within the People and Organisational Development Directorate. Responsibility for Welsh language is also embedded in the responsibilities of every team across that Directorate. Each Directorate sends a representative to the Welsh Language Group, and this is the vehicle by which information is disseminated and exception reports received in order to inform statutory and organisational reporting. While all Board members demonstrate leadership and commitment towards the language, there is a Board-level Welsh-language champion, Dyfed Edwards (until 28 February 2023) and Kate Eden (from 1 March 2023).

Public Health Wales has statutory obligations towards the Welsh language under the Welsh Language Standards (No. 7) Regulations 2018. As a public body in Wales, we are also expected to demonstrate its contribution towards the Welsh-language goals included in the Well-being of Future Generations Act (2015), the More Than Just Words plan, the Health and Social Care Standards and the Welsh Government's Cymraeg 2050 strategy.

The People and Organisational Development Team provide regular reports for the People and Organisational Development Committee, via the Executive Team. This includes reporting against the Welsh Language Standards, as informed by exception reports from members of the Welsh Language Group as well as proactive monitoring carried out by People and Organisational Development staff. In addition, the team provides annual reports to Welsh Government against the More Than Just Words initiative and the Health and Social Care Standards, and produces an Annual Welsh Language Report to be published on the Public Health Wales website by the end of September each year, in accordance with Standard 120 of the Regulations.

Our Welsh Language Network called Ymlaen, was set up in March 2023. So far, over 60 people have joined the network which looks at promoting the Welsh Language, culture and heritage, as well as supporting staff to learn and enjoy the language.

## 9.3 Handling Complaints and Concerns

We have arrangements in place to enable us to manage and respond to complaints and concerns in order to meet the requirements of the [NHS \(Concerns, Complaints and Redress Arrangements\) \(Wales\) Regulations 2011](#) and the [All Wales Policy Guidance for Putting Things Right](#). The Quality, Safety and improvement Committee has oversight of complaints and concerns.

In 2022/23 30 formal complaints were received. 90% (27) were acknowledged within the target two working days and 97% (29) were responded to within the 30-working

day timeframe. In addition, 73 early resolution (Informal) complaints were received during the reporting period.

In 2022/23 2,103 incidents were reported. Of these incidents, five were Nationally Reportable Incidents reported to the Delivery Unit and nine were No Surprises reported to the Welsh Government.

## 9.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2022/23, we received 185 requests for information which were handled under the FOIA. A further decline from the previous year but still an increase in requests from 2019 of more than 70%. The requests are now more varied and not specific to Covid-19.

150 of the total number received (81%) were answered within the 20-day target, with 35 being responded to outside of the deadline. 10 requests were received in quarter four and are still being processed.

## 9.5 Subject Access Requests

In 2022/23, 21 subject access requests were received. 19 of these were answered within the target of one calendar month. Two requests were received in quarter four and are still being processed.

## 9.6 Sustainability and Carbon Reduction Delivery Plan

We are committed to embedding sustainable development as the central organising principle of public sector bodies in Wales by ensuring a clear focus on outcomes and that strategic decisions are informed by consideration of the wider determinants of health and well-being. We recognise that sustainable development and public health are intrinsically linked and that complementary and coordinated actions are necessary to address the key challenges facing Wales in relation to both.

Following the declaration of a Climate Emergency by Welsh Government in 2019, Public Health Wales has been working to reduce our carbon footprint year on year and following the launch of the NHS Wales Decarbonisation Strategic Delivery Plan, commits to working towards achieving a carbon net zero position by 2030.

Since 2021, work has been underway across a number of Divisions in Public Health Wales to support the internal activity and the wider external system in responding to the climate emergency. This has involved embedding climate change activity into

existing programmes e.g. Health Working Wales and Improvement Cymru or the development of new programmes to enable action e.g. the Greener Primary Care Wales Scheme. We also published our NHS Wales Decarbonisation Strategic Delivery Plan setting out the plan for addressing the climate emergency in Wales through reducing the carbon footprint of the health sector, with specific actions for NHS Trusts including Public Health Wales.

The breadth and volume of work on the climate change and sustainability agenda within Public Health Wales led to the development of the Climate Change Programme Board in Spring 2022, which reports to the Deputy Chief Executive, Executive Director Operations and Finance. This Board aims to bring people together from across the organisation with the following aims:

- ❖ Agree a strategic direction on Public Health Wales' role in tackling the impact of climate change on public health.
- ❖ Agree a co-ordinated approach to responding to requests for evidence, information or support.
- ❖ Become an exemplar organisation in our approach to decarbonisation.

A workshop was held in December 2022 to consider Public Health Wales' role in addressing the public health impacts of climate change. It identified possible key elements of our role including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions, including policy advice, behavioural change, communication, surveillance, and guidance. As a result of this, a strategic priority focused on tackling the public health effects of climate change has been agreed and included in our revised Long Term Strategy. This details a number of objectives on what we will aim to achieve by 2035.

The Climate Change Programme Board is also underpinned by the Public Health Wales Decarbonisation, Environmental Sustainability and Climate Change Collaborative (DESCCC) which aims to provide a mechanism for teams to come together to share knowledge and work collaboratively to take forward our decarbonisation, environmental sustainability and climate change agendas. It is also supported by the Green Advocates Group - an informal staff network with over 100 members, who meet every three months to discuss a range of sustainability issues, share knowledge and inspire positive change.

As set out in the NHS Wales Decarbonisation Strategic Delivery Plan, Public Health Wales has developed a Public Health Wales Decarbonisation Action Plan that demonstrates how the organisation will contribute to the 46 initiatives. The plan was approved in April 2022 and progress against the plan is currently monitored through the Climate Change Programme Board and progress reported to Welsh Government biannually as part of the qualitative reporting requirements. We also contribute on an annual basis to the public sector reporting quantitative reporting which involves data gathering and reporting of our greenhouse gas emissions and are members of the Welsh Government Climate Change Programme Board.

Feedback from the reports will be used to prioritise areas of focus to reduce our carbon footprint during 2023/24.

As part of our continued recovery from the pandemic, we recognise that more can be done to embed sustainability at the heart of our culture and the adoption of new ways of working will support this. We will continue to use the Well-being of Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016 as drivers, ensuring that the climate and biodiversity are considered as part of everyday decision making and by reducing our carbon footprint and environmental impact will also make a significant contribution to achieving a resilient, healthier, and globally responsible Wales.

We have already begun to undertake significant work across the organisation to reduce our carbon footprint and this will continue through the life of this Plan. We signed the Cardiff Public Service Board Healthy Travel Charter in April 2019. This committed the organisation, and other Cardiff based public sector organisations, to both reduce unnecessary travel and promote healthy travel. Through changes in our ways of working we have been encouraging staff to use sustainable transport as well as supporting staff to work flexibly through our Work How it Works Best initiative. We achieved the Health Travel Charter commitments in December 2022 and are planning how they can be rolled out across all our major sites. This will support the Welsh Government's commitment to have 30% of public workforce working remotely and reducing the carbon emissions arising from commuting to offices.

During 2022/23 we also commenced work to attain the internationally recognised BS EN ISO 14001:2015 which will help us build confidence and trust with stakeholders that we are compliant with our legal obligations, drive sustainable development through the adoption of environmentally sound processes and contribute to our corporate social responsibility agenda. We have achieved the first stage of the audit work and are now ready to move onto the second stage of the audit process which will commence in May 2023.

The Health and Sustainability Hub has developed various e-guides and resources to support staff embedding sustainable behaviour to help reduce their emissions in work and at home, including the 'Be the Change - Sustainable Home and Agile Working' e-guide, the 'Well-being Goals Challenge' and more recently a Sustainable procurement e-guide published in February 2023. In 2022 we also published the 'Sustainable Improvement for Teams (SIFT) Healthy Environment Workshop' to enable teams and individuals to identify their environmental impacts and plan to reduce them. We will continue to support teams to use the Healthy Environment toolkit in 2023.



## 9.7 Emergency Planning/Civil Contingencies

The Emergency Preparedness Resilience and Response (EPRR) Team are responsible for providing public health EPRR leadership at all levels across the organisation.

The Civil Contingencies Act (2004) places a number of legal duties on Public Health Wales as a Category One responder, in respect of risk assessment, emergency planning, business continuity, warning and informing, sharing information and cooperating with local responders.

As a Category One responder under the Civil Contingencies Act, Public Health Wales collaborates with partners, local resilience fora, national and international health institutes in planning for, responding to and recovering from emergencies and major incidents.

Working with the four local resilience fora across Wales in 2022/2023, Public Health Wales attended Strategic and Tactical meetings, and provided further support to key risk specific subgroups such as the Risk, Chemical, Biological Radiological or Nuclear (CBRN), Infectious Disease and Health via Consultant's in Communicable Disease Control / Consultant's in Health Protection as well as the EPRR Team.

This has led to the continued development/maintenance of effective, flexible multi-agency arrangements for use in the response to and recovery from an emergency or major incident.

The Executive Lead for Emergency Planning (or nominated deputy) has attended and remains fully engaged in the Wales Resilience Forum, chaired by the First Minister; whilst the Head of EPRR represents the organisation at Wales Resilience Partnership Team meetings to ensure that Public Health Wales remain central in terms of resilience across Wales.

In January 2023, The EPRR Team obtained approval for and submitted the Health Emergency Planning Annual Report to Welsh Government, providing assurance that the organisation is fulfilling its civil protection duties as well as requirements set out in the NHS Wales Emergency Planning Core Guidance [2015].

Throughout 2022/2023 Public Health Wales has provided representation on other national groups including Wales Learning and Development Group, PREPARE Delivery Group, Emergency Planning Advisory Group and the Wales Risk Group.

Public Health Wales has also been a key contributor to the review of Civil Contingencies in Wales, participating in the three phases of the process that commenced in September 2022.

The organisation has also continued to Chair and lead the Four Nations Public Health EPRR Group which provides further opportunity to maintain strategic oversight of arrangements relating to the planning for and response to emergencies across the Four Nations.

## **Emergency Planning and Business Continuity Group**

Public Health Wales has a cross organisational Emergency Planning and Business Continuity (EPBC) Group who are responsible for the coordination and delivery of EPRR activity across the organisation via a work plan. Progress is reported to the Business Executive Team via the Directorate Management Team for Health Protection and Screening Services.

The EPBC Group met quarterly throughout 2022/2023 with recent activity focussing on organisational preparedness and business continuity in the light of multi-sectoral industrial action throughout the autumn and winter of 2022.

## **Emergency Response Plans and Procedures**

The Public Health Wales Emergency Response Plan (V.2) was formally approved by the Public Health Wales Board in September 2018 and updated as an Interim Working Draft in February 2022. It details the organisation's response arrangements to any emergency or major incident that requires the mobilisation of public health resources and capabilities beyond normal operations.

As part of the workplan for 2022/23, the EPRR Team committed to delivering a comprehensive review of the document to ensure that Public Health Wales continues to meet its statutory obligations under the Civil Contingencies Act (2004) in maintaining an Emergency Response Plan which is fit for purpose.

Subject to approval at Board, the intention will be to issue the document as version 03 of the Emergency Response Plan for Public Health Wales in May 2023.

Further developments have included:

- ❖ Publication of Emergency Planning and Business Continuity SharePoint including dashboard for Lessons Management.
- ❖ Revised activation arrangements for countermeasures (for use in the event of a deliberate or accidental release of chemical, biological, radioactive or nuclear materials).

Public Health Wales will continue to review its emergency plans and procedures following the identification of learning through participation in exercises and in response to emergencies and major incidents. Identified learning and recommendations will be captured and monitored via the Emergency Planning and Business Continuity Lessons Management System. Progress will be reported through the Emergency Planning and Business Continuity Group.

## 9.8 Business Continuity

In fulfilling its duties in respect of business continuity, Public Health Wales has a Business Continuity Management System which aims to build organisational resilience with the capability for an effective response to safeguard the organisations staff, stakeholder, reputation, and activities.

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

To support Directorates/Divisions to exercise Business Continuity Plans, Public Health Wales has an 'off the shelf exercise' which aims to form the basis for a facilitated discussion on Business Continuity preparedness.

In light of the multi-sectoral industrial action throughout the autumn and winter of 2022, Directorates and Divisions (via the EPBC Group) were tasked with reviewing and updating individual business impact analyses and plans to provide organisational assurance regarding the continued delivery of critical activities.

### Training and Exercising

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

Over the course of 2022/23; Public Health Wales has facilitated learning in relation to Emergency Preparedness Resilience and Response for a total of 154 staff. This included attendance at Wales Gold, Wales Silver, Debrief Training, the Health Prepared Wales Conference in December 2022 and the Civil Contingencies Conference in March 2023.

The organisation has also participated in eight communication exercises and eight table-top exercises coordinated by the Emergency Preparedness, Resilience & Response Team. Within the last three years the organisation has also conducted two major live/simulated exercises with multi-agency partners across Wales.

In August 2022, the EPRR Team published the 'Introduction to Emergencies' E-Learning package on ESR for all NHS Wales Organisations.

In March 2023, the EPRR Team delivered an Emergencies & Major Incident Awareness Session to 38 Health Protection staff as part of the Annual Health Protection Training Day.

## Workforce

Since November 2021, there has been a significant change in organisational expectation from the EPRR function in addition to the discharge of its statutory functions under the Civil Contingencies Act [2004].

During 2022/23, the Head of EPRR was appointed on a permanent basis, and the established Band 6 Emergency Planning Officer role within the function has been permanently re-graded to the Band 7 Senior Emergency Planning Officer (retitled as EPRR Manager) role which has been temporarily in place since November 2021.

In recognition of the need for the EPRR Team to meet the extended ongoing organisational business need, additional roles for a Band 6 EPRR Officer and a Band 4 EPRR Support Officer role are being established in 2023/24.

## 9.9 Data Breaches

Information governance incidents and 'near misses' are reported through the organisation's incident management system. Since May 2018, personal data breaches (as defined in GDPR) are required to be risk assessed and in the most serious cases reported to the Information Commissioner's Office (ICO). All data breaches are reported quarterly to the Audit and Corporate Governance Committee and where appropriate they are reported to the Welsh Government, with full incident investigations are undertaken.

During 2022/23, eight reportable data breaches were recorded. All eight data breaches were reported to the Information Commissioner's Office (ICO) and three were reported to Welsh Government. For all eight reported, the ICO response stated that they were satisfied with the action taken by PHW and that no further action was required on their part.

## 9.10 UK Corporate Governance Code

We are required to comply with the *UK Corporate Governance Code: Corporate Governance in Central Government Departments: Code of Good Practice 2017*.

The information provided in this governance statement provides an assessment of how we comply with the main principles of the Code as they relate to an NHS public sector organisation in Wales. This assessment has been informed by the organisation's self-assessment against the Governance, Leadership and Accountability Standard (as part of the Health and Care Standards), and supported by evidence from internal and external audits.

Public Health Wales is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this governance statement but are reported more fully in the organisation's wider Annual Report.

A [report](#) was provided to the Audit and Corporate Governance Committee at its meeting on 16 March 2023 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

## 9.11 NHS Pensions Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure the organisation complies with all employer obligations contained within the Scheme regulations. 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.

## 9.12 Ministerial Directions

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to Public Health Wales. Ministerial Directions issued throughout the year are listed on the Welsh Government [website](#). There following Ministerial Direction (Non-Statutory Instruments) issued by the Welsh Government were reviewed, 2 required action from Public Health Wales during 2022/23 as shown in the table below.

<b>Ministerial Directions (MDs)</b>	<b>Date</b>	<b>Compliance</b>
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2022	7 April 2022	Assessed and not applicable to Public Health Wales
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2022	7 April 2022	Assessed and not applicable to Public Health Wales
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022	9 June 2022	Assessed and not applicable to Public Health Wales
The National Health Service (Charges to Overseas Visitors) (Amendment) (No. 3) (Wales) Regulations 2022	29 June 2022	This has been assessed, They do not apply directly to Public Health Wales as we are very unlikely to recover costs directly for services to overseas visitors. This has been added to the list of exemptions for charges (mpox and reciprocal arrangements with other nations).
The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) (Amendment) Directions 2022	29 July 2022	Assessed and not applicable to Public Health Wales
The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2)	8 August 2022	Assessed and not applicable to Public Health Wales
The Primary Care (Contracted Services: Outpatient Waiting List Scheme) Directions 2022	12 August 2022	Assessed and not applicable to Public Health Wales
Primary Care Contracted Services: Immunisations (PCCS:I) Amending Directions August 2022	25 August 2022	Assessed and not applicable to Public Health Wales

<b>Ministerial Directions (MDs)</b>	<b>Date</b>	<b>Compliance</b>
The Abortion Act 1967 – Revocation of the Approval of a Class of Place for Treatment for the Termination of Pregnancy (Wales) 2022	26 August 2022	Assessed and not applicable to Public Health Wales
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022	14 November 2022	Assessed and not applicable to Public Health Wales
The National Health Service (Charges to Overseas Visitors) (Amendment) (No. 4) (Wales) Regulations 2022	22 November 2022	This has been assessed, They do not apply directly to Public Health Wales as we are very unlikely to recover costs directly for services to overseas visitors. This has been added to the list of exemptions for charges (mpox and reciprocal arrangements with other nations).
The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2022	30 November 2022	Assessed and not applicable to Public Health Wales
The Wales Infected Blood Support Scheme (Amendment) (No. 2) Directions 2022	8 December 2022	Assessed and not applicable to Public Health Wales
The Regulated Services (Annual Returns) (Wales) (Amendment) (Coronavirus) Regulations 2020	13 December 2022	Assessed and not applicable to Public Health Wales
The Local Health Boards (Directed Functions) (Wales) Directions 2022	15 December 2022	Assessed and not applicable to Public Health Wales
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2023	13 January 2023	Assessed and not applicable to Public Health Wales

<b>Ministerial Directions (MDs)</b>	<b>Date</b>	<b>Compliance</b>
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2023	13 January 2023	Assessed and not applicable to Public Health Wales Assessed and not applicable to Public Health Wales
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023	21 February 2023	Assessed and not applicable to Public Health Wales



Welsh Health Circulars (WHC's) issued by Welsh Government are logged by the Board Business Unit and the organisations compliance with these are reported to the Audit and Corporate Governance Committee on a bi-annual basis.

A list of WHC's issued by Welsh Government during 2022/23 is available at:  
<https://gov.wales/health-circulars>

We have acted upon, and responded to, all Welsh Health Circulars (WHCs) issued during 2022/23 which were applicable to Public Health Wales.

Of the 29 issued, 16 of these were applicable to Public Health Wales. 12 required action, 1 was for information and 3 were for compliance.

The following 16 WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Compliance
WHC 2022/8	New Records Management Code of Practice for Health and Care 2022	Action	The requirements of WHC 2022 008 have been incorporated into the newly developed Records Management Policy and Procedure, which formed part of phase two of the records management project. The policy and procedure are currently in draft form and appropriate approvals will be progressed.
WHC 2022/13	2022/23 LHB, SHA and Trust Monthly Financial Monitoring Return Guidance	Compliance	This WHC has been enacted, and we are complying with the guidance and requirements within the WHC for monthly financial monitoring returns for 2022/23
WHC 2022/15	Changes to the vaccine for the HPV immunisation programme	Action	This WHC has been enacted. The Vaccine Preventable Disease Programme have been working alongside Welsh Government, UKHSA and the Local Health Boards to prepare for the change from Gardasil to Gardasil 9 for some time. This has been enacted through amendments to public information, consent forms and training provided to partners by VPDP. The completion of the transition from Gardasil to Gardasil-9 was confirmed on 28 June 2022 and this is now the only product available to order by health boards. Therefore this transition programme has been successfully concluded.
WHC 2022/16	The National Influenza Immunisation Programme 2022/23	Action	Public Health Wales have commenced the planning and implementation of the internal staff Influenza Immunisation Programme in line with WHC (2022) 010. The Internal Influenza Vaccination Delivery Plan 2022/23 was provided to QSIC 16 August 2022 and the committee was asked to consider and take assurance from the plan. Our aim is to maximise the staff uptake of

WHC No.	Title	Status	Compliance
			immunisations for the 2022/23 campaign in line with WHC (2022) 016 objectives to increase coverage in all eligible groups.
WHC 2022/18	Guidelines for managing patients on the suspected cancer pathway	Compliance	These guideline are relevant to the Breast Screening Programme, Bowel Screening Programme and Cervical Screening Programme. The pathways for Breast, Colorectal and Cervical all include screening programmes as one of the routes into the pathway. This Welsh Health Circular has been shared with Heads of Programme for these programmes and also received at the Screening Division Senior Management Team on 9 August 2022. The screening programmes points of suspicion for the pathway is complied with as it is from the point of the outcome of the screening test. The timescales in the pathways are not currently being met due to the recovery from the COVID-19 pandemic across screening and the healthcare system.
WHC 2022/20	Never Events – Policy and Incident List July 2022	Compliance/ Action/ Information	A review of our compliance against the points covered within this WHC has taken place to ensure compliance.
WHC 2022/21	National Optimal Pathways for Cancer (2022 update)	Action	The WHC has been enacted. The WHC applies to the three cancer screening programmes at Public Health Wales (cervical, bowel and breast). The Screening Division has confirmed compliance with working in line with the pathways outlined within the WHC.
WHC 2022/22	The Role of the Community Dental Service	Action	The WHC applies to the Community Dental Service employed by Health Boards. This workforce supports aspects of the PH programmes under the leadership of Public Health Wales, so has an indirect impact to the delivery of D2S, Gwen am Byth and the Dental Survey. This is being monitored. The

WHC No.	Title	Status	Compliance
			<p>Dental Public Health teams stand ready to support Health Boards in their role.</p> <p>The is a Dental Inquiry being led by the Welsh Government Health and Social Care Committee in October 2022 where the capacity of the CDS will be further investigated. Public Health Wales have provided a written statement and will give oral evidence to the Committee.</p>
WHC 2022/23	Changes to the vaccine for the HPV immunisation programme	Information	<p>This WHC relates to changes to the routine HPV schedule recommended by JCVI in a statement on 5 August 2022 and adopted by Welsh Government in a written statement on 12th August 2022. HPV vaccination is delivered by Local Health Boards in schools (normally in the spring term of years 8 and 9). These changes which reduce the number of doses given to under 25s are due to take effect in the academic year 2023/24. Public Health Wales Vaccine Preventable Disease Programme provide supporting materials and public information for the programme. All materials will require revision ahead of the change. As the transition to the new programme will not occur until the academic year 23/24, and delivery is normally in spring term (Jan-March) the programme will aim to implement by January 2024</p>
WHC 2022/28	More than just words Welsh language awareness course	Action	<p>The new Welsh Language Awareness course (More Than Just Words) is applicable to all Public Health Wales Staff. This WHC has been enacted.</p>
WHC 2022/31	Reimbursable vaccines and eligible cohorts - for the 2023/24 NHS Wales Seasonal	Action	<p>This WHC has been enacted by the VPDP team and incorporated into the advice and training provided to NHS Wales on the preparation and delivery of the influenza campaign for 2023/24</p>

WHC No.	Title	Status	Compliance
	Influenza (flu) Programme		
WHC 2022/35	Influenza (flu) Vaccination Programme deployment 'mop up' 2022/ 2023	Action	This WHC instructs Local Health Boards to plan to undertake influenza vaccination in mass vaccination centres to supplement the provision in GPs and community pharmacies in particular for 2-3 year olds and 16+ in clinical risk groups. Public Health Wales does not deliver vaccination to the public. Although we have a system leadership role in providing specialist advice to LHBs and Welsh Government, we are not directly impacted by the instruction.
WHC 2022/32	High Cost Drug System	Action	This WHC is in progress. The Executive Lead and relevant officers are working through the requirements to implement this WHC and a further update will be provided.
WHC 2023/1	Eliminating hepatitis (B and C) as a public health threat in Wales – Actions for 2022/23 and 2023/24	Action	This WHC is in enacted. Public Health Wales is represented at the Welsh Government BBV Oversight Group and is enacting WHC/2023/001 through the work plans of the various PHW teams involved, including in Microbiology, Communicable Disease Surveillance Centre and Communicable Disease Inclusion Health Programme. Specifically, Public Health Wales is working with the health boards to support them in developing their joint recovery plans (Action 1), and is currently developing information tools to monitor progress to elimination and assessing methods to estimate hepatitis C and hepatitis B prevalence (Action 13). Public Health Wales is also contributing to other actions in the WHC where it is not specifically mentioned, for example: in supporting case finding (Action 4), improving testing models (Action 5, in micro-elimination initiatives in prisons (Action 9), and in delivering the national re-engagement programme (Action 12). Welsh Government is seeking

WHC No.	Title	Status	Compliance
			ongoing funding to support national coordination posts. Public Health Wales is required to provide evidence that any funding to PHW to employ national coordination posts has been used to support the BBV elimination work (Action 2)
WHC 2023/2	New Lower Gastrointestinal 'FIT' National Optimal Pathway	Action	This WHC has been enacted. The Screening Laboratory. Public Health Wales provides Symptomatic FIT testing to primary care services across five of the seven Health Boards (Aneurin Bevan, Betsi Cadwaladr, Cardiff and Vale, Powys and Swansea Bay) in Wales. This provides coverage to approximately 75% of the population. Currently testing around 5,000 samples per month.
WHC 2023/4	COVID-19 spring booster vaccination programme 2023	Action	This WHC has been enacted. The WHC sets out the operationalisation of the recent JCVI advice on COVID-19 booster vaccination for those who are over 75, resident in care homes for older adult or a severely immunosuppressed. Public Health Wales VPDP have built the requirement to provide surveillance for this cohort into its processes for routine surveillance. We have also provided training and PGDs to allow LHBs to safely and legally administer the vaccine, and developed the appropriate public information resources to support vaccination..

## 10. Hosted Bodies

We have continued to host two bodies during 2022/23:

### 10.1 NHS Wales Health Collaborative

The NHS Wales Health Collaborative was established in 2015 at the request of NHS Wales Chief Executives to improve the level of joint working between NHS Wales' bodies, NHS Wales, and its stakeholders. The Collaborative's work supports improving the quality of care for patients and, ultimately, improving NHS services Wales-wide.

The Collaborative's core functions are the:

- ❖ Planning of services across organisational boundaries to support strategic goals
- ❖ Management of clinical networks, strategic programmes and projects across organisational boundaries
- ❖ Co-ordination of activities and teams across NHS Wales with a view to simplifying existing processes.

The Collaborative is hosted by Public Health Wales, on behalf of NHS Wales, under a formal hosting agreement, which is signed by the ten NHS Wales Chief Executives of Health Boards, NHS Trusts, and the Director of the Collaborative. The Collaborative has a clear reporting line upwards to the Collaborative Executive Group (Chief Executives meeting monthly) and, ultimately, to the Collaborative Leadership Forum (Chairs and Chief Executives meeting approximately quarterly). The Collaborative Executive Group and Collaborative Leadership Forum sign off the Collaborative's work plan annually.

A hosting agreement has been in place since 2015. The current agreement was extended by the Board in February 2022, and runs to 31 March 2023. The agreement provides details of the responsibilities of the Public Health Wales Board and the hosted body. The Board receives assurance on compliance with the terms of the agreement through the production of an Annual Compliance Statement and Report from the Collaborative. The Report for 2022/23 was received by the Audit and Corporate Governance Committee in March 2023.

The Collaborative has its own risk management process (that is compliant with the relevant Public Health Wales policy and procedures) and risks from their Corporate Risk Register are escalated to the Public Health Wales Board as appropriate.

From 1 April 2023, the NHS Collaborative formed part of the NHS Executive, which will be hosted by Public Health Wales. ([Refer Section 10.3](#))

## 10.2 Finance Delivery Unit

The Finance Delivery Unit (the Unit) was formally established in January 2018, following an announcement by the Cabinet Secretary for Health and Social Services.

The purpose of the Unit is to enhance the capacity to:

- ❖ Monitor and manage financial risk in NHS Wales and to respond at pace where organisations are demonstrating evidence of potential financial failure
- ❖ Accelerate the uptake across Wales of best practice in financial management and technical and allocative efficiency.

The Unit is hosted by Public Health Wales under a formal hosting agreement signed by Public Health Wales, the Director of the Finance Delivery Unit and the Director of Finance, Health, and Social Services Group, Welsh Government. The Unit is accountable to the Director of Finance, Health and Social Services Group at Welsh Government and the annual work programme is agreed and monitored through regular meetings with Welsh Government.

The Board receives assurance on compliance with the terms of the hosting agreement through the production of an Annual Assurance Statement and Report from the Unit. The Report for 2022/23 was received by the Audit and Corporate Governance Committee and Board on 10 May 2023.

From the 1 April 2023, the Finance Delivery Unit formed part of the NHS Executive, which will be hosted by Public Health Wales. (Refer [Section 10.3](#))

## 10.3 NHS Executive

The Welsh Government decision to establish an executive function was set out in *A Healthier Wales* and based on the findings and recommendations of both the OECD Quality Review and the Parliamentary Review of the Long-term Future of Health and Social Care. Both set out the need for a stronger centre, additional transformational capacity and streamlining of current structures.

The NHS Executive for Wales ('the NHS Executive') is being established under a Mandate from the Welsh Ministers as a 'hybrid' model, comprising a senior team within Welsh Government, supported by the bringing together of defined national bodies in the NHS in Wales into a single delivery and accountability structure.

The services of the NHS Executive include services previously delivered by;

- ❖ The NHS Wales Health Collaborative
- ❖ The NHS Wales Delivery Unit
- ❖ The NHS Wales Finance Delivery Unit
- ❖ Improvement Cymru



The agreement between Public Health Wales and Welsh Government to Host the NHS Executive was approved by the Board on 26 January 2023. The document sets out appropriate governance and reporting arrangements for the NHS Executive (NHS based) to ensure that hosting arrangements are clear and transparent and that the rights and obligations of all parties to this Agreement are documented and agreed.

The hosting arrangements for the NHS Executive will come into effect from 1 April 2023.

The intention is for Improvement Cymru to be fully integrated into the Executive structure under the formal hosting arrangements to be completed no later than 1 April 2024. In March 2023, the Board approved a memorandum of understanding (MOU) with Improvement Cymru, that set out the mechanism by which Public Health Wales, who is managerially accountable for the Services within Improvement Cymru, will work with and respond to the Mandate set for the NHS Executive by the Welsh Ministers and the overall delivery of the NHS Executive from 1st April 2023.

From April 2023, the Board will receive assurance on compliance with the terms of the hosting agreement through the production of an Annual Assurance Statement and Report from NHS Executive. This will be reported through the Audit and Corporate Governance Committee.

## 11. Staff and Staff Engagement

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

In support of the Board and Executive, we have a formal advisory group - the Local Partnership Forum, formally the Joint Negotiating Committee (JNC).

The Local Partnership Forum has met five times during 2022/23 and has considered the following matters:

- ❖ Updated Terms of Reference for the Local Partnership Forum
- ❖ Proposals for governance arrangements relating to Partnership working at Board
- ❖ Sharing of organisational performance data including End of Year Reviews to update on key achievements, risks and developments
- ❖ Change programme updates, including the TUPE Transfer of Local Health Teams to health boards
- ❖ Update on the organisation's Long-term Strategy review
- ❖ Sharing of progress relating to the development of the Values and Behaviours Framework
- ❖ Ballots for industrial action
- ❖ Cost of living crisis and the organisational response, including adoption of Wagestream
- ❖ Development of the Being our Best framework
- ❖ Development of the Management and Leadership framework
- ❖ Employee Value Proposition (our people promise)
- ❖ Improved Employee On-Boarding and Induction
- ❖ Job evaluation and updated job description templates
- ❖ Long-term Strategy and Integrated Medium Term Plan
- ❖ Management of organisational change
- ❖ Policy review and development
- ❖ Release for Trades Unions activity (Facilities Time)
- ❖ Work How it Works Best

The Forum has commented on, and recommended, several policies for approval. In addition to this formal meeting, we have established an informal meeting which meets every other month to address more operational issues.

There is a well-established Joint Medical and Dental Negotiating Committee. During 2022/23, we have continued informal monthly meetings with representatives from this group.

In addition to these formal partnering mechanisms, we have consulted with the trade unions on all policy reviews and the introduction of all new policies during the last year.

We also have a consultation process open to all staff for all new and revised organisational policies, staff diversity networks and engagement events, all of which are used to hold

meaningful individual and group conversations with our colleagues. These mechanisms are used in parallel with other ways for staff to share their work and opinions, including the intranet, Yammer and a Public Health Wales Staff Facebook group, whose membership now accounts for over half of the workforce.

We had planned to participate in the All-Wales NHS Staff Survey, but the decision was taken at a national level to delay this until later in 2023.

We continued to work towards improving the areas which the previous Wellbeing Survey had highlighted as priorities. These were, Communication, Line Managers and Work/Life Balance. Our “Work How it Works Best” Pilot was put in place, and closely monitored and evaluated in order to assess the impact on different staff groups. This pilot has been highly beneficial for many members of staff, particularly those with caring responsibilities, disabilities and long term health conditions. Work was also undertaken to develop a Behavioural Framework entitled “Being our Best”. Based on our organisational values, this sets out how we are expected, and how we can expect others to go about doing what we do. The Staff Diversity Networks were involved throughout the design and development of both of these projects, ensuring they were fit for purpose and accessible for all staff.

During 2022/23, we invited our consultant colleagues (medical and multi-professional) to a series of facilitated discussions to improve understanding of their experience working at Public Health Wales. This has enabled us to prioritise and agree collectively five areas to address in the first instance, with consultant colleagues being further invited to share their suggestions for change needed to bring about the improvements required. These suggestions have led to the development of a series of solution-focussed actions which we are currently rolling out.

## 12. Review of Effectiveness

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

The Board and Committees have reviewed the effectiveness of the system of internal control in respect of the assurances received. The Strategic Risk Register is the mechanism for close monitoring of strategic risks and is scrutinised by the Board and Committees. On reviewing the system of internal control, I can confirm that it is effective in providing the necessary assurance to the Board and Committees.

The four standing Committees undertook a self-assessment during 2022/23 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will feed into the wider review of Board effectiveness scheduled for Quarter 1 2023.

*(Further information on the Effectiveness cycle can be found in [section 4.2](#) of this report.)*


### 12.1 Internal Audit

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

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

The Head of Internal Audit has concluded (taken from Head Internal Audit Annual Opinion):

The overall opinion for 2022/23 is that:

<b>Reasonable assurance</b>		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.
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### Summary of Audits 2022/23

Review Title	Assurance Rating	Objective of Review
Local Public Health Teams	Substantial	To consider the planned project approach and its implementation.
Financial Management	Substantial	To consider the management of financial plans at Directorate level.
Cyber Security	Substantial	Review the arrangements in place for the implementation of the NIS Directive in the Trust, including the Cyber Assessment Framework (CAF), improvement plan and overarching governance.
Welsh Risk Pool Process	Substantial	To provide assurance over the reimbursement processes in place within the Trust.
Health protection division management arrangements (Draft)	Substantial	To evaluate and determine the adequacy of the systems and controls in place within the Health Protection Division following the outcome of the internal review of the health protection operating model.
Health and Safety	Reasonable	To consider corporate reporting of Health and Safety matters with consideration to matters concerning staff working from home.
Workforce – sickness absence monitoring	Reasonable	To consider the effectiveness of sickness absence monitoring and reporting.
Information governance – contract management	Reasonable	To review of the arrangements in place for the management of Information Governance (IG) requirements within the contracts management process.
Risk Management	Reasonable	To undertake a high-level review of the new risk process. Focusing on the first year of

Review Title	Assurance Rating	Objective of Review
		implementation of the risk management development plan.
Information Provision	Reasonable	To evaluate and determine the processes in place for the Trust to deliver information products to the right users and whether the transformation plans put in place by the new Leadership Team are sufficient to address the problems.
Population Health Grants Management	Limited	To review the arrangements the Trust has in place in relation to the management of a number of population health grants.
No Assurance		
None		
Advisory/Non-Opinion		
None		

The audit work undertaken during 2022/23, was reported to the Audit and Corporate Governance Committee. These detailed results have been aggregated to build a picture of assurance across the organisation.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

## 12.2 Counter Fraud

From 1 April 2012, Public Health Wales has three accredited local counter fraud specialists to support the organisation developing a counter fraud culture by providing advice, awareness sessions, newsletters and if necessary conducting investigations.

The local counter fraud investigators regularly liaise with the Counter Fraud Service (Wales), Counter Fraud Authority and work with other agencies such as the police, and the Home Office Immigration and Enforcement teams regarding fraud investigations, and circulate any alerts in fraud methods. When it is necessary specialist fraud lawyers in the Crown Prosecution Service are consulted about appropriate criminal charges.

At 1st April 2022 a total of (0) investigations were open and being investigated by the team.

During the course of this financial year a total of (4) new referrals have been received and investigated by the team. A total of (4) cases were promoted to formal investigation. All have been fully investigated and all have now been closed. Three resulted in no further action being required and one resulted in a disciplinary sanction.

At 31st March 2023 there are (0) live cases being investigated by the team on behalf of Public Health Wales .

Counter Fraud reports and updates are provided to the Audit and Corporate Governance Committee throughout the year.

## 12.3 External Audit – Audit Wales

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales (AW) undertakes the external auditor role for Public Health Wales, on behalf of the Auditor General.

Each year a Structured Assessment report completed, for 2022, AW reported:

*‘ Overall, we found that the Trust has a strong commitment to good governance but could tighten up its Board administration arrangements and strengthen its systems of assurance. Plans to review the Trust’s long-term strategy present an opportunity to strengthen these arrangements by revisiting strategic risks and strengthening assurance frameworks to ensure they drive delivery of its strategic priorities.’*

The report identified areas for improvement for the Organisation including developing a more comprehensive Board Assurance Framework :

*‘...Despite positive sources of assurance for performance, quality, and information governance, the Trust could strength its systems of assurance by developing a more comprehensive Board Assurance Framework.’*

These recommendations will be taken forward in 2023/24, and reported to the Audit and Corporate Governance Committee.

## 13. Conclusion

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

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

This Annual Governance Statement provides a summary of the steps the organisation is taking to demonstrate that we operate in accordance with the governance standards and the wider standards framework. This report demonstrates the evidence that we comply with these standards.

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

**Signed:**

**Tracey Cooper**

Date: 27 July 2023

**Dr Tracey Cooper**

**Chief Executive and Accountable Officer, Public Health Wales**



## Annex 1: Board and Committee Membership/Attendance 2022/2023

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2022/23***
Jan Williams OBE	Chair	<ul style="list-style-type: none"> <li>(Chair) Board</li> <li>(Chair) Remuneration and Terms of Service Committee</li> </ul> <p>Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee.</p> <p>Attendee:</p> <ul style="list-style-type: none"> <li>Audit and Corporate Governance Committee**</li> <li>Quality, Safety and Improvement Committee**</li> <li>People and Organisational Development Committee**</li> <li>Knowledge, Research and Information Committee **</li> </ul>	7/7 2/2  1/5 2/5 1/6 2/4
Dr Tracey Cooper	Chief Executive	<ul style="list-style-type: none"> <li>Board</li> <li>Remuneration and Terms of Service Committee</li> </ul> <p>Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee.</p> <p>The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p> <ul style="list-style-type: none"> <li>Audit and Corporate Governance Committee**</li> <li>People and Organisational Development Committee**</li> <li>Quality, Safety and Improvement Committee**</li> <li>Knowledge, Research and Information Committee **</li> </ul>	6/7 2/2  1/5 1/6 2/5 1/4
Rhiannon Beaumont- Wood	Executive Director of Quality, Nursing and Allied Health Professionals	<ul style="list-style-type: none"> <li>Board</li> <li>Quality, Safety and Improvement Committee**</li> <li>Audit and Corporate Governance Committee**</li> <li>People and Organisational Development Committee **</li> </ul>	7/7 5/5 2/5 4/6

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2022/23***
		<ul style="list-style-type: none"> <li>Knowledge, Research and Information Committee**</li> </ul>	0/4
Professor Mark Bellis OBE (until 5 December 2022)	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being	<ul style="list-style-type: none"> <li>Board*</li> <li>Knowledge, Research and Information Committee**</li> </ul>	3/5 0/2
Sumina Azam (from 6 December 2022)	Acting Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being	<ul style="list-style-type: none"> <li>Board*</li> <li>Knowledge, Research and Information Committee**</li> </ul>	2/2 1/2
Iain Bell	National Director of Public Health Knowledge and Research	<ul style="list-style-type: none"> <li>Board*</li> <li>Knowledge, Research and Information Committee **</li> </ul>	6/7 4/4
Dr John Boulton	National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru	<ul style="list-style-type: none"> <li>Board*</li> <li>Quality, Safety and Improvement Committee**</li> <li>Knowledge, Research and Information Committee **</li> </ul>	7/7 4/5 2/4
Helen Bushell	Board Secretary and Head of Board Business Unit (until 6 January 2023)	<ul style="list-style-type: none"> <li>Board*</li> <li>Remuneration and Terms of Service Committee**</li> <li>Audit and Corporate Governance Committee**</li> <li>Quality, Safety and Improvement Committee**</li> <li>People and Organisational Development Committee **</li> <li>Knowledge, Research and Information Committee **</li> </ul>	5/5 1/1 3/3 2/4 3/4 0/4
Elizabeth Blayney	Acting Board Secretary and Head of Board Business Unit  (From 9 January 2023)	<ul style="list-style-type: none"> <li>Board*</li> <li>Remuneration and Terms of Service Committee**</li> <li>Audit and Corporate Governance Committee**</li> <li>Quality, Safety and Improvement Committee**</li> <li>People and Organisational Development Committee **</li> <li>Knowledge, Research and Information Committee **</li> </ul>	2/2 1/1 2/2 1/1 2/2 1/1

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2022/23***
Kate Eden	Vice Chair and Non-Executive Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• (Chair) Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> <li>• Audit and Corporate Governance Committee</li> </ul>	7/7 2/2 5/5 1/1 1/1
Dyfed Edwards	Non-Executive Director (until 28 February 2023)	<ul style="list-style-type: none"> <li>• Board</li> <li>• (Chair until 28 February 2023) Audit and Corporate Governance Committee</li> <li>• Remuneration and Terms of Service Committee</li> <li>• People and Organisational Development Committee</li> </ul>	4/6 3/4  1/1 4/5
Nick Elliott	Non- Executive Director (Data and Digital) from 3 May 2022	<ul style="list-style-type: none"> <li>• Board</li> <li>• (Chair until 1 March 2023) Audit and Corporate Governance</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	7/7 1/1 2/2 4/4 4/4
Mohammed Mehmet	Non-Executive Director (Local Authority)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• (Chair) People and Organisational Development Committee</li> </ul>	5/7 2/2 5/5 6/6
Professor Sian Griffiths	Non-Executive Director (Public Health)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• (Chair) Knowledge, Research and Information Committee</li> </ul>	7/7 0/2 3/5 4/4
Professor Diane Crone	Non-Executive Director (University)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	7/7 2/2 4/5 4/4
Huw George	Deputy Chief Executive and Executive Director of Operations and Finance	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> </ul>	7/7 0/2 5/5

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2022/23***
Neil Lewis	Director of People and Organisational Development	<ul style="list-style-type: none"> <li>• Board*</li> <li>• People and Organisational Development Committee**</li> <li>• Remuneration and Terms of Service Committee</li> </ul>	7/7 6/6 2/2
Kate Young	Non-Executive Director  (Third Sector)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• People and Organisational Development Committee</li> </ul>	5/7 2/2 3/5 6/6
Sally Attwood (until 31 May 2022)	Acting Director of Health and Wellbeing	<ul style="list-style-type: none"> <li>• Board</li> <li>• People and Organisational Development Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	1/1 0/1 0/0
Angela Jones (from 1 June 2022)	Acting Director of Health and Wellbeing	<ul style="list-style-type: none"> <li>• Board</li> <li>• People and Organisational Development Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	5/6 3/5 3/4
Dr Fu-Meng Khaw	National Director Health Protection Services and Screening, Executive Medical Director	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	4/7 3/5 0/6 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.

\*\*\*

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

+ The allocation of champion roles is under review, awaiting confirmation from Welsh Government.

Note – Executive Team Members may attend other Committees on request.



## Board Champions

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Fire Safety	Exec	Deputy Chief Executive and Executive Director Finance and Corporate Services (Huw George)	N/A
Emergency Planning	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Caldicott	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Violence and Aggression	Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood)	N/A
Infection Prevention and Control	Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood)	Non-Executive Director (Sian Griffiths)
Armed Forces and Veterans	Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood)	Chair (Jan Williams)
Mental Health	Vice Chair	N/A	Vice Chair (Kate Eden)

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Equality	Non-Exec	N/A	Non-Executive Director - Local Authority (Mohammed Mehmet)
Children and Young People	Exec & Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood)	Non-Executive Director - University (Diane Crone)
Putting Things Right	Exec & Non-Exec	Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood)	Vice Chair (Kate Eden)
Raising Concerns (Staff)	Exec & Non-Exec	Board Secretary and Head of Board Business Unit (Helen Bushell) (Liz Blayney from until 9 January)	Chair (Jan Williams)
Welsh Language	Exec	Director of People and Organisational Development (Neil Lewis)	Non-Executive Director (Dyfed Edwards)* (Until 28 February 2023) Kate Eden, Vice Chair (from 1 March 2023)
Older Persons	Non-Exec	N/A	Non-Executive Director – Third Sector (Kate Young)
Socio-Economic Duty	Exec	Mark Bellis and Helen Bushell (Vacant from 9 January 2023)	N/A
Research and Evaluation	Non-Exec	N/A	Non-Executive Director - University (Diane Crone)

Key - E = Executive / NE – Non-Executive

\*NE also identified as Director of People and OD not a Board member



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

# Part B: Remuneration and Staff Report 2022/23





- 1.1 The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales and other people-related matters.
- 1.2 The Pay Policy Statement (Annex 3) relates to Public Health Wales' strategic stance on senior manager remuneration and provides a clear statement of the principles underpinning decisions on the use of public funds.
- 1.3 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.'*
- 1.4 For Public Health Wales, the Senior Managers are considered to be the regular attendees of the Trust Board meetings, i.e. the Executive Directors, the Non-Executive Directors and the remaining Board-Level Directors. Collectively the Executive and Board-Level Directors are known as the Executive Team. Although not formally a member of the Executive Team, the Board Secretary and Head of the Board Business Unit is also included within the definition of Senior Manager.

## 2. Remuneration and Terms of Service Committee

- 2.1 The Public Health Wales Remuneration and Terms of Service Committee considers and approves salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff.
- 2.2 The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme, redundancy payments and early retirements.
- 2.3 All Executive Directors' pay and terms and conditions have been, and will be, determined by the Remuneration and Terms of Service Committee within the Framework set by the Welsh Government.
- 2.4 During 2022/23 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:
  - ❖ Jan Williams OBE (Chair)
  - ❖ Dr Tracey Cooper (Chief Executive).
  - ❖ Kate Eden (Vice Chair and Non-Executive Director)
  - ❖ Dyfed Edwards (Non-Executive Director) until February 2023
  - ❖ Professor Diane Crone (Non-Executive Director)
  - ❖ Professor Sian Griffiths (Non-Executive Director)



- ❖ Mohammed Mehmet (Non-Executive Director)
- ❖ Nick Elliott (Non-Executive Director)
- ❖ Kate Young (Non-Executive Director)

- 2.5 The 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.
- 2.6 All payments are against the pay envelope in the annual letter from the Chief Executive of NHS Wales on this matter. The Senior Managers to receive pay-awards have been those remunerated on 'Medical and Dental' or 'Agenda for Change' pay scales and those in 'Executive and Senior Posts'.
- 2.7 During 2022/23, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):
- ❖ The Chief Executive approved the appointment of Angela Jones as Acting Director of Health and Wellbeing from 27 June 2022 to 31 April 2023
  - ❖ 07 December 2022 - approved the appointment of Sumina Azam as Acting National Director of Policy and International Health/Director of the World Health Organization Collaborating Centre
  - ❖ 07 December 2022 - noted the appointment of Liz Blayney as Acting Board Secretary and Head of the Board Business Unit

#### **Voluntary Early Release/Redundancy/Settlement payments:**

- ❖ Approval of one application, totalling £79,592 under the Voluntary Early Release Scheme.
- ❖ One redundancy, totalling £4,630.
- ❖ One settlement payment, totalling £44,602.

### **3. Salary and Pension Disclosures**

- 3.1 Details of salaries and pension benefits for Senior Managers captured within this report are given in Annexes 1 and 2.
- 3.2 The single figure of remuneration (**Annex 1**) is intended to be a comprehensive figure that includes all types of reward received by Senior Managers in the period being reported on, including fixed and variable elements as well as pension provision.



- 3.3 The single figure includes the following:
- ❖ Salary and fees both pensionable and non-pensionable elements.
  - ❖ benefits in kind (taxable, total to the nearest £100)
  - ❖ pension-related benefits - those benefits accruing to Senior Managers from membership of a participating defined benefit pension scheme.
- 3.4 There are no annual or long-term performance-related bonuses.
- 3.5 Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.
- 3.5 The value of pension-related benefits accrued during the year is calculated as the employee's real increase in pension multiplied by 20, plus any real increase in pension lump sum (for scheme members entitled to a lump sum), less the contributions made by the employee. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.
- 3.7 **Annex 2** gives the total pension benefits for all Senior Managers. The inflationary rate applied to the 2022/23 figure is 3.1% as set out in the 2022/23 Greenbury guidance.

## 4. Remuneration Relationship

- 4.1 NHS bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce. This information is provided in note 10.6 to the Financial Statements.

## 5. 2022/23 Staff Report

### 5.1 Number of Senior Managers

As of 31 March 2023 there were 10 Senior Managers that made up the Executive Team (including the role of Board Secretary and Head of the Board Business Unit); they were also Board members or regular attendees. Their terms and conditions are broken down as follows:

Consultant (Medical and Dental):	0
Executive and Senior Posts pay scale:	9
Agenda for Change Wales:	1



## 5.2 Staff Numbers

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

	Permanently Employed (inc Fixed Term) WTE	Agency Staff WTE	Staff on inward secondment WTE	Specialist Trainee (SLE)	2022/23 Total WTE	2021/22 Total WTE
Administrative, clerical and board members	1,228	42	48	0	1,318	1,228
Ambulance Staff	0	0	0	0	0	0
Medical and Dental	109	4	22	2	137	116
Nursing, Midwifery registered	97	0	10	0	107	88
Professional, scientific and technical staff	10	0	1	0	11	13
Additional Clinical Services	359	8	0	0	367	342
Allied Health Professionals	83	2	1	0	86	76
Healthcare Scientists	404	22	0	0	426	399
Estates and Ancillary	2	1	0	0	3	1
Students	0	0	0	0	0	0
<b>Total</b>	<b>2,292</b>	<b>79</b>	<b>82</b>	<b>2</b>	<b>2,455</b>	<b>2,263</b>

## 5.3 Staff Composition

The gender breakdown of the Senior Managers and other employees as of 31 March 2023 was as follows:

	Male	Female
Senior Managers	60%	40%
Other employees	26%	74%

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6 April 2017, which require employers in England and Wales with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

- mean gender pay gap in hourly pay;

- median gender pay gap in hourly pay;
- proportion of males and females in each pay quartile.

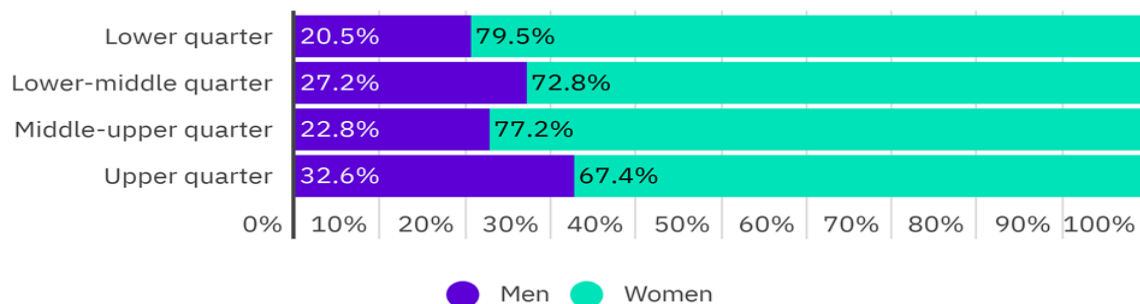
In Public Health Wales, the mean and median hourly rate by Gender as of 31 March 2023 was as follows:

Gender	Mean. Hourly Rate (£)	Median Hourly Rate (£)
Male	22.29	17.48
Female	19.66	16.52
Difference	2.64	0.95
Pay Gap %	11.8	5.5

These figures highlight a gap between the pay for men and women in the organisation, and have reduced considerably from a mean pay gap of 16.1% and median gap of 8.5% last year. This is attributable to the high proportion of women in some of the lower grades, which can be as high as almost 90% which in turn brings the overall average down. Analysis of the staff data shows that from Band 8a, the number of women in the higher grades drops significantly.

The decrease in the Gender Pay Gap figures for this year can be explained in part by working practices during the pandemic. When analysing the data, it transpired that the pandemic has had an impact on our figures, both in terms of overtime and on-call enhancements.

The percentages of men and women in each quartile of earnings is as follows:



The percentage of women in the upper quartile has increased by 1.4% since last year, and the percentage of men in the lower quartile has increased by 0.2%.



## 5.4 Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2021/22 and 2022/23:

	2022-2023 Number	2021-2022 Number
Days lost (long term)	25,032	21,144
Days lost (short term)	12,879	10,177
Total days lost	37,911	31,321
Total staff years	2,084	2,021
Average working days lost	1019	966
Total staff employed in period (headcount)	2,291	2,233
Total staff employed in period with no absence (headcount)	817	1,176
Percentage staff with no sick leave	39.81%	50.45%

There has been a small increase in headcount from 2021/2022 (58 additional staff).

Sickness absence rates across Public Health Wales over 2022/2023 have seen an increase with number of days lost due to sickness absence up by 6590 days from 2021/2022.

The percentage of staff recording no sickness absence has fallen from 50.45% to 39.81%.

We have seen an increase in the number of days lost due to long term sickness absence, up by 3888 days. All long term sickness absence cases are supported by a People & OD Advisor and are managed in line with the Managing Attendance at Work Policy (MAAW).

Training on the MAAW policy has continued with the majority of sessions being delivered remotely by the People & OD Team. The E-Learning module should be released by June 2023 and this will be mandatory learning for all those staff within the organisation who have responsibility for line managing others.



## 5.5 Staff policies applied during the financial year

The Trust's workforce policies cover all aspects of employment, from recruitment and selection, training and development to terms and conditions of service and termination of employment. They also set out the guiding principles that influence the way that Public Health Wales carries out its employment based activities and the expectations of all staff. Some of these policies are developed and reviewed with other NHS organisations on an "all Wales" basis and their adoption is mandatory. All other employment policies are developed and reviewed through policy workshops attended by various stakeholders from within the organisation.

Public Health Wales also has a range of policies and initiatives 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. Our flexible working arrangements, and Work How it Works Best pilot enables staff to accommodate their personal situations and requirements, as well as an Occupational Health service who can advise on reasonable adjustments for those who require them. Our Recruitment Policy and candidate information promotes the use of inclusive and welcoming language and ensures that we will make reasonable adjustments to the process as required. We also have guidance for staff who are Transitioning in the workplace, to help individuals and managers through the process.

Public Health Wales' Recruitment Policy makes reference to eliminating all forms of discrimination in accordance with the Equality Act 2010. Public Health Wales operates a guaranteed interview scheme 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 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.

In July 2022, we were reassessed and awarded Disability Confident Leader Status; the only NHS Organisation in Wales to be awarded this a second time. A lot of work was put into reviewing and improving processes, awareness and our environment to get us to this stage and the feedback from disabled staff has been positive. This also builds on our reputation as an inclusive employer, building confidence for staff and prospective job applicants.



In October 2022, we were awarded Silver Plus level in the Cultural Competence Scheme which is run by Diverse Cymru. Again, we are the only NHS organisation to receive this award. We will apply for reaccreditation in October 2023.

The All Wales Managing Attendance at Work Policy which was introduced in December 2018 has a focus on managers knowing and understanding their staff, and working in partnership to support individuals in the workplace. The policy has an emphasis on wellbeing rather than managing absence and is designed to support individuals to remain in the workplace. The policy retains mechanisms for phased return to work, with no loss of pay and makes enhancements in support of appointments linked to underlying health concerns. There is a greater emphasis on access to advice and support (Employee Assistance Programme), Occupational Health, GP, Physiotherapy, Counselling, etc. to enable the organisation to facilitate a more rapid return to the workplace, along with greater support to remain in work. Where a return to an individual's role is not possible, redeployment to a suitable alternative role is explored.

There are also a number of policies, procedures and guidelines that support staff health and well-being such as the Flexible Working Policy and Toolkit, Career Break Scheme, Annual Leave Purchase Scheme, Mental Wellbeing policy. Public Health Wales also runs a workplace mediation service for staff.

Public Health Wales is committed to providing a working environment free from harassment and bullying and to ensuring all staff are treated, and treat others, with dignity and respect. To support the Healthy Working Relationships approach, Public Health Wales has a team of trained facilitators from across the organisation who are available to support staff to resolve conflict at an early and informal stage. Informal resolution helps in ensuring the restoration of healthy working relationships, before issues escalate into serious disputes that require the use of formal procedures.

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

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

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

Policies are published on the Public Health Wales website at <https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/human-resources-policies/>





## 5.6 Other Employee Matters

Our Staff Diversity Networks continue to grow and embed themselves within the organisation. They have been particularly important for staff who have been working remotely over the past few years, offering support and a sense of belonging to members. We have networks for Women, Carers, LGBT+, Disabled, Black, Asian and Minority Ethnic Staff, Men and Welsh Speakers. Network members have been involved with the development of our OD initiatives such as the Behaviours Framework, Work How it Works Best, HR Policy reviews and the Cost of Living Support plan.

We have continued to hold various awareness raising events throughout the year, and supported the Pride events in Swansea and Cardiff in 2022. We have held a range of speaking and awareness raising events, Intranet articles and opportunities for staff to celebrate difference. Many more staff were involved this year with events taking place via Teams, and were recorded and made available for those who were unable to attend at the time.

## 5.7 Expenditure on Consultancy

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

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

During 2022/23, Public Health Wales' expenditure on consultancy was £0.721m compared to £1.405m in 2021/22.

## 5.8 Tax Assurance for Off-Payroll Engagements

The Trust is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, the Trust has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website at <https://phw.nhs.wales/about-us/publication-scheme/>

## 5.9 Exit Packages

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

<b>Table 1</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2021-22</b>
<b>Exit packages cost band (including any special payment element)</b>	<b>Number of compulsory redundancies</b>	<b>Number of other departures</b>	<b>Total number of exit packages</b>	<b>Number of departures where special payments have been made</b>	<b>Total number of exit packages</b>
less than £10,000	0	1	1	0	1
£10,000 to £25,000	0	0	0	0	1
£25,000 to £50,000	0	1	1	1	4
£50,000 to £100,000	0	1	1	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>7</b>
	<b>2022-23</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2021-22</b>
<b>Exit packages cost band (including any special payment element)</b>	<b>Cost of compulsory redundancies</b>	<b>Cost of other departures</b>	<b>Total cost of exit packages</b>	<b>Cost of special element included in exit packages</b>	<b>Total cost of exit packages</b>
	<b>£'s</b>	<b>£'s</b>	<b>£'s</b>	<b>£'s</b>	<b>£'s</b>
less than £10,000	0	4,630	4,630	0	3,020
£10,000 to £25,000	0	0	0	0	24,918
£25,000 to £50,000	0	44,602	44,602	14,602	159,513
£50,000 to £100,000	0	79,592	79,592	0	75,874
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>128,824</b>	<b>128,824</b>	<b>14,602</b>	<b>263,325</b>



## 6. Statement of Assurance

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

Signed: **Tracey Cooper**

Date: 27 July 2023

**Dr Tracey Cooper**  
**Chief Executive and Accountable Officer, Public Health Wales**

### Annex 1a – Single Figure of Remuneration 2022-23

<b>Name and Title</b>	<b>Salary (bands of £5,000) £000</b>	<b>Bonus payments (bands of £5,000) £000</b>	<b>Benefits in kind (to nearest £100) £000</b>	<b>Pension benefit (to nearest £1,000) £000</b>	<b>Total (bands of £5,000) £000</b>
Dr Tracey Cooper, Chief Executive	170 - 175	0	0	44	215 - 220
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance <sup>1</sup>	140 - 145	0	0.3	3	145 - 150
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals <sup>2</sup>	125 - 130	0	0	229	355 - 360
Professor Mark Bellis OBE, Director of Policy, Research and International Development <sup>3,4</sup>	105 - 110	0	2.4	64	170 - 175
Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre <sup>5,6,7</sup>	40 - 45	0	0.2	10	50 - 55
Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru	140 - 145	0	0	34	175 - 180
Neil Lewis, Director of People and Organisational Development <sup>8</sup>	105 - 110	0	1.1	0	110 - 115

Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	150 - 155	0	0	0	150 - 155
Iain Bell, National Director for Public Health Knowledge and Research	140 - 145	0	0	0	140 - 145
Sally Attwood, Transition Director for Health and Well-being <sup>9</sup>	15 - 20	0	0	14	30 - 35
Angela Jones, Acting Director for Health and Wellbeing <sup>10,11,12</sup>	95 - 100	0	0	73	170 - 175
Helen Bushell, Board Secretary and Head of Board Business Unit <sup>13</sup>	70 - 75	0	0	52	120 - 125
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit <sup>14</sup>	15 - 20	0	0	2	20 - 25
<b>Non Executive Directors:</b>					
Jan Williams OBE	40 - 45	0	0	0	40 - 45
Kate Eden	20 - 25	0	0	0	20 - 25
Dyfed Edwards <sup>15</sup>	5 - 10	0	0	0	5 - 10
Professor Diane Crone	5 - 10	0	0	0	5 - 10
Professor Sian Griffiths	5 - 10	0	0	0	5 - 10
Mohammed Mehmet	5 - 10	0	0	0	5 - 10
Kate Young <sup>16</sup>	5 - 10	0	0	0	5 - 10
Nick Elliott <sup>17</sup>	5 - 10	0	0	0	5 - 10

## Notes

- Salary includes £2,205 sacrificed in respect of a personal lease car
- Salary includes £7,237 in respect of an alternative payment received in accordance with the ['Employer Pension Contributions - Alternative Payment Policy'](#)

3. Mark Bellis left the Trust on 06/12/2022. Full year equivalent salary banding is £140,000 - £145,000
4. Salary includes £4,110 sacrificed in respect of a personal lease car
5. Sumina Azam was appointed on 07/12/2022 as Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre. Full year equivalent salary banding is £125,000 - £130,000
6. Salary includes £1,327 sacrificed in respect of a personal lease car
7. Pension benefit in accordance with salary received whilst in Acting Director role
8. Salary includes £4,694 sacrificed in respect of a personal lease car
9. Sally Attwood retired from Public Health Wales on 31/05/2022. Full year equivalent salary banding is £110,000 - £115,000
10. Angela Jones was appointed on 27/06/2022 as Acting Director for Health and Wellbeing. Full year equivalent salary banding is £130,000 - £135,000
11. Angela Jones left the Trust on 30/09/2022 as part of a service transfer of Local Public Health Teams to Health Boards
12. Angela Jones commenced a secondment with the Trust on 01/10/2022 as Acting Director for Health and Wellbeing. Reimbursement for payroll costs from this date are to Cwm Taf Morgannwg University Health Board
13. Helen Bushell left the Trust on 06/01/2023. Full year equivalent salary banding is £90,000 - £95,000
14. Elizabeth Blayney was appointed on 09/01/2023 as Acting Board Secretary and Head of Board Business Unit. Full year equivalent salary banding is £80,000 - £85,000
15. Dyfed Edwards left the Trust on 27/02/2023. Full year equivalent salary banding is £5,000 - £10,000
16. Kate Young was appointed on 01/04/2022 as Non-Executive Director
17. Nick Elliott was appointed on 02/05/2022 as Non-Executive Director. Full year equivalent salary banding is £5,000 - £10,000

## Annex 1b - Single Figure of Remuneration (2021/22) (Audited)

Name and Title	Salary (Bands of £5k)	Other (bands of £5,000)	Benefits in kind (taxable) to nearest £100	Pension Benefit to nearest £1,000	Total to nearest (Bands of £5k)
Dr Tracey Cooper, Chief Executive	165 – 170	0	0	44	<b>205 - 210</b>
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	135 - 140	0	0	56	<b>190 – 195</b>
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals	110 - 115	0	0	43	<b>155 – 160</b>
Jyoti Atri, Interim Executive Director of Health and Well-being <sup>1</sup>	30 – 35	0	0	62	<b>95 – 100</b>
Professor Mark Bellis OBE, Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being <sup>2</sup>	135 – 140	0	1.5	0	<b>135 – 140</b>
Dr John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru	135 - 140	0	0	32	<b>165 - 170</b>
Neil Lewis, Director of People and Organisational Development <sup>3</sup>	100 - 105	0	0	91	<b>195 - 200</b>
Sian Bolton, Transition Director, Knowledge <sup>4</sup>	5 - 10	0	0	0	<b>5 - 10</b>
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Executive Medical Director <sup>5</sup>	120 – 125	0	0	316	<b>435 - 440</b>

Iain Bell, National Director for Public Health Knowledge and Research <sup>6</sup>	95 – 100	0	0	12	<b>110 – 115</b>
Sally Attwood, Transition Director for Health and Well-being <sup>7</sup>	80 – 85	0	0	138	<b>215 - 220</b>
Andrew Jones, Interim Director of Public Health Services <sup>8</sup>	20 – 25	0	0	9	<b>25 – 30</b>
Dr Eleri Davies, Interim Medical Director <sup>9</sup>	25 – 30	0	0	22	<b>45 – 50</b>
Helen Bushell, Board Secretary and Head of Board Business Unit <sup>10</sup>	90 - 95	0	0	22	<b>110 – 115</b>
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit <sup>11</sup>	10 – 15	0	0	2	<b>15 - 20</b>
<b>Non-Executive Directors:</b>					
Jan Williams OBE	40 – 45	0	0	0	<b>40 – 45</b>
Kate Eden	15 – 20	0	0	0	<b>15 – 20</b>
Judith Rhys MBE <sup>12</sup>	5 – 10	0	0	0	<b>5 – 10</b>
Dyfed Edwards	5 – 10	0	0	0	<b>5 – 10</b>
Professor Diane Crone	5 – 10	0	0	0	<b>5 – 10</b>
Professor Sian Griffiths	5 – 10	0	0	0	<b>5 – 10</b>
Mohammed Mehmet <sup>13</sup>	5 – 10	0	0	0	<b>5 - 10</b>

1. Jyoti Atri left the organisation on 11/06/2021. Full year equivalent salary banding is £130,000 - £135,000.
2. Salary includes £2,755 sacrificed in respect of a personal lease car.
3. Neil Lewis was appointed as Director of People and Organisational Development on a permanent basis on 30/04/2021. This followed a period of acting up into the role covering 17/08/2020 – 29/04/2021.
4. Sian Bolton retired from Public Health Wales on 02/05/2021. Full year equivalent salary banding is £105,000 - £110,000.



5. Dr Fu-Meng Khaw was appointed on 01/06/2021 as National Director for Health Protection and Screening Services and Executive Medical Director. Full year equivalent salary banding is £145,000 - £150,000.
6. Iain Bell was appointed on 12/07/2021 as National Director for Public Health Knowledge and Research. Full year equivalent salary banding is £135,000 - £140,000.
7. Sally Attwood was appointed on 01/07/2021 as Transition Director for Health and Well-being. Full year equivalent salary banding is £105,000 - £110,000.
8. Andrew Jones was Interim Director of Public Health Services until 31/05/2021. Full year equivalent salary banding is £125,000 - £130,000.
9. Dr Eleri Davies was Interim Medical Director until 31/05/2021. Full year equivalent salary banding is £155,000 - £160,000.
10. Helen Bushell took parental leave from 12/07/2021 to 12/09/2021.
11. Elizabeth Blayney acted up from 12/07/2021 to 12/09/2021 as Board Secretary and Head of Board Business Unit. Full year equivalent salary banding is £75,000 - £80,000.
12. Judith Rhys left the organisation on 31/03/2022.
13. Mohammed Mehmet increased from a 0.5WTE appointment to a 1.0WTE appointment with effect from 01/04/2021.

## Annex 2 - Pension Benefits

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 31/03/23	Cash Equivalent Transfer Value at 31/03/22	Real increase in Cash Equivalent Transfer Value	Employer contribution to partnership pension account
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				To nearest £100
<b>Name and Title</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Dr Tracey Cooper, Chief Executive	2.5 - 5	(2.5) - 0	45 - 50	60 - 65	873	784	42	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	0 - 2.5	(5) - (2.5)	55 - 60	110 - 115	1,172	1,104	15	0
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals	10 - 12.5	25 - 27.5	40 - 45	110 - 115	1,022	739	252	0
Professor Mark Bellis OBE, Director of Policy, Research and International Development	2.5 - 5	0	25 - 30	0	394	316	51	0

Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre <sup>1,2</sup>	0 - 2.5	0 - 2.5	35 - 40	60 - 65	583	527	8	0
Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru	2.5 - 5	0	10 - 15	0	118	82	14	0
Neil Lewis, Director of People and Organisational Development	(2.5) - 0	0	45 - 50	0	574	551	0	0
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	(2.5) - 0	(15) - (12.5)	70 - 75	165 - 170	1,597	1,577	0	0
Iain Bell, National Director for Public Health Knowledge and Research <sup>3</sup>	(2.5) - 0	0	0	0	0	12	0	0
Sally Attwood, Transition Director for Health and Well-being <sup>3</sup>	0 - 2.5	0 - 2.5	50 - 55	155 - 160	0	0	0	0
Angela Jones, Acting Director for Health and Wellbeing <sup>1</sup>	2.5 - 5	0 - 2.5	55 - 60	110 - 115	1,129	991	69	0
Helen Bushell, Board Secretary and Head of Board Business Unit	2.5 - 5	0	5 - 10	0	83	49	24	0

Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit <sub>1</sub>	0 - 2.5	0	0 - 5	0	29	19	0	0

### Notes

1. Real increases pro rata to reflect period of time in post
2. Pension figures reported are in accordance with salary received whilst in Acting Director role
3. Iain Bell opted out of the NHS Pension Scheme
4. No CETV reported for pensioners or senior managers over Normal Pension Age (NPA)

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Pension related figures above have not been updated with any agreed increase in salaries relating to 2022-23, as increase to pay scales were agreed after the pension information relating to 2022-23 had been provided by the NHS Pension Agency.

## Annex 3 – Pay Policy Statement 2022/23

### 1.0 Introduction and Purpose

- 1.1 The purpose of this policy statement is to clarify Public Health Wales' strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.
- 1.2 The annual Pay Policy Statement (the “statement”) is produced for each financial year, in accordance with the Welsh Government’s principles and minimum standards as set out in the document “Transparency of Senior Remuneration in the Devolved Welsh Public Sector” which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement
- 1.3 The purpose of the statement is to provide transparency with regard to Public Health Wales’ approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:
  - a) the definition of “senior posts” adopted by Public Health Wales for the purposes of the pay policy statement,
  - b) the definition of “lowest-paid employees” adopted by Public Health Wales for the purposes of the pay policy statement,
  - c) Public Health Wales' reasons for adopting those definitions, and
  - d) the relationship between the remuneration of senior posts and that of the lowest-paid employees.

### 2.0 Legislative Framework

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

proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

### 3.0 Pay Structure

Senior posts are defined by Public Health Wales as all staff who are not covered by Agenda for Change or Medical and Dental contracts

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

- a) In relation to this statement the ESP posts within the NHS Trust are:
- ❖ Chief Executive
  - ❖ Deputy Chief Executive / Executive Director of Operations and Finance
  - ❖ Executive Director Policy and International Health/World Health Organisation Collaborating Centre
  - ❖ Executive Director of Quality, Nursing and Allied Health Professionals
  - ❖ National Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
  - ❖ Director of People and Organisational Development
  - ❖ National Director for Health Protection and Screening Services and Executive Medical Director
  - ❖ National Director for Public Health Knowledge and Research
- b) The “lowest-paid employees” within Public Health Wales are paid £22,056 per annum (£12.25 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.
- c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.
- d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP)) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1<sup>st</sup> January 2015, the lowest spine points were adjusted to incorporate the Living Wage.
- e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors' and Dentists'



Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:

- ❖ the need to recruit, retain and motivate suitably able and qualified staff;
- ❖ regional/local variations in labour markets and their effects on the recruitment and retention of staff;
- ❖ the funds available to the Health Departments, as set out in the Government's Departmental Expenditure Limits;
- ❖ the Government's inflation target;
- ❖ the principle of equal pay for work of equal value in the NHS;
- ❖ the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.

- f) Salary information relating to senior posts is provided in **Annex 1a** to the Remuneration and Staff report.
- g) Public Health Wales' approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees. In addition, through our workforce planning process, we undertake learning needs analysis and succession planning processes to identify developmental needs of all staff. Succession planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.
- h) Public Health Wales does not use any system of performance related pay for senior posts.
- i) Public Health Wales has a comprehensive approach to performance, development and review and the policies / processes to support this are:

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

- j) The highest and lowest Agenda for Change pay points set by Public Health Wales are:

Highest point - £111,117

Lowest point - £22,056

- k) The severance policies which are operated by Public Health Wales are;
- ❖ set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions;
  - ❖ the Voluntary Early Release scheme which requires Welsh Government authorisation for any payment to be made over a certain threshold and;
  - ❖ the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay.
  - ❖ the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

#### 4.0 Wider Reward and Recognition Package

- l) Additional Benefits offered by Public Health Wales are;
- **Annual leave** - Staff receive an annual leave allowance of 28 days a year plus bank holidays, rising to 30 days after five years and 34 days after ten years.
  - **Flexible working** –. The Trust offers a flexible working policy to help balance home and working life, including: working from home, part-time hours and job sharing options.
  - **Pension** - We are signed up to the NHS pension scheme. If staff join the NHS pension scheme the Trust will contribute 20.6% towards their pension.
  - **Childcare Vouchers** - We offer membership to the childcare vouchers scheme to all employees who have children
  - **Cycle to work scheme** – The Trust participates in a [cycle to work scheme](#), which offers savings of up to 42% off the cost of a new bike.
  - **Travel loans** - Interest free season ticket loans are available to staff (on an annual basis).
  - **Health and well-being** - Health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.
  - **Occupational Health** - All employees have access to our Occupational Health services: the service can support staff with, stress management, confidential counselling and seasonal vaccinations.





GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

- **Car Lease scheme** - The NHS Wales Shared services partnership scheme allows Public Health Wales staff to apply for a [lease car](#), for business and personal use.

## 5.0 Approach to Providing Support to lower paid staff

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

# Part C

# Parliamentary Accountability and Audit Report

## Parliamentary Accountability and Audit Report

Where we undertake activities that are not funded directly by the Welsh Government we receive income to cover our costs. Further detail of income received is published in the annual accounts; within note 4 headed 'other operating revenue'.

We confirm we have complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

We have been informed by our legal advisors that £1,284,000 of claims for alleged medical or employer negligence against us have been assessed as having a remote chance of succeeding. If the claims were to succeed against us, £1,156,000 of this figure would be recoverable from the Welsh Risk Pool. Therefore, the net liability to Public Health Wales NHS Trust is £128,000.

# Audit Report

## The Certificate and report of the Auditor General for Wales to the Senedd

### Opinion on financial statements

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31<sup>st</sup> March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Public Health Wales NHS Trust as at 31<sup>st</sup> March 2023 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Public Health Wales NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

### **Other Information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Opinion on other matters**

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

### **Matters on which I report by exception**

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

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

- I have not received all the information and explanations I require for my audit
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;

- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

### **Responsibilities of Directors and the Chief Executive for the financial statements**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's internal auditors and those charged with governance, including obtaining and reviewing supporting documentation relating to Public Health Wales NHS Trust's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and

- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud;
- Obtaining an understanding of Public Health Wales NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Public Health Wales NHS Trust; and
- Obtaining an understanding of related party relationships

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Public Health Wales NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

### **Report**

I have no observations to make on these financial statements.

Adrian Crompton

Auditor General for Wales

31 July 2023

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ



# Annual Report 2022/23

## Section 3: Financial Statements and Notes

# Public Health Wales NHS Trust

## Foreword

These accounts for the period ended 31 March 2023 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

## Statutory background

The establishment of Public Health Wales NHS Trust in 2009, created for the first time, an independent NHS body with a clear and specific public health focus, and a remit to act across all the domains of public health practice. The Minister for Health and Social Services confirmed Public Health Wales NHS Trust would provide the national resource for the effective delivery of public health services at national, local and community level.

Public Health Wales NHS Trust originally incorporated the functions and services previously provided by the National Public Health Service (NPHS), Wales Centre for Health (WCfH), Welsh Cancer Intelligence Surveillance Unit (WCISU), Congenital Anomaly Register and Information Service (CARIS) and Screening Services Wales.

Since 2009, the organisation has continued to grow, taking on a range of additional functions and services from both the Welsh Government and NHS Wales, including several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurysm Screening, Wrexham Microbiology Laboratory and the Diabetic Eye Screening Service for Wales (DESW). Public Health Wales has hosted the NHS Wales Health Collaborative since 2016-17, which expanded during 2020-21 to include the Implementation Groups. In February 2018, the NHS Wales Finance Delivery Unit was established, which is also hosted by Public Health Wales NHS Trust.

In October 2022 the Local Public Health Teams transferred to their respective Health Boards from Public Health Wales. The establishment of the NHS Executive brings together the NHS Wales Health Collaborative and Finance Delivery Unit, currently hosted by Public Health Wales, and the Delivery Unit currently hosted by Swansea Bay University Health Board. It was agreed that Public Health Wales would host the NHS Executive with effect from April 2023.

## Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2022-2023. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-2017.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2023

	Note	2022-23 £000	2021-22 £000
Revenue from patient care activities	3	192,085	224,157
Other operating revenue	4	39,714	36,168
Operating expenses	5.1	(231,518)	(259,554)
<b>Operating (deficit)/surplus</b>		<b>281</b>	<b>771</b>
Investment revenue	6	577	16
Other gains and losses	7	118	7
Finance costs	8	(81)	0
<b>Retained surplus</b>	<b>2.1.1</b>	<b>895</b>	<b>794</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant and equipment		9	315
Net gain / (loss) on revaluation of right of use assets		5	
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		215	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		0	4
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
<b>Sub total</b>		<b>229</b>	<b>319</b>
<b>Items that may be reclassified subsequently to net operating costs</b>			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
<b>Sub total</b>		<b>0</b>	<b>0</b>
<b>Total other comprehensive income for the year</b>		<b>229</b>	<b>319</b>
<b>Total comprehensive income for the year</b>		<b>1,124</b>	<b>1,113</b>

The notes on pages 6 to 74 form part of these accounts.

## STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

	Note	31 March 2023	31 March 2022
		£000	£000
<b>Non-current assets</b>			
Property, plant and equipment	13	25,123	26,530
Right of Use Assets	13.3	8,639	
Intangible assets	14	869	3,403
Trade and other receivables	17.1	3,347	327
Other financial assets	18	0	0
<b>Total non-current assets</b>		<b>37,978</b>	<b>30,260</b>
<b>Current assets</b>			
Inventories	16.1	2,164	2,995
Trade and other receivables	17.1	20,850	20,355
Other financial assets	18	0	0
Cash and cash equivalents	19	15,569	16,791
		<b>38,583</b>	<b>40,141</b>
Non-current assets held for sale	13.2	0	0
<b>Total current assets</b>		<b>38,583</b>	<b>40,141</b>
<b>Total assets</b>		<b>76,561</b>	<b>70,401</b>
<b>Current liabilities</b>			
Trade and other payables	20	(30,783)	(30,548)
Borrowings	21	(2,200)	0
Other financial liabilities	22	0	0
Provisions	23	(2,399)	(4,498)
<b>Total current liabilities</b>		<b>(35,382)</b>	<b>(35,046)</b>
<b>Net current assets/(liabilities)</b>		<b>3,201</b>	<b>5,095</b>
<b>Total assets less current liabilities</b>		<b>41,179</b>	<b>35,355</b>
<b>Non-current liabilities</b>			
Trade and other payables	20	0	(1,437)
Borrowings	21	(6,274)	0
Other financial liabilities	22	0	0
Provisions	23	(5,165)	(2,316)
<b>Total non-current liabilities</b>		<b>(11,439)</b>	<b>(3,753)</b>
<b>Total assets employed</b>		<b>29,740</b>	<b>31,602</b>
<b>Financed by Taxpayers' equity:</b>			
Public dividend capital		24,965	29,230
Retained earnings		3,915	1,481
Revaluation reserve		860	891
Other reserves		0	0
<b>Total taxpayers' equity</b>		<b>29,740</b>	<b>31,602</b>

The financial statements were approved by the Board on 27 July 2023 and signed on behalf of the Board by:

Tracey Cooper

Dr Tracey Cooper, Chief Executive and Accountable Officer

Date: 27 July 2023

The notes on pages 6 to 74 form part of these accounts.

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2022-23	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
<b>Changes in taxpayers' equity for 2022-23</b>				
Balance as at 31 March 2022	29,230	1,481	891	31,602
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	1,279	0	1,279
<b>Balance at 1 April 2022</b>	<b>29,230</b>	<b>2,760</b>	<b>891</b>	<b>32,881</b>
Retained surplus/(deficit) for the year		895		895
Net gain/(loss) on revaluation of property, plant and equipment		0	9	9
Net gain/(loss) on revaluation of right of use assets		0	5	5
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		215	0	215
Transfers between reserves		45	(45)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	1,155	(31)	1,124
New Public Dividend Capital received	6,091			6,091
Public Dividend Capital repaid in year	(10,356)			(10,356)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
<b>Balance at 31 March 2023</b>	<b>24,965</b>	<b>3,915</b>	<b>860</b>	<b>29,740</b>

The notes on pages 6 to 74 form part of these accounts.

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2021-22	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
<b>Changes in taxpayers' equity for 2021-22</b>				
<b>Balance at 31 March 2021</b>	23,386	686	573	24,645
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
<b>Balance at 1 April 2021</b>	23,386	686	573	24,645
Retained surplus/(deficit) for the year	0	794	0	794
Net gain/(loss) on revaluation of property, plant and equipment	0	0	315	315
Net gain/(loss) on revaluation of right of use assets	0	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0	0
Net gain/(loss) on revaluation of financial assets held for sale	0	0	0	0
Impairments and reversals	0	0	4	4
Other reserve movement	0	1	(1)	0
Transfers between reserves	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
<b>Total in year movement</b>	<b>0</b>	<b>795</b>	<b>318</b>	<b>1,113</b>
New Public Dividend Capital received	5,844	0	0	5,844
Public Dividend Capital repaid in year	0	0	0	0
Public Dividend Capital extinguished/written off	0	0	0	0
PDC Cash Due but not issued	0	0	0	0
Other movements in PDC in year	0	0	0	0
<b>Balance at 31 March 2022</b>	<b>29,230</b>	<b>1,481</b>	<b>891</b>	<b>31,602</b>

The notes on pages 6 to 74 form part of these accounts.

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2023

	Note	2022-23 £000	2021-22 £000
Operating surplus/(deficit)	<b>SOCI</b>	<b>281</b>	771
Movements in working capital	<b>30</b>	<b>(848)</b>	5,492
Other cash flow adjustments	<b>31</b>	<b>8,062</b>	6,944
Provisions utilised		<b>(340)</b>	<b>(517)</b>
Interest paid		<b>(77)</b>	0
<b>Net cash inflow (outflow) from operating activities</b>		<b>7,078</b>	12,690
<b>Cash flows from investing activities</b>			
Interest received		577	16
(Payments) for property, plant and equipment		<b>(5,810)</b>	<b>(7,876)</b>
Proceeds from disposal of property, plant and equipment		183	7
(Payments) for intangible assets		<b>(1,542)</b>	<b>(1,633)</b>
Proceeds from disposal of intangible assets		<b>3,638</b>	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
<b>Net cash inflow (outflow) from investing activities</b>		<b>(2,954)</b>	<b>(9,486)</b>
<b>Net cash inflow (outflow) before financing</b>		<b>4,124</b>	3,204
<b>Cash flows from financing activities</b>			
Public Dividend Capital received		<b>6,091</b>	5,844
Public Dividend Capital repaid		<b>(10,356)</b>	0
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		0	0
Capital elements of finance leases and on-SOFP PFI		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		<b>(1,081)</b>	
Cash transferred (to)/from other NHS Wales bodies		0	0
<b>Net cash inflow (outflow) from financing activities</b>		<b>(5,346)</b>	5,844
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>(1,222)</b>	9,048
<b>Cash [and] cash equivalents at the beginning of the financial year</b>	<b>19</b>	<b>16,791</b>	7,743
<b>Cash [and] cash equivalents at the end of the financial year</b>	<b>19</b>	<b>15,569</b>	16,791

The notes on pages 6 to 74 form part of these accounts.

## **Notes to the Accounts**

### **1. Accounting policies**

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-2023 Manual for Accounts. The accounting policies contained in that manual follow the 2022-2023 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### **1.1 Accounting convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

#### **1.2 Acquisitions and discontinued operations**

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

#### **1.3 Revenue**

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.



From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FRoM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

## **1.4 Employee benefits**

### **Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### **Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-2020 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, and in Wales the additional 6.3% would be funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA, the NHS Pensions Agency).

However, NHS Wales organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time Public Health Wales NHS Trust commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in Public Health Wales NHS Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### **NEST Pension Scheme**

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

### **1.5 Other expenses**

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

### **1.6 Property, plant and equipment**

#### **Recognition**

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, Public Health Wales NHS Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single

managerial control; or

- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

## **Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Public Health Wales NHS Trust has applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on Public Health Wales NHS Trust or the asset which would prevent access to the market at the reporting date. If Public Health Wales NHS Trust could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

## **1.7 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, Public Health Wales NHS Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

### **Measurement**

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### **1.8 Depreciation, amortisation and impairments**

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which Public Health Wales NHS Trust expects to obtain economic benefits or service potential from the asset. This is specific to Public Health Wales NHS Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, Public Health Wales NHS Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

### **1.9 Research and Development**

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

### **1.10 Non-current assets held for sale**

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### **1.11 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, Public Health Wales NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

List any other transition expedients employed by the entity at its discretion.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Public Health Wales NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Public Health Wales NHS Trust will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

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- List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, Public Health Wales NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

### 1.11.1 Public Health Wales NHS Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The entity employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset [the entity] applies a revised rate to the remaining lease liability.

Where existing leases are modified, Public Health Wales NHS Trust must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Public Health Wales NHS Trust.

### 1.11.2 Public Health Wales NHS Trust as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of Public Health Wales NHS Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on Public Health Wales NHS Trust's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where Public Health Wales NHS Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition, Public Health Wales NHS Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.



### **1.12 Inventories**

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

### **1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

### **1.14 Provisions**

Provisions are recognised when Public Health Wales NHS Trust has a present legal or constructive obligation as a result of a past event, it is probable that Public Health Wales NHS Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where Public Health Wales NHS Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when Public Health Wales NHS Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### **1.14.1 Clinical negligence and personal injury costs**

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRPS is hosted by Velindre NHS University Trust.

#### **1.14.2 Future Liability Scheme (FLS)**

##### **General Medical Practice Indemnity (GMPI)**

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

#### **1.15 Financial Instruments**

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by Public Health Wales NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

#### **1.16 Financial assets**

Financial assets are recognised on the SoFP when the Public Health Wales NHS Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

#### **1.16.1 Financial assets are initially recognised at fair value**

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

#### **1.16.2 Financial assets at fair value through SoCI**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

#### **1.16.3 Held to maturity investments**

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

#### **1.16.4 Available for sale financial assets**

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

#### **1.16.5 Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, Public Health Wales NHS Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

#### **1.16.6 Other financial assets**

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

#### **1.17 Financial liabilities**

Financial liabilities are recognised on the SOFP when Public Health Wales NHS Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

##### **1.17.1 Financial liabilities are initially recognised at fair value through SoCI**

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

### **1.17.2 Financial liabilities at fair value through the SoCI**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

### **1.17.3 Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### **1.18 Value Added Tax (VAT)**

Most of the activities of Public Health Wales NHS Trust are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.19 Foreign currencies**

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

### **1.20 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since Public Health Wales NHS Trust has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

### **1.21 Losses and Special Payments**

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had Public Health Wales NHS Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

Public Health Wales NHS Trust accounts for all losses and special payments gross (including assistance from the WRPS).

Public Health Wales NHS Trust accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

### **1.22 Pooled budget**

Public Health Wales NHS Trust has not entered into pooled budgets with Local Authorities.

### **1.23 Critical Accounting Judgements and key sources of estimation uncertainty**

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

#### **1.24 Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

#### **1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs**

Public Health Wales NHS Trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

**Probable & Certain Cases – Accounting Treatment**

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

<b>Remote</b>	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability
<b>Possible</b>	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*  Contingent Liability for all other estimated expenditure
<b>Probable</b>	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
<b>Certain</b>	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

\* *Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary’s Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on the Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.



### **1.26 Discount Rates**

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

### **1.27 Private Finance Initiative (PFI) transactions**

The Trust has no PFI arrangements.

### **1.28 Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### **1.29 Absorption accounting**

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

### **1.30 Accounting standards that have been issued but not yet been adopted**

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

### **1.31 Accounting standards issued that have been adopted early**

During 2022-2023 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### **1.32 Charities**

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is not the corporate trustee of Charitable Funds, it is considered for accounting standards compliance to not have control any Charitable Funds as a subsidiary, and therefore is not required to consolidate the results of any Charitable Funds within the statutory accounts of the Trust.

### **1.33 Subsidiaries**

Material entities over which Public Health Wales NHS Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with Public Health Wales NHS Trust or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

### **1.34 Borrowing costs**

Borrowing costs are recognised as expenses as they are incurred.

### **1.35 Public Dividend Capital (PDC) and PDC dividend**

PDC represents taxpayers' equity in Public Health Wales NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from Public Health Wales NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			2020-21 to 2022-23
	2020-21 £000	2021-22 £000	2022-23 £000	Financial duty £000
Retained surplus	77	794	895	1,766
Less Donated asset / grant funded revenue adjustment	(45)	(651)	(810)	(1,506)
Adjusted surplus/ (Deficit)	32	143	85	260

Public Health Wales NHS Trust has met its financial duty to break even over the 3 years 2020-2021 to 2022-2023.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan, which includes the financial plan, for the period 2022-23 to 2024-25 in accordance with NHS Wales Planning Framework. This was approved by the Minister for Health and Social Services on 13 July 2022.

The Minister for Health and Social Services approval status.

Status	Approved
Date	13/07/2022

Public Health Wales NHS Trust has therefore met its statutory duty to have an approved financial plan.

**2. Financial Performance (cont)**

**2.2 ADMINISTRATIVE REQUIREMENTS**

**2.2.1. External financing**

The Trust is given an external financing limit which it is permitted to undershoot

The EFL target has been suspended by Welsh Government for 2022-23.

**2.3. Creditor payment**

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	<b>2022-23</b>	<b>2021-22</b>
Total number of non-NHS bills paid	<b>27,394</b>	<b>26,250</b>
Total number of non-NHS bills paid within target	<b>26,416</b>	<b>25,351</b>
Percentage of non-NHS bills paid within target	<b>96.4%</b>	<b>96.6%</b>

**The Trust has met the target.**

<b>3. Revenue from patient care activities</b>	<b>2022-23</b>	2021-22
	<b>£000</b>	£000
Local health boards	0	0
Welsh Health Specialised & Emergency Ambulance		
Services Committees (WHSSC & EASC)	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	0	0
Local Authorities	0	0
Welsh Government	167,389	199,885
Welsh Government - Hosted Bodies	24,696	24,272
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other revenue from activities	0	0
<b>Total</b>	<b>192,085</b>	<b>224,157</b>

Injury Cost Recovery (ICR) Scheme income:

	<b>2022-23</b>	2021-22
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	0.00	0.00

#### 4. Other operating revenue

	<b>2022-23</b>	2021-22
	<b>£000</b>	£000
Income generation	498	266
Patient transport services	0	0
Education, training and research	2,049	1,756
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	762	1,724
Receipt of donations for capital acquisitions	673	651
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue:		
Provision of pathology/microbiology services	21,054	18,115
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business unit	0	0
Scheme Pays Reimbursement Notional	51	93
Other	14,627	13,563
<b>Total</b>	<b>39,714</b>	<b>36,168</b>
<b>Total Patient Care and Operating Revenue</b>	<b>231,799</b>	<b>260,325</b>

Other revenue comprises:

Excellence Awards	0	0
Grants - LA	331	502
Grants - Other	517	312
LHB & Trusts - Non Core Income	4,190	4,203
WG - Non Core Income	5,993	4,911
Staff Recharge	3,551	3,535
Other	45	100

<b>Total</b>	<b>14,627</b>	<b>13,563</b>
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<b>5. Operating expenses</b>	<b>2022-23</b>	2021-22
<b>5.1 Operating expenses</b>	<b>£000</b>	£000
Local Health Boards	23,012	23,447
Welsh NHS Trusts	2,113	2,410
Welsh Special Health Authorities	1,601	1,032
Goods and services from other non Welsh NHS bodies	0	0
WHSSC/EASC	144	1
Local Authorities	4,120	4,375
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	211	70
Directors' costs	1,744	1,714
Operational Staff costs	126,927	119,864
Single lead employer Staff Trainee Cost	88	60
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	32,433	75,110
Supplies and services - general	5,751	2,780
Consultancy Services	721	1,405
Establishment	11,582	9,877
Transport	916	638
Premises	8,753	9,020
Impairments and Reversals of Receivables	0	0
Depreciation	4,464	3,909
Depreciation (RoU Asset)	1,672	
Amortisation	392	412
Impairments and reversals of property, plant and equipment	1,235	(4)
Fixed asset impairments and reversals (RoU Assets)	0	
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets	0	0
Impairments and reversals of non current assets held for sale	0	0
Audit fees	185	167
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	(223)	20
Research and development	0	0
Expense related to short-term leases	345	
Expense related to low-value asset leases (excluding short-term leases)	16	
Other operating expenses	3,316	3,247
<b>Total</b>	<b>231,518</b>	<b>259,554</b>

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses	2022-23 £000	2021-22 £000
Increase/(decrease) in provision for future payments:		
Clinical negligence;-		
Secondary care	1,088	3,192
Primary care	0	0
Redress Secondary Care	0	(5)
Redress Primary Care	0	0
Personal injury	(228)	9
All other losses and special payments	(100)	0
Defence legal fees and other administrative costs	6	67
Structured Settlements Welsh Risk Pool	0	0
Gross increase/(decrease) in provision for future payments	<u>766</u>	<u>3,263</u>
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	(2)	(71)
Less: income received/ due from Welsh Risk Pool	<u>(987)</u>	<u>(3,172)</u>
<b>Total charge</b>	<u><b>(223)</b></u>	<u><b>20</b></u>

	2022-23 £	2021-22 £
Permanent injury included within personal injury:	(228,144)	8,874

<b>6. Investment revenue</b>	<b>2022-23</b>	2021-22
<b>Rental revenue :</b>	<b>£000</b>	£000
PFI finance lease revenue:		
Planned	0	0
Contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue:</b>		
Bank accounts	577	16
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>577</b>	<b>16</b>

<b>7. Other gains and losses</b>	<b>2022-23</b>	2021-22
	<b>£000</b>	£000
Gain/(loss) on disposal of property, plant and equipment	118	7
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Gains/(loss) on foreign exchange	0	0
Change in fair value of financial assets at fair value through income statement	0	0
Change in fair value of financial liabilities at fair value through income statement	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>118</b>	<b>7</b>

<b>8. Finance costs</b>	<b>2022-23</b>	2021-22
	<b>£000</b>	£000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	81	0
Interest on obligations under PFI contracts:		
Main finance cost	0	0
Contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>81</b>	<b>0</b>
Provisions unwinding of discount	0	0
Periodical Payment Order unwinding of discount	0	0
Other finance costs	0	0
<b>Total</b>	<b>81</b>	<b>0</b>



## 9. Future change to SoCI/Operating Leases

## 9.1 Trust as lessee

Operating lease payments represent rentals payable by Public Health Wales NHS Trust .

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
	2022-23	2022-23	2021-22
	£000	£000	£000
<b>Payments recognised as an expense</b>			
Minimum lease payments	361	0	2,038
Contingent rents	0	0	0
Sub-lease payments	0	0	0
<b>Total</b>	<b>361</b>	<b>0</b>	<b>2,038</b>
<b>Total future minimum lease payments</b>	<b>2022-23</b>	<b>2022-23</b>	<b>2021-22</b>
Payable:	<b>£000</b>	<b>£000</b>	<b>£000</b>
Not later than one year	90	0	1,902
Between one and five years	5	0	6,397
After 5 years	0	0	1,693
<b>Total</b>	<b>95</b>	<b>0</b>	<b>9,992</b>
Total future sublease payments expected to be received	0	0	0

As a result of the implementation of IFRS 16, the current year operating lease figures relate to low value and short term leases only. Of the £2.038m expenditure previously reported, £1.654m transitioned to balance sheet as right of use assets. Of the £9.992m minimum lease payments previously reported, £9.896m transitioned to the balance sheet as right of use assets.

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

There are no operating lease rentals payable to Public Health Wales NHS Trust .

<b>Rental Revenue</b>	<b>Post Implementation of IFRS 16</b>	<b>Pre implementation of IFRS 16</b>
<b>Receipts recognised as income</b>	<b>2022-23</b>	<b>2021-22</b>
	<b>£000</b>	<b>£000</b>
Rent	0	0
Contingent rent	0	0
Other	0	0
<b>Total rental revenue</b>	<b>0</b>	<b>0</b>
<b>Total future minimum lease payments</b>	<b>2022-23</b>	<b>2021-22</b>
<b>Receivable:</b>	<b>£000</b>	<b>£000</b>
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 10. Employee costs and numbers

10.1 Employee costs Operational Staff	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2022-23	2021-22
						£000	£000
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	91,116	6,132	4,459	66	0	101,773	96,399
Social security costs	10,021	0	0	8	0	10,029	9,167
Employer contributions to NHS Pensions Scheme	16,909	0	0	13	0	16,922	16,034
Other pension costs	0	0	0	0	0	0	375
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0
<b>Total</b>	<b>118,046</b>	<b>6,132</b>	<b>4,459</b>	<b>87</b>	<b>0</b>	<b>128,724</b>	<b>121,975</b>

## Of the total above:

Charged to capital	96	455
Charged to revenue	128,628	121,520
<b>Total</b>	<b>128,724</b>	<b>121,975</b>

Net movement in accrued employee benefits (untaken staff leave)

263 (158)

Covid 19 - Net movement in accrued employee benefits (untaken staff leave)

█ (158)

Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave)

█ 0

## 10.2 Average number of employees

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2022-23	2021-22
						Total	Total
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	1,228	48	42	0	0	1,318	1,228
Medical and dental	109	22	4	2	0	137	116
Nursing, midwifery registered	97	10	0	0	0	107	88
Professional, scientific and technical staff	10	1	0	0	0	11	13
Additional Clinical Services	359	0	8	0	0	367	342
Allied Health Professions	83	1	2	0	0	86	76
Healthcare scientists	404	0	22	0	0	426	399
Estates and Ancillary	2	0	1	0	0	3	1
Students	0	0	0	0	0	0	0
<b>Total</b>	<b>2,292</b>	<b>82</b>	<b>79</b>	<b>2</b>	<b>0</b>	<b>2,455</b>	<b>2,263</b>

## 10.3. Retirements due to ill-health

	2022-23	2021-22
Number	1	1
Estimated additional pension costs £	0	28,627

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

There was one case of retirement due to ill-health for Public Health Wales in 2022-23. As the member was over the Normal Pension Age (NPA), no data has been provided by NHS Business Services Authority as they only calculate additional costs up to NPA.

## 10.4 Employee benefits

Public Health Wales NHS Trust offers three salary sacrifice schemes; childcare vouchers, Cycle to Work and lease cars. In addition, the Trust offers a purchase of annual leave scheme.

## 10.5 Reporting of other compensation schemes - exit packages

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Number of other departures Whole numbers only	Total number of exit packages Whole numbers only	Number of departures where special payments have been made Whole numbers only	Total number of exit packages Whole numbers only
less than £10,000	0	1	1	0	1
£10,000 to £25,000	0	0	0	0	1
£25,000 to £50,000	0	1	1	1	4
£50,000 to £100,000	0	1	1	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>7</b>

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies £	Cost of other departures £	Total cost of exit packages £	Cost of special element included in exit packages £	Total cost of exit packages £
less than £10,000	0	4,630	4,630	0	3,020
£10,000 to £25,000	0	0	0	0	24,918
£25,000 to £50,000	0	44,602	44,602	14,602	159,513
£50,000 to £100,000	0	79,592	79,592	0	75,874
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>128,824</b>	<b>128,824</b>	<b>14,602</b>	<b>263,325</b>

Exit costs paid in year of departure	Total paid in year 2022-23 £	Total paid in year 2021-22 £
Exit costs paid in year	49,232	129,072
<b>Total</b>	<b>49,232</b>	<b>129,072</b>

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23 £000	2022-23 £000	2022-23 £000	2021-22 £000	2021-22 £000	2021-22 £000
	Chief Executive			Chief Executive		Chief Executive
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	173	27	6.32	168	25	6.65
Median pay	173	38	4.48	168	34	4.87
75th percentile pay ratio	173	53	3.27	168	48	3.53
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	173	27		168	25	
Median pay	173	36		168	34	
75th percentile pay ratio	173	49		168	46	

The Chief Executive is the highest -paid director.

In 2022-23, 4 (2021-22, 3) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £16,192 to £406,499 (2021-22, £18,546 to £455,246), with the lower amount reflecting apprentices and students.

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

The increase in number of employees who are remunerated in excess of the highest-paid director is due to the increase in pay.

Financial year summary

The median pay ratio is consistent with the pay, reward and progression policies for the Trust's employees taken as a whole. All pay is in accordance with Welsh Government and NHS frameworks including Agenda for Change, which is a fair and transparent pay system.

10.6.2 Percentage Changes

	2021-22 to 2022-23	2020-21 to 2021-22
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	3	3
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	0	0
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	6	1
Performance pay and bonuses	0	0

The Chief Executive was the highest-paid director in 2021-22 and 2022-23 and so only the top section of the table above has been completed.

The increase in average percentage change from previous year is due to the negotiated pay award less overtime and other anti-social work being undertaken and agency costs which is offset by more bank workers in post at the end of the year. The movements, except for the pay award, mainly reflects the organisation adjusting to events post COVID.

## 11. Pensions

### PENSION COSTS

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

**c) National Employment Savings Trust (NEST)**

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

**12. Public Sector Payment Policy**

**12.1 Prompt payment code - measure of compliance**

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	<b>2022-23</b>	<b>2022-23</b>	2021-22	2021-22
	<b>Number</b>	<b>£000</b>	Number	£000
<b>NHS</b>				
Total bills paid in year	<b>3,192</b>	<b>45,727</b>	2,823	38,427
Total bills paid within target	<b>2,985</b>	<b>42,569</b>	2,544	33,244
Percentage of bills paid within target	<b>93.5%</b>	<b>93.1%</b>	90.1%	86.5%
<b>Non-NHS</b>				
Total bills paid in year	<b>27,394</b>	<b>104,727</b>	26,250	134,569
Total bills paid within target	<b>26,416</b>	<b>99,731</b>	25,351	128,452
Percentage of bills paid within target	<b>96.4%</b>	<b>95.2%</b>	96.6%	95.5%
<b>Total</b>				
Total bills paid in year	<b>30,586</b>	<b>150,454</b>	29,073	172,996
Total bills paid within target	<b>29,401</b>	<b>142,300</b>	27,895	161,696
Percentage of bills paid within target	<b>96.1%</b>	<b>94.6%</b>	95.9%	93.5%

**12.2 The Late Payment of Commercial Debts (Interest) Act 1998**

	<b>2022-23</b>	2021-22
	<b>£</b>	<b>£</b>
Amounts included within finance costs from claims made under legislation	<b>0</b>	0
Compensation paid to cover debt recovery costs under legislation	<b>0</b>	0
<b>Total</b>	<b>0</b>	0



## 13. Property, plant and equipment :

## 2022-23

	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	563	10,184	0	0	27,912	3,010	9,427	2,009	53,105
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	(157)	(555)	0	0	0	0	0	0	(712)
At 1 April 2022	406	9,629	0	0	27,912	3,010	9,427	2,009	52,393
Indexation	(11)	266	0	0	0	0	0	0	255
Additions - purchased	0	343	0	0	628	2,522	689	142	4,324
Additions - donated	0	0	0	0	673	0	0	0	673
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	(219)	0	0	0	0	0	0	(219)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(54)	(1,821)	0	0	0	0	0	0	(1,875)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(5,194)	(1,617)	(460)	(6)	(7,277)
At 31 March 2023	341	8,198	0	0	24,019	3,915	9,656	2,145	48,274
<b>Depreciation</b>									
Depreciation at 31 March bf	0	3,390	0	0	13,525	2,506	5,804	1,350	26,575
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	(63)	0	0	0	0	0	0	(63)
At 1 April 2022	0	3,327	0	0	13,525	2,506	5,804	1,350	26,512
Indexation	0	27	0	0	0	0	0	0	27
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(640)	0	0	0	0	0	0	(640)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(5,190)	(1,603)	(417)	(2)	(7,212)
Charged during the year	0	275	0	0	2,684	188	1,111	206	4,464
At 31 March 2023	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
Net book value									
At 1 April 2022	406	6,302	0	0	14,387	504	3,623	659	25,881
Net book value									
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
<b>Net book value at 31 March 2023 comprises :</b>									
Purchased	341	5,209	0	0	11,806	2,824	3,158	591	23,929
Donated	0	0	0	0	1,194	0	0	0	1,194
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
<b>Asset Financing:</b>									
Owned	341	5,209	0	0	13,000	2,824	3,158	591	25,123
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	5,550
Long Leasehold	0
Short Leasehold	0
<b>Total</b>	<b>5,550</b>

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Transfer of Finance Leases to Right of Use Asset Note includes the transfer of peppercorn leases.

## 13. Property, plant and equipment :

2021-22	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>At 1 April 2021</b>	552	9,424	0	0	20,913	2,891	8,324	1,975	44,079
Indexation	7	350	0	0	0	0	0	0	357
Additions - purchased	0	417	0	0	6,592	140	1,353	45	8,547
Additions - donated	0	0	0	0	651	0	0	0	651
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	(7)	0	0	0	0	0	0	(7)
Reversal of impairments	4	0	0	0	0	0	0	0	4
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(244)	(21)	(250)	(11)	(526)
<b>At 31 March 2022</b>	<b>563</b>	<b>10,184</b>	<b>0</b>	<b>0</b>	<b>27,912</b>	<b>3,010</b>	<b>9,427</b>	<b>2,009</b>	<b>53,105</b>
<b>Depreciation</b>									
<b>At 1 April 2021</b>	0	2,728	0	0	12,006	2,320	4,939	1,156	23,149
Indexation	0	35	0	0	0	0	0	0	35
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	51	(51)	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(241)	(21)	(247)	(9)	(518)
Charged during the year	0	627	0	0	1,709	258	1,112	203	3,909
<b>At 31 March 2022</b>	<b>0</b>	<b>3,390</b>	<b>0</b>	<b>0</b>	<b>13,525</b>	<b>2,506</b>	<b>5,804</b>	<b>1,350</b>	<b>26,575</b>
<b>Net book value</b>									
<b>At 1 April 2021</b>	552	6,696	0	0	8,907	571	3,385	819	20,930
<b>Net book value</b>									
<b>At 31 March 2022</b>	<b>563</b>	<b>6,794</b>	<b>0</b>	<b>0</b>	<b>14,387</b>	<b>504</b>	<b>3,623</b>	<b>659</b>	<b>26,530</b>
<b>Net book value at 31 March 2022 comprises :</b>									
Purchased	563	6,794	0	0	13,699	504	3,623	659	25,842
Donated	0	0	0	0	651	0	0	0	651
Government Granted	0	0	0	0	37	0	0	0	37
<b>At 31 March 2022</b>	<b>563</b>	<b>6,794</b>	<b>0</b>	<b>0</b>	<b>14,387</b>	<b>504</b>	<b>3,623</b>	<b>659</b>	<b>26,530</b>
<b>Asset Financing:</b>									
Owned	563	6,794	0	0	14,387	504	3,623	659	26,530
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
<b>At 31 March 2022</b>	<b>563</b>	<b>6,794</b>	<b>0</b>	<b>0</b>	<b>14,387</b>	<b>504</b>	<b>3,623</b>	<b>659</b>	<b>26,530</b>

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	7,357
Long Leasehold	0
Short Leasehold	0
<b>Total</b>	<b>7,357</b>

Valuers 'material uncertainty', in valuation.

0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

**13. Property, plant and equipment :**

**Disclosures:**

**i) Donated Assets**

Public Health Wales NHS Trust has received the following donated assets during the year:

Asset Number	Description	Donated By	Value
P001747	COBAS 8800	UKHSA	£651,240
P001818	CryoCube ULT -80* freezer	UKHSA	£10,931
P001819	CryoCube ULT -80* freezer	UKHSA	£10,931

**ii) Valuations**

Public Health Wales NHS Trust land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

Public Health Wales NHS Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

**iii) Asset Lives**

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

**iv) Compensation**

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

**v) Write Downs**

There have not been write downs.

**vi)** Public Health Wales NHS Trust does not hold any property where the value is materially different from its open market value.

**vii) Assets Held for Sale or sold in the period.**

Public Health Wales NHS Trust sold the following assets during the period:

**Gain/(Loss) on Sale**

Asset description	Reason for sale	Gain/(Loss) on sale £000
20 x Mammography sets (Breast Test Wales Replacement programme		135
P000801 - Mobile Screening Unit (DESW)	End of useful life	3
P000803 - Conversion of Mercedes Atego	End of useful life	3
		<u>141</u>

## 13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
<b>Balance b/f 1 April 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance c/f 31 March 2023</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Balance b/f 1 April 2021</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance c/f 31 March 2022</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, fourteen are significant in their own right: with a net book value at 31 March 2023 of £200,000 or more.

## Land and buildings

Four leases for Trust Headquarters with a combined net book value of £3,634,000

Eight leases for various land and buildings around Wales with a combined net book value of £3,066,000

## Equipment

Two leases for laboratory testing equipment with a combined net book value of £582,000

2022-23	Land & buildings								Total £000
	Land £000	buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	
<b>Cost or valuation at 31 March</b>	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	129	0	0	0	0	0	0	129
Transfer of Finance Leases from PPE Note	157	555	0	0	0	0	0	0	712
Operating Leases Transitioning	0	7,255	0	0	1,450	0	0	0	8,705
<b>Cost or valuation at 1 April</b>	<b>157</b>	<b>7,939</b>	<b>0</b>	<b>0</b>	<b>1,450</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,546</b>
Additions	0	804	0	0	19	0	0	0	823
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	7	0	0	0	0	0	0	7
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(65)	0	0	0	0	0	0	(65)
De-recognition	0	0	0	0	0	0	0	0	0
<b>At 31 March</b>	<b>157</b>	<b>8,685</b>	<b>0</b>	<b>0</b>	<b>1,469</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,311</b>
<b>Depreciation at 31 March</b>	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	63	0	0	0	0	0	0	63
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April</b>	<b>0</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(41)	0	0	0	0	0	0	(41)
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(22)	0	0	0	0	0	0	(22)
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,275	0	0	397	0	0	0	1,672
<b>At 31 March</b>	<b>0</b>	<b>1,275</b>	<b>0</b>	<b>0</b>	<b>397</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,672</b>
<b>Net book value at 1 April</b>	<b>157</b>	<b>7,876</b>	<b>0</b>	<b>0</b>	<b>1,450</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9,483</b>
<b>Net book value at 31 March</b>	<b>157</b>	<b>7,410</b>	<b>0</b>	<b>0</b>	<b>1,072</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,639</b>
<b>RoU Asset Total Value Split by Lessor</b>	<b>Land &amp; buildings</b>								
	<b>Land £000</b>	<b>buildings £000</b>	<b>Buildings £000</b>	<b>Dwellings £000</b>	<b>Plant and machinery £000</b>	<b>Transport equipment £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>	<b>Total £000</b>
NHS Wales Peppercorn Leases	0	1,035	0	0	0	0	0	0	1,035
NHS Wales Market Value Leases	0	0	0	0	1,072	0	0	0	1,072
Other Public Sector Peppercorn Leases	0	187	0	0	0	0	0	0	187
Other Public Sector Market Value Leases	0	144	0	0	0	0	0	0	144
Private Sector Peppercorn Leases	157	358	0	0	0	0	0	0	515
Private Sector Market Value Leases	0	5,686	0	0	0	0	0	0	5,686
<b>Total</b>	<b>157</b>	<b>7,410</b>	<b>0</b>	<b>0</b>	<b>1,072</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,639</b>

Transfer of Finance Leases from PPE Note includes the transfer of peppercorn leases.

**13.3 Right of Use Assets continued**  
**Quantitative disclosures**

**Maturity analysis**

<b>Contractual undiscounted cash flows relating to lease liabilities</b>	<b>£000</b>
Less than 1 year	2,286
2-5 years	6,030
> 5 years	441
<b>Total</b>	<b>8,757</b>

**Lease Liabilities (net of irrecoverable VAT)**

	<b>£000</b>
Current	2,286
Non-Current	6,471
<b>Total</b>	<b>8,757</b>

**Amounts Recognised in Statement of Comprehensive Net Expenditure**

	<b>£000</b>
Depreciation	1,672
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	81
Sub-leasing income	0
Expense related to short-term leases	345
Expense related to low-value asset leases (excluding short-term leases)	16

**Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )**

	<b>£000</b>
Interest expense	81
Repayments of principal on leases	1,158
<b>Total</b>	<b>1,239</b>

The leases are for land and buildings and equipment.

The leases for land and buildings are generally for a fixed term, with break options available. The payments are fixed but are subject to rent reviews with each lease having differing time periods for such reviews.

The equipment leases are for managed service contracts covering equipment in laboratories and office equipment.. The managed service contracts are subject to variable payments which are dependent on the level of tests carried out per year. There are options to extend these leases.

There are no restrictions or covenants imposed by these leases.

There are no sale and leaseback transactions associated with these leases.

## 14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	751	998	708	0	2,206	0	4,663
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	35	0	29	0	1,432	0	1,496
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(118)	0	0	0	(3,638)	0	(3,756)
<b>At 31 March 2023</b>	<b>668</b>	<b>998</b>	<b>737</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,403</b>
<b>Amortisation</b>							
At 1 April 2022	388	480	392	0	0	0	1,260
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	84	188	120	0	0	0	392
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(118)	0	0	0	0	0	(118)
<b>Accumulated amortisation at 31 March 2023</b>	<b>354</b>	<b>668</b>	<b>512</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,534</b>
Net book value							
At 1 April 2022	363	518	316	0	2,206	0	3,403
<b>Net book value</b>							
<b>At 31 March 2023</b>	<b>314</b>	<b>330</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>869</b>
<b>Net book value</b>							
Purchased	314	330	225	0	0	0	869
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
<b>At 31 March 2023</b>	<b>314</b>	<b>330</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>869</b>

## 14. Intangible assets

	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	711	998	611	0	915	0	3,235
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
<b>Additions</b>							
- purchased	67	0	107	0	1,291	0	1,465
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(27)	0	(10)	0	0	0	(37)
<b>At 31 March 2022</b>	<b>751</b>	<b>998</b>	<b>708</b>	<b>0</b>	<b>2,206</b>	<b>0</b>	<b>4,663</b>
<b>Amortisation</b>							
At 1 April 2021	325	280	280	0	0	0	885
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	90	200	122	0	0	0	412
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(27)	0	(10)	0	0	0	(37)
<b>Accumulated amortisation at 31 March 2022</b>	<b>388</b>	<b>480</b>	<b>392</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,260</b>
<b>Net book value</b>							
At 1 April 2021	386	718	331	0	915	0	2,350
<b>Net book value</b>							
<b>At 31 March 2022</b>	<b>363</b>	<b>518</b>	<b>316</b>	<b>0</b>	<b>2,206</b>	<b>0</b>	<b>3,403</b>
<b>Net book value</b>							
Purchased	363	518	316	0	2,206	0	3,403
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
<b>At 31 March 2022</b>	<b>363</b>	<b>518</b>	<b>316</b>	<b>0</b>	<b>2,206</b>	<b>0</b>	<b>3,403</b>



#### 14. Intangible assets

##### Disclosures:

##### i) Donated Assets

Public Health Wales NHS Trust has not received any donated intangible assets during the year.

##### ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

##### iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of Trust professionals and Finance staff.

##### iv) Additions during the period

Additions during 2022-23 consisted of a number of software licences purchases to be used alongside new systems.

##### v) Disposals during the period

A number of software licences have been disposed of due to the equipment/systems having been disposed of in year.

##### vi) Transfers into other NHS Bodies

Development expenditure internally generated relating to the Laboratory Information network Cymru (LINC) and Radiology Information System Programme (RISP) were transferred from the NHS Wales Health Collaborative to Digital Health & Care Wales with effect from the 1st of January 2023. The cost of assets transferred were:

LINC £3,446,564

RISP £191,139

There was no accumulated depreciation for these assets as they had not come into use at the time of transfer.

## 15. Impairments

Impairments in the period arose from:	2022-23			2021-22		
	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £000	Property, plant & equipment £000	Right of Use Assets £000	Intangible assets £000
Loss or damage from normal operations	0	0	0	0		0
Abandonment of assets in the course of construction	0	0	0	0		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	1,228	0	0	0		0
Other	7	0	0	0		0
Reversal of impairment	0	0	0	(4)		0
<b>Impairments charged to operating expenses</b>	<b>1,235</b>	<b>0</b>	<b>0</b>	<b>(4)</b>		<b>0</b>

## Analysis of impairments :

Operating expenses in Statement of Comprehensive Income	1,235	0	0	(4)		0
Revaluation reserve	223	43	0	(4)		0
<b>Total</b>	<b>1,458</b>	<b>43</b>	<b>0</b>	<b>(8)</b>		<b>0</b>

Included in the above total of £1.458m are the following items:

## Property, Plant and Equipment (PPE):

- Due to revaluation of PPE, impairments of £1.228m have been charged to operating expenses with £0.219m being charged to the revaluation reserve.
- The indexation for Land has resulted in an impairment of £0.0105m, of this amount £0.007m was charged to operating expenses and £0.004m to revaluation reserve.

## Right of Use Assets (ROUA):

- Revaluation of ROUA has resulted in an impairment of £0.043m which has been taken to the revaluation reserve.

**16. Inventories**

**16.1 Inventories**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Drugs	0	0
Consumables	2,164	2,995
Energy	0	0
Work in progress	0	0
Other	0	0
<b>Total</b>	<b>2,164</b>	<b>2,995</b>
<b>Of which held at net realisable value:</b>	<b>0</b>	<b>0</b>

**16.2 Inventories recognised in expenses**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Consumables inventory figure includes £136,944 of free of charge stock received in year which was still in stock as at 31st March 2023.

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17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2023 £000	31 March 2022 £000
<b>Current</b>		
Welsh Government	12,189	8,816
WHSCC & EASC	32	0
Welsh Health Boards	2,189	3,910
Welsh NHS Trusts	75	63
Welsh Special Health Authorities	357	84
Non - Welsh Trusts	240	79
Other NHS	18	16
2019-20 Scheme Pays - Welsh Government Reimbursement	9	6
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	2,297	4,383
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	40
Local Authorities	0	36
Capital debtors- Tangible	0	0
Capital debtors- Intangible	0	0
Other debtors	1,667	1,308
Provision for impairment of trade receivables	(26)	(20)
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	1,676	1,545
Accrued income	127	89
Sub-total	<u>20,850</u>	<u>20,355</u>
<b>Non-current</b>		
Welsh Government	0	0
WHSCC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	42	87
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	3,280	240
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	25	0
Local Authorities	0	0
Capital debtors- Tangible	0	0
Capital debtors- Intangible	0	0
Other debtors	0	0
Provision for impairment of trade receivables	0	0
Pension Prepayments		
NHS Pensions Agency	0	0
NEST	0	0
Other prepayments	0	0
Accrued income	0	0
Sub-total	<u>3,347</u>	<u>327</u>
<b>Total trade and other receivables</b>	<u><u>24,197</u></u>	<u><u>20,682</u></u>

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.762m (£1.666m in 2021-22).

**17.2 Receivables past their due date but not impaired**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
By up to 3 months	<b>735</b>	1,603
By 3 to 6 months	<b>13</b>	37
By more than 6 months	<b>14</b>	26
<b>Balance at end of financial year</b>	<b><u>762</u></b>	<u>1,666</u>

**17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Balance at 1 April	<b>(20)</b>	<b>(89)</b>
Transfer to other NHS Wales body	<b>0</b>	0
Provision utilised (Amount written off during the year)	<b>2</b>	1
Provision written back during the year no longer required	<b>0</b>	0
(Increase)/Decrease in provision during year	<b>(22)</b>	<b>(2)</b>
ECL/Bad debts recovered during year	<b>14</b>	70
<b>Balance at end of financial year</b>	<b><u>(26)</u></b>	<u>(20)</u>

**17.4 Receivables VAT**

	<b>31 March</b>	31 March
	<b>2022</b>	2021
	<b>£000</b>	£000
Trade receivables	<b>1,005</b>	682
Other	<b>0</b>	0
<b>Total</b>	<b><u>1,005</u></b>	<u>682</u>

## 18. Other financial assets

	31 March 2023 £000	31 March 2022 £000
<b>Current</b>		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Non-Current</b>		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	0	
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

19. Cash and cash equivalents

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Opening Balance	<b>16,791</b>	7,743
Net change in year	<b>(1,222)</b>	9,048
<b>Closing Balance</b>	<b>15,569</b>	16,791
<b>Made up of:</b>		
Cash with Government Banking Service (GBS)	<b>15,569</b>	16,791
Cash with Commercial banks	<b>0</b>	0
Cash in hand	<b>0</b>	0
<b>Total cash</b>	<b>15,569</b>	16,791
Current investments	<b>0</b>	0
<b>Cash and cash equivalents as in SoFP</b>	<b>15,569</b>	16,791
Bank overdraft - GBS	<b>0</b>	0
Bank overdraft - Commercial banks	<b>0</b>	0
<b>Cash &amp; cash equivalents as in Statement of Cash Flows</b>	<b>15,569</b>	16,791

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are:

Lease Liabilities (ROUA) £8.474m

Lease Liabilities (short-term and low value leases) £0.361m

PFI liabilities: £nil

The movement relates to cash, no comparative information is required by IAS 7 in 2022-23.

<b>20. Trade and other payables at the SoFP Date</b>	<b>31 March 2023</b>	31 March 2022
<b>Current</b>	<b>£000</b>	£000
Welsh Government	1,759	10
WHSSC & EASC	0	17
Welsh Health Boards	3,301	4,072
Welsh NHS Trusts	1,150	501
Welsh Special Health Authorities	711	166
Other NHS	293	134
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	1,296	14
National Insurance contributions payable to HMRC	1,484	0
Non-NHS trade payables - revenue	3,697	7,870
Local Authorities	747	1,665
Capital payables-Tangible	868	2,354
Capital payables- Intangible	8	54
Overdraft	0	0
Rentals due under operating leases	0	259
RoU Lease Liability	0	
Obligations due under finance leases and HP contracts		0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	1,572	111
Non NHS Accruals	13,137	12,432
Deferred Income:		
Deferred income brought forward	889	465
Deferred income additions	456	585
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	(585)	(161)
Other liabilities - all other payables	0	0
PFI assets – deferred credits	0	0
PFI - Payments on account	0	0
<b>Sub-total</b>	<b>30,783</b>	30,548

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.



## 20. Trade and other payables at the SoFP Date (cont)

	31 March 2023 £000	31 March 2022 £000
<b>Non-current</b>		
Welsh Government	0	0
WHSSC & EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	1,437
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts	0	0
Imputed finance lease element of on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	<u>0</u>	<u>1,437</u>
<b>Total</b>	<u><b>30,783</b></u>	<u>31,985</u>

<b>21. Borrowings</b>	<b>31 March</b>	31 March
<b>Current</b>	<b>2023</b>	2022
	<b>£000</b>	£000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	2,200	0
Other	0	0
<b>Total</b>	<b>2,200</b>	<b>0</b>

<b>Non-current</b>		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
RoU Lease Liability	6,274	0
Other	0	0
<b>Total</b>	<b>6,274</b>	<b>0</b>

<b>RoU Lease Liability Transitioning &amp; Transferring</b>	<b>£000</b>
RoU liability as at 31 March 2022	0
Transfer of Finance Leases from PPE Note	712
Operating Leases Transitioning	8,979
RoU Lease liability as at 1 April 2022	<b>9,691</b>

**21.2 Loan advance/strategic assistance funding**

<b>Amounts falling due:</b>	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	0	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

## 22. Other financial liabilities

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
<b>Current</b>		
<b>Financial Guarantees</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
<b>Other</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
<b>Non-current</b>		
<b>Financial Guarantees</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
Derivatives at fair value through SoCI	0	0
<b>Other</b>		
At amortised cost	0	0
At fair value through SoCI	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 23. Provisions

2022-23

	At 1 April 2022	Structured settlement cases transferr-ed to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>										
Clinical negligence:-										
Secondary Care	3,702	0	(40)	(2,422)	0	711	(180)	(183)	0	1,588
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	84	0	0	86	0	0	(86)	0	0	84
All other losses and special payments	100	0	0	0	0	0	0	(100)	0	0
Defence legal fees and other administration	117	0	0	(32)	0	32	(38)	(31)	0	48
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	6	0	0	2	0	8	(7)	0	0	9
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	489		0	103	0	198	(3)	(117)		670
<b>Total</b>	<b>4,498</b>	<b>0</b>	<b>(40)</b>	<b>(2,263)</b>	<b>0</b>	<b>949</b>	<b>(314)</b>	<b>(431)</b>	<b>0</b>	<b>2,399</b>

**Non Current**

Clinical negligence:-										
Secondary Care	230	0	0	2,422	0	560	(19)	0	0	3,193
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,202	0	0	(86)	0	0	0	(228)	0	888
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	14	0	0	32	0	15	(7)	(10)	0	44
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	87	0	0	(2)	0	15	0	(58)	0	42
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	82	0	0		82
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	783		0	(103)	0	236	0	0		916
<b>Total</b>	<b>2,316</b>	<b>0</b>	<b>0</b>	<b>2,263</b>	<b>0</b>	<b>908</b>	<b>(26)</b>	<b>(296)</b>	<b>0</b>	<b>5,165</b>

**TOTAL**

Clinical negligence:-										
Secondary Care	3,932	0	(40)	0	0	1,271	(199)	(183)	0	4,781
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,286	0	0	0	0	0	(86)	(228)	0	972
All other losses and special payments	100	0	0	0	0	0	0	(100)	0	0
Defence legal fees and other administration	131	0	0	0	0	47	(45)	(41)	0	92
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	93	0	0	0	0	23	(7)	(58)	0	51
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	82	0	0		82
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,272		0	0	0	434	(3)	(117)		1,586
<b>Total</b>	<b>6,814</b>	<b>0</b>	<b>(40)</b>	<b>0</b>	<b>0</b>	<b>1,857</b>	<b>(340)</b>	<b>(727)</b>	<b>0</b>	<b>7,564</b>

**Expected timing of cash flows:**

	In year to 31 March 2024	Between 01-Apr-24 to 31 March 2028	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	1,588	3,193	0	4,781
Primary Care	0	0	0	0
Redress Secondary Care	0	0	0	0
Redress Primary Care	0	0	0	0
Personal injury	84	324	564	972
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	48	44	0	92
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	9	5	37	51
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	82	82
Other Capital Provisions	0	0	0	0
Other	670	151	765	1,586
<b>Total</b>	<b>2,399</b>	<b>3,717</b>	<b>1,448</b>	<b>7,564</b>

**23. Provisions (continued)**  
**2021-22**

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Current</b>										
Clinical negligence:-										
Secondary Care	1,149	0	(466)	0	0	3,436	(173)	(244)	0	3,702
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	5	0	0	0	0	0	0	(5)	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	84	0	0	84	0	0	(84)	0	0	84
All other losses and special payments	165	0	0	0	0	0	(65)	0	0	100
Defence legal fees and other administration	82	0	0	0	0	103	(33)	(35)	0	117
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0		0	0	0	6	0	0	0	6
Restructurings	0		0	0	0	0	0	0		0
Other	435		0	23	0	228	(162)	(35)		489
<b>Total</b>	<b>1,920</b>	<b>0</b>	<b>(466)</b>	<b>107</b>	<b>0</b>	<b>3,773</b>	<b>(517)</b>	<b>(319)</b>	<b>0</b>	<b>4,498</b>
<b>Non Current</b>										
Clinical negligence:-										
Secondary Care	230	0	0	0	0	0	0	0	0	230
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,277	0	0	(84)	0	9	0	0	0	1,202
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	15	0	0	0	0	(1)	0	0	0	14
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0		0	0	0	87	0	0	0	87
Restructurings	0		0	0	0	0	0	0		0
Other	604		0	(23)	0	202	0	0		783
<b>Total</b>	<b>2,126</b>	<b>0</b>	<b>0</b>	<b>(107)</b>	<b>0</b>	<b>297</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,316</b>
<b>TOTAL</b>										
Clinical negligence:-										
Secondary Care	1,379	0	(466)	0	0	3,436	(173)	(244)	0	3,932
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	5	0	0	0	0	0	0	(5)	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,361	0	0	0	0	9	(84)	0	0	1,286
All other losses and special payments	165	0	0	0	0	0	(65)	0	0	100
Defence legal fees and other administration	97	0	0	0	0	102	(33)	(35)	0	131
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0		0	0	0	93	0	0	0	93
Restructurings	0		0	0	0	0	0	0		0
Other	1,039		0	0	0	430	(162)	(35)		1,272
<b>Total</b>	<b>4,046</b>	<b>0</b>	<b>(466)</b>	<b>0</b>	<b>0</b>	<b>4,070</b>	<b>(517)</b>	<b>(319)</b>	<b>0</b>	<b>6,814</b>

**24 Contingencies****24.1 Contingent liabilities**

Provision has not been made in these accounts for the following amounts:

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Legal claims for alleged medical or employer negligence;		
Secondary care	<b>1,045</b>	1,116
Primary Care	<b>0</b>	0
Secondary care - Redress	<b>0</b>	0
Primary Care - Redress	<b>0</b>	0
Doubtful debts	<b>0</b>	0
Equal pay cases	<b>0</b>	0
Defence costs	<b>46</b>	67
Other	<b>193</b>	135
<b>Total value of disputed claims</b>	<b>1,284</b>	1,318
Amount recovered under insurance arrangements in the event of these claims being successful	<b>(1,156)</b>	<b>(878)</b>
<b>Net contingent liability</b>	<b>128</b>	440

Contingent liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme.

**24.2. Remote contingent liabilities**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Guarantees	<b>0</b>	0
Indemnities	<b>0</b>	0
Letters of comfort	<b>0</b>	0
Total	<b>0</b>	0

**24.3 Contingent assets**

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
	<b>0</b>	0
	<b>0</b>	0
	<b>0</b>	0
	<b>0</b>	0

There are no remote contingent liabilities and no contingent assets to report.

## 25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date :

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	<b>31 March</b>	31 March
	<b>2023</b>	2022
	<b>£000</b>	£000
Property, plant and equipment	0	3,125
Right of Use Assets	0	
Intangible assets	0	0
<b>Total</b>	<b>0</b>	<b>3,125</b>

**26. Losses and special payments**

Losses and special payments are charged to the Income statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.

**Gross loss to the Exchequer**

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2023	
	Number	£
Clinical negligence	11	699,797
Personal injury	2	9,131
All other losses and special payments	8	1,801,489
<b>Total</b>	<b>21</b>	<b>2,510,417</b>

**Analysis of cases in excess of £300,000**

	Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
		Number	£	Number	£
<b>Cases in excess of £300,000:</b>					
CNTA-034	Clinical negligence	1	475,295	1	503,658
Contract fruitless payment	Other	1	1,366,686	1	1,366,686
<b>Sub-total</b>		<b>2</b>	<b>1,841,981</b>	<b>2</b>	<b>1,870,344</b>
<b>All other cases</b>		<b>19</b>	<b>668,436</b>	<b>19</b>	<b>847,417</b>
<b>Total cases</b>		<b>21</b>	<b>2,510,417</b>	<b>21</b>	<b>2,717,761</b>

The contract fruitless payment reported above for £1.367m was approved and accrued for in 201-22. However, the payment was made in April 2022 and as this note is prepared on a cash basis, it is reported in 2022-23 Losses and Special Payments.



27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

The NHS Trust has no finance leases payable as a lessee.

Amounts payable under right of use asset / finance leases:	<b>Post Implementation of IFRS 16 (RoU)</b>	Pre implementation of IFRS 16 (FL)
<b>LAND</b>	<b>31 March 2023 £000</b>	<b>31 March 2022 £000</b>
<b>Minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 27. Right of Use / Finance leases obligations

## 27.1 Obligations (as lessee) continued

Amounts payable under right of use asset / finance leases:	Post Implementation of IFRS 16 (RoU) 31 March 2023 £000	Pre implementation of IFRS 16 (FL) 31 March 2022 £000
<b>BUILDINGS</b>		
<b>Minimum lease payments</b>		
Within one year	1,876	0
Between one and five years	5,344	0
After five years	441	0
Less finance charges allocated to future periods	(269)	0
<b>Minimum lease payments</b>	<b>7,392</b>	<b>0</b>
Included in: Current borrowings	1,799	0
Non-current borrowings	5,593	0
<b>Total</b>	<b>7,392</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	1,799	0
Between one and five years	5,179	0
After five years	414	0
<b>Total present value of minimum lease payments</b>	<b>7,392</b>	<b>0</b>
Included in: Current borrowings	1,799	0
Non-current borrowings	5,593	0
<b>Total</b>	<b>7,392</b>	<b>0</b>
<b>OTHER - Non Property</b>		
<b>Minimum lease payments</b>		
Within one year	410	0
Between one and five years	686	0
After five years	0	0
Less finance charges allocated to future periods	(14)	0
<b>Minimum lease payments</b>	<b>1,082</b>	<b>0</b>
Included in: Current borrowings	401	0
Non-current borrowings	681	0
<b>Total</b>	<b>1,082</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	401	0
Between one and five years	681	0
After five years	0	0
<b>Total present value of minimum lease payments</b>	<b>1,082</b>	<b>0</b>
Included in: Current borrowings	401	0
Non-current borrowings	681	0
<b>Total</b>	<b>1,082</b>	<b>0</b>

## 27.2 Right of Use Assets / Finance lease receivables (as lessor)

The Trust has no amounts receivable under right of use asset or finance leases as lessor.

<b>Amounts receivable under right of use assets / finance leases:</b>	<b>Post Implementation of IFRS 16 (RoU) 31 March 2023 £000</b>	<b>Pre implementation of IFRS 16 (FL) 31 March 2022 £000</b>
<b>Gross investment in leases</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>
<b>Present value of minimum lease payments</b>		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
<b>Total present value of minimum lease payments</b>	<b>0</b>	<b>0</b>
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

**27.3 Finance Lease Commitment**

The Trust does not have any commitments becoming operational in a future period.

**28. Private finance transactions**

**Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)**

The Trust has no PFI or PPP Schemes.

## 29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

### Liquidity risk

The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

### Interest-rate risks

The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

### Foreign currency risk

NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

### Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

### General

The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

### 30. Movements in working capital

	31 March 2023 £000	31 March 2022 £000
(Increase) / decrease in inventories	831	5,840
(Increase) / decrease in trade and other receivables - non-current	(3,020)	(87)
(Increase) / decrease in trade and other receivables - current	(495)	421
Increase / (decrease) in trade and other payables - non-current	(1,437)	(138)
Increase / (decrease) in trade and other payables - current	235	(60)
<b>Total</b>	<b>(3,886)</b>	5,976
Adjustment for accrual movements in fixed assets - creditors	1,532	(503)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	1,506	19
<b>Total</b>	<b>(848)</b>	5,492

### 31. Other cash flow adjustments

	31 March 2023 £000	31 March 2022 £000
<b>Other cash flow adjustments</b>		
Depreciation	6,136	3,909
Amortisation	392	412
(Gains)/Loss on Disposal	(118)	(7)
Impairments and reversals	1,235	(4)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(673)	(651)
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cas	0	0
Non-cash movements in provisions	1,090	3,285
<b>Total</b>	<b>8,062</b>	6,944

**32. Events after reporting period**

Public Health Wales NHS Trust was notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022-23, which will be funded by the Welsh Government.

Public Health Wales NHS Trust will make a one off non-consolidated, prorated “recovery payment” for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff).

These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies. The estimated cost is £2.143m.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 31 July 2023.

## 33. Related Party transactions

The Trust is a body corporate established by order of the Welsh Minister for Health and Social Services.

The Welsh Government is regarded as a related party. During the year, the Trust has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Please list all related party transactions to include;				
Welsh Government	9,091	197,475	1,759	12,189
Welsh LHBS:				
Aneurin Bevan University Health Board	4,156	1,765	397	249
Betsi Cadwaladr University Health Board	5,287	6,267	475	167
Cardiff and Vale University Health Board	6,850	7,836	559	648
Cwm Taf Morgannwg University Health Board	4,068	2,318	789	440
Hywel Dda University Health Board	3,155	2,648	388	229
Powys Teaching Health Board	1,310	449	191	58
Swansea Bay University Health Board	4,038	4,414	502	398
Welsh Health Specialised Services Committee/Emergency Ambulances Services Committee				
	144	190	0	32
Welsh NHS Trusts:				
Velindre University NHS Trust	8,686	398	1,150	944
Welsh Ambulance Service NHS Trust	49	34	0	7
Welsh Special Health Authorities :				
Digital Health and Care Wales	3,017	4,180	687	304
Health Education and Improvement Wales	157	1,699	24	53
NHS Wales Charities:				
Velindre University NHS Trust Charitable Funds	0	1	0	1
Local Authorities	6,664	224	747	0
Related Party Transactions where Board members have declared an interest (see notes below for details of relationships):				
EuroHealthNet	9	0	0	0
Faculty of Public Health	11	0	0	0
Florence Nightingale Foundation	2	0	1	0
Hafren Dyfrdwy	1	0	0	0
Macmillan Cancer Support	3	20	0	0
Tenovus	8	0	6	0
The Health Foundation	0	344	378	0
	<b>56,706</b>	<b>230,262</b>	<b>8,053</b>	<b>15,719</b>

Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre, is an Executive Board Member at EuroHealthNet.

Angela Jones, Acting Director for Health and Wellbeing, is a Trustee of Faculty of Public Health.

Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals, is a Trustee of the Florence Nightingale Foundation.

Mohammed Mehmet, Non-Executive Director, is a Non-Executive Director for Hafren Dyfrdwy.

Mohammed Mehmet, Non-Executive Director, is a Trustee of Macmillan Cancer Support.

Huw George, Deputy Chief Executive and Executive Director of Operations and Finance is a Trustee of Tenovus.

Dr John Boulton, National Director of NHS Quality Improvement and Patient Safety/Director of Improvement Cymru, is a Board member of Q Network (sponsored by the Health Foundation).

Kate Eden, Vice Chair and Non-Executive Director, is Chair for WHSSC.



**34. Third party assets**

The Trust held £nil cash at bank and in hand at 31 March 2023 (31 March 2022, £nil ) which relates to monies held by the Trust on behalf of patients. Cash held in Patient's Investment Accounts amounted to £nil at 31 March 2023 (31 March 2022, £nil).

**35. Pooled budgets**

Public Health Wales NHS Trust has no pooled budgets.

## 36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

	PHW NHS Trust		NHS Collaboratives		Finance Delivery Unit		TOTAL		ELIMINATIONS		TOTAL	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Operating Revenue</b>												
Segmental Income	202,438	230,457	28,402	28,793	1,650	1,379	232,490	260,629	(691)	(304)	231,799	260,325
	<b>202,438</b>	<b>230,457</b>	<b>28,402</b>	<b>28,793</b>	<b>1,650</b>	<b>1,379</b>	<b>232,490</b>	<b>260,629</b>	<b>(691)</b>	<b>(304)</b>	<b>231,799</b>	<b>260,325</b>
<b>Operating expenses</b>												
Local Health Boards	16,771	13,777	6,932	9,974	0	0	23,703	23,751	(691)	(304)	23,012	23,447
Welsh NHS Trusts	518	556	1,544	1,839	51	15	2,113	2,410	0	0	2,113	2,410
Welsh Special Health Authorities	178	192	1,404	840	19	0	1,601	1,032	0	0	1,601	1,032
Goods and services from other non Welsh NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0
WHSSC & EASC	144	1	0	0	0	0	144	1	0	0	144	1
Local Authorities	4,120	4,375	0	0	0	0	4,120	4,375	0	0	4,120	4,375
Purchase of healthcare from non-NHS bodies	0	0	0	0	0	0	0	0	0	0	0	0
Welsh Government	0	0	0	0	0	0	0	0	0	0	0	0
Other NHS Trusts	211	70	0	0	0	0	211	70	0	0	211	70
Directors' costs	1,744	1,714	0	0	0	0	1,744	1,714	0	0	1,744	1,714
Operational Staff costs	114,126	108,081	11,352	10,622	1,449	1,161	126,927	119,864	0	0	126,927	119,864
Single lead employer Staff Trainee Cost	88	60	0	0	0	0	88	60	0	0	88	60
Collaborative Bank Staff Cost	0	0	0	0	0	0	0	0	0	0	0	0
Supplies and services - clinical	32,413	74,892	20	218	0	0	32,433	75,110	0	0	32,433	75,110
Supplies and services - general	1,381	1,342	4,367	1,437	3	1	5,751	2,780	0	0	5,751	2,780
Consultancy Services	663	1,114	58	270	0	21	721	1,405	0	0	721	1,405
Establishment	10,323	8,948	1,229	877	30	52	11,582	9,877	0	0	11,582	9,877
Transport	907	629	9	9	0	0	916	638	0	0	916	638
Premises	8,256	7,227	437	1,677	60	116	8,753	9,020	0	0	8,753	9,020
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation	4,464	3,909	0	0	0	0	4,464	3,909	0	0	4,464	3,909
Depreciation (RoU Asset)	1,672	0	0	0	0	0	1,672	0	0	0	1,672	0
Amortisation	392	412	0	0	0	0	392	412	0	0	392	412
Impairments and reversals of property, plant and equipment	1,235	(4)	0	0	0	0	1,235	(4)	0	0	1,235	(4)
Impairments and reversals of intangible assets	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non current assets held for sale	0	0	0	0	0	0	0	0	0	0	0	0
Audit fees	185	167	0	0	0	0	185	167	0	0	185	167
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts	(223)	20	0	0	0	0	(223)	20	0	0	(223)	20
Expense related to short-term leases	345	0	0	0	0	0	345	0	0	0	345	0
Expense related to low-value asset leases (excluding short-term leases)	16	0	0	0	0	0	16	0	0	0	16	0
Research and development	0	0	0	0	0	0	0	0	0	0	0	0
Other operating expenses	2,228	2,204	1,050	1,030	38	13	3,316	3,247	0	0	3,316	3,247
<b>Total</b>	<b>202,157</b>	<b>229,686</b>	<b>28,402</b>	<b>28,793</b>	<b>1,650</b>	<b>1,379</b>	<b>232,209</b>	<b>259,858</b>	<b>(691)</b>	<b>(304)</b>	<b>231,518</b>	<b>259,554</b>
Investment Revenue	577	16	0	0	0	0	577	16	0	0	577	16
Other Gains and Losses	118	7	0	0	0	0	118	7	0	0	118	7
Finance Costs	(81)	0	0	0	0	0	(81)	0	0	0	(81)	0
<b>Total</b>	<b>614</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>614</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>614</b>	<b>23</b>
<b>Retained surplus</b>	<b>895</b>	<b>794</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>895</b>	<b>794</b>	<b>0</b>	<b>0</b>	<b>895</b>	<b>794</b>

**37. Other Information**

**37.1. 6.3% Staff Employer Pension Contributions - Notional Element**

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Trust data for March 2022.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	<b>2022-23</b>	<b>2021-22</b>
<b>STATEMENT OF COMPREHENSIVE INCOME</b>		
<b>FOR THE YEAR ENDED 31 MARCH 2023</b>	<b>£000</b>	<b>£000</b>
Revenue from patient care activities	5,134	4,886
Operating expenses	5,134	4,886
<b>3. Analysis of gross operating costs</b>		
<b>3. Revenue from patient care activities</b>		
Welsh Government	4,696	4,520
Welsh Government - Hosted Bodies	438	366
<b>5.1 Operating expenses</b>		
Directors' costs	63	78
Staff costs	5,071	4,808

## 37. Other Information (continued)

## 37.2 Other (continued)

## Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales

	Total 2022-23 £000	Total 2021-22 £000
<b>Capital</b>		
Capital Funding Field Hospitals		0
Capital Funding Equipment & Works		0
Capital Funding other (Specify)		0
<b>Welsh Government Covid 19 Capital Funding</b>	<b>-</b>	<b>-</b>
<b>Revenue</b>		
Stability Funding	0	0
Covid Recovery	0	1,100
Cleaning Standards	0	0
PPE (including All Wales Equipment via NWSSP)	52	0
Testing / TTP- Testing & Sampling - Pay & Non Pay	13,893	61,257
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	598	1,554
Extended Flu Vaccination / Vaccination - Extended Flu Programme	0	0
Mass Covid-19 Vaccination / Vaccination - COVID-19	1,232	1,410
Annual Leave Accrual - Increase due to Covid		0
Urgent & Emergency Care		0
Private Providers Adult Care / Support for Adult Social Care Providers		0
Hospices		0
Other Mental Health / Mental Health		0
Other Primary Care	0	0
Social care		0
Dental Patient charges		
Nosocomial C19 Funding		
Other	300	2,836
<b>Welsh Government Covid 19 Revenue Funding</b>	<b>16,075</b>	<b>68,157</b>

2022-23 Other includes £0.300m funding for a Covid recovery app.

2021-22 Other includes £2.836m of funding for STI online testing.

**THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY**

**NHS TRUSTS**

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

**BASIS OF PREPARATION**

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

**FORM AND CONTENT**

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

**MISCELLANEOUS**

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)



GIG  
CYMRU  
NHS  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

Gweithio gyda'n gilydd  
i greu Cymru iachach

Working together  
for a healthier Wales