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Public Health Wales Annual Report 2014-2015

Continuing progress to a
healthier, happier and fairer Wales



Chairman's Foreword

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

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

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

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

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

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

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

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



Professor Sir Mansel Aylward CB

Chair: Public Health Wales

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Corporate News

Public Health Wales' three-year strategy

MISSION

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

Strategy Map 2015 - 2018



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VISION

To achieve a healthier, happier and fairer Wales

OUTCOMES



Improved health and wellbeing and reduced health inequalities



Improved quality, equity and effectiveness of healthcare services



Protected people from infectious and environmental hazards

PRIORITIES

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

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

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

Supporting the NHS to improve outcomes for patients

Influencing policy to protect and improve health and reduce inequalities

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

DEVELOPING THE ORGANISATION

Clarity of Purpose

Robust finance

Positive reputation

Positive work environment

Effective governance

Driven by people's needs

Skilled people

Delivering quality work

Collaborative partnerships

Facilities, IT and estates

During 2014-15, the whole organisation worked to develop our Integrated Medium Term Plan (IMTP) – also known as our strategic plan – which outlines what we want to achieve as an organisation over the next three years. This was subsequently approved by the Minister for Health and Social Services in June 2015.

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

- Work to improve the health of our children
- Develop and support primary care services to improve the public's health
- Support the NHS to improve outcomes for patients
- Influence policy to protect and improve health and reduce inequalities
- Protect the public
- Adopt and implement a multi-agency approach to improving public health
- Develop our own organisation

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

Tracey Cooper, Chief Executive, said:

"Our IMTP provides us with a major opportunity to make a real impact on the public's health over the next three years."

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

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

New Executive Team structure and organisational design

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

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

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

- Executive Director of Health and Wellbeing
- Executive Director of Public Health Services / Medical Director
- Director of Policy, Research and International Development
- Executive Director of Quality, Nursing and Allied Health Professionals
- Deputy Chief Executive/ Executive Director of Operations and Finance
- Director of Workforce and Organisational Development
- Director of NHS Quality Improvement and Patient Safety/ Director of 1000 Lives Improvement

Population health

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

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

News from our directorates

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

Health and Wellbeing

What we do

- Health Improvement
- Local Public Health Teams
- Multi-agency Engagement
- Health Intelligence
- Primary, Community and Integrated Care

Working in Partnership to Improve Health and Wellbeing

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

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

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

However, systems working is not just about us working differently externally. This focus is fundamentally shifting the way we work internally as an organisation to improve people's health, by ensuring that we use

our resources and expertise to its optimum in delivering the greatest impact that we can including the types of health improvement interventions that we provide.

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

Article on deaths and road injuries associated with young drivers published

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

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



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

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

Health and Wellbeing

New Primary, Community and Integrated Care Division

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

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

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

Transforming Health Improvement Programme

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

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

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

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

Improving information for health services in Wales

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

Health and Wellbeing

Add to Your Life health and wellbeing self-assessment launched



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

Add to Your Life is a confidential and easy-to-use self-assessment which can be undertaken online or by telephone.

It provides a valuable opportunity for people to get an overall picture of their health and wellbeing and will support them in making positive changes in many areas of their life in small, achievable steps.

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

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

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

'Bump, Baby and Beyond' a hit with new mums

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

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

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

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



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

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

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

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

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

Smokers embarking on the 28-day online journey will be asked to create a personalised quitting plan and set pledges and rewards for key milestones throughout the process.

Public Health Services

What we do

- Health protection services
- Microbiology services
- Screening services

Ebola response and planning

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

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

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

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

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

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

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



Public Health Services

NATO Comes to Wales

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

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

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

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

During the actual summit period, significant numbers of our staff had to be relocated because of the security restrictions around the NATO event. Staff worked flexibly or were dispersed to other locations across the South East region but, together with our vital multiagency partners, continued to deliver a seamless public health service to the people of Wales.



Public Health Services

Centralisation of Microbiology Services

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

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

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

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

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

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



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

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



Public Health Services

Month-long campaign to raise awareness of screening

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



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

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

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

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

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

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



Quality Improvement and Patient Safety

What we do

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

1000 Lives Improvement

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

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

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

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

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



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

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

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

Quality Improvement and Patient Safety

A commitment to prudent healthcare

Prudent healthcare has been a major priority for us throughout the year. In simple terms, it means ensuring that patients receive only the treatment that is right for them. This both frees up NHS time and resources for others, and ensures that patients are not put through treatment that is unnecessary or even potentially harmful.

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

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

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



Policy, Research and Development

What we do

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

Charter for International Health

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

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

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

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

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

Tracey Cooper, Chief Executive, Public Health Wales

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

www.internationalhealthwales.nhs.uk



Policy, Research and Development

Global public health work on violence prevention

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



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

Speaking about his work this year, Professor Bellis said:

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

Policy, Research and Development

African collaboration continues

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

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



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

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



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

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

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

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

"Our international health work is extremely important and beneficial because it develops two-way partnerships which enrich staff knowledge, professional and personal development, and ultimately strives to improve global health outcomes. Further work is being done to define more clearly the areas where we will work together."

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

Quality, Nursing and Allied Health Professionals

What we do

- Quality and Standards
- Clinical Governance and Information Governance
- Risk Management
- Complaints and Claims
- Service User Engagement
- Safeguarding
- Infection, Prevention and Control

Service User Engagement

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

Quality and Standards

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

Information Governance

We are an organisation which holds large amounts of information and data. We understand the importance of maintaining safety in this area and will be doing further work to manage and refine our information asset handling.

Risk

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

Principles for Remedy

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

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

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

Quality, nursing and Allied Health Professionals

Public Health Wales expert helps shape Adoption Service for Wales

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

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

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

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

Nursing and Midwifery Strategy Launch



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

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

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

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

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

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

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

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

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

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

Workforce and Organisational Development

What we do

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

Staff engagement

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

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



The Management and Leadership Development Programme

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

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

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

Workforce and Organisational Development

Induction for new staff

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

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



Learning & Development events

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

Workforce and Organisational Development

Sickness absence target

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

Equality

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

Disability

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

Welsh Language

Bilingual Service Provision

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

Ruth Davies, Director of Workforce and Organisational Development said:

"Our annual Welsh Language Scheme Monitoring Report and More Than Just Words Monitoring Report for 2014-15 confirm that we are making progress in many areas. However, we also acknowledge that there are gaps in our Welsh language provision. With further impetus, focus and concerted effort we will ensure tangible service improvements over the next 12-18 months."

Meeting our Targets

The key performance indicators measure how we are achieving our objectives for healthier happier and fairer Wales. The targets are set by the Welsh Government and the percentages are based on how many people are utilising each service.

Public Health Wales has seen improvements over the past three years in many areas including the number of

smokers giving up smoking, the number of pregnant women receiving the influenza vaccine, uptake of breast, bowel and cervical screening, and breast screening normal results sent within two weeks.

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

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

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

*The screening programme figures presented for 2014-15 relate to operational performance of these programmes during the specified year. They represent a different cohort to those participants invited in that year, who require a length of time to complete any associated activity before the Official Statistics can be published.

Please direct any queries regarding data from Screening Division to:

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

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

Operations and Finance

What we do

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

Section 2 – Operating and Financial Review

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

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

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

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

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

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

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

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

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

Statement of comprehensive income for the year ended 31 March 2015

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

Statement of cash flows for the year ended 31 March 2015

	2014/15 £000	2013-14 £000
Cash flows from operating activities		
Operating surplus/(deficit)	61	49
Depreciation and amortisation	2,812	2,798
Impairments and reversals	(31)	0
Interest paid	(49)	(50)
(Increase)/decrease in inventories	(7)	8
(Increase)/decrease in trade and other receivables	(451)	(348)
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	3,823	1,216
Increase/(decrease) in other current liabilities	0	(2,336)
Increase/(decrease) in provisions	551	718
Net cash inflow/(outflow) from operating activities	6,709	2,055
Cash flows from investing activities		
Interest received	23	17
(Payments) for property, plant and equipment	(3,385)	(742)
Proceeds from disposal of property, plant and equipment	0	0
(Payments) for financial assets	0	(304)
Net cash inflow/(outflow) from investing activities	(3,362)	(1,029)
Net cash inflow/(outflow) before financing	3,347	1,026
Cash flows from financing activities		
Public Dividend Capital received	1,579	62
Public Dividend Capital repaid	0	(1,182)
Capital elements of finance leases and on-SORP PFI	(664)	144
Net cash inflow/(outflow) from financing activities	915	(980)
Net increase/(decrease) in cash and cash equivalents	4,262	46
Cash [and] cash equivalents [and bank overdrafts] at the beginning of the financial year	2,547	2,501
Cash [and] cash equivalents [and bank overdrafts] at the end of the financial year	6,809	2,547

Statement of financial position as at 31 March 2015

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

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

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

2014-15	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2014	12,660	483	56	0	13,199
Changes in taxpayers' equity for 2014-15					
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/written off	0				0
Other movements in PDC in year	0				0
Balance at 31 March 2015	14,239	518	245	0	15,002

2014-15 Remuneration Report

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

3. Salary and Pension Disclosures

- 3.1 Details of salaries and pension benefits for senior employees are given in Annexes 1 and 2.
- 3.2 The single figure of remuneration (Annex 1) is intended to be a comprehensive figure that includes all types of reward received by directors in the period being reported on, including fixed and variable elements as well as pension provision.
- 3.3 The single figure includes the following:
- Salary and fees (in bands of £5,000) both pensionable and non pensionable elements.
 - benefits in kind (taxable) (total to the nearest £100)
 - pension related benefits, ie those benefits accruing to senior managers from membership of a participating defined benefit pension scheme.
- 3.4 There are no annual or long-term performance related bonuses or
- 3.5 Annex 2 gives the total pension benefits for all senior managers. The inflationary rate applied to the 2013/14 figure is 2.7% as set out by the 2014/15 Greenbury guidance.

4. Remuneration Relationship

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

- 4.2 The banded remuneration of the highest-paid director in Public Health Wales in the financial year 2014-15 was £155-£160k (2013-14, £155k-£160k). This was 5.3 times (2013-14, 5.25) the median remuneration of the workforce, which was £29,760 (2013-14, £30,054k).
- 4.3 In 2014-15, 0 (2013-14, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £14,292 to £157,899 (2013-14 £14,292 to £157,884).
- 4.4 The annualised banded remuneration of the Chief Executive is £150-£155k.
- 4.5 Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The salary includes medical commitment awards, planned additional sessions and clinical excellence awards.
- 4.6 Overtime payments are included for the calculation of both elements of the relationship.

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

5. Exit packages and severance payments

- 5.1 Annex 3 provides detail of the number and value of all exit packages during 2014/15 on a cash basis. Although 6 members of staff have taken VERS within 2014/15, cash payments will be made in 2015/16 and therefore the costs relating to these VERS payments have not been disclosed.
- 5.2 Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

6. Statement of Assurance

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

Tracey Cooper
Accounting officer, Public Health Wales

Annex 1: Single Total Figure of Remuneration

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

1. Tracey Cooper joined the organisation on 1 June 2014

2. Bob Hudson left the Organisation on 23 November 2013

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

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

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

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

There were no performance related pay or bonuses paid.

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

Annex 2: Pensions Benefits

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

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

Annex 3: Exit Packages

Exit Packages cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures	Cost of other departures	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special element included in exit packages
Exit package cost band	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s
less than £10k								
£10k - £25k								
£25k - £50k								
£50k - £100k			1	54,504				
£100k - £150k								
£150k - £200k								
more than £200k								
Total			1	54,504				

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

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

Tax assurance for off-payroll appointees

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

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

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

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

Public Health Wales Board

Register of Interests

Name	Interests
Professor Sir Mansel Aylward CB	Public or Private Appointments, Employment or Consultancies • Chair, Merthyr Tydfil County Borough Council Standards Committee • Vice President, College of Occupational Therapists • Vice President, Shaw Trust • Scientific Advisor, Health Claims Bureau • Medical Advisor, US Preventative Medicine, Nashville, TN, USA • Advisor, Atos Healthcare Ltd Clinical Governance Committee • Patron, Vocational Rehabilitation Association • Patron, TREAT Trust • Member, Academic Advisory Board for the Centre for Health Services Innovation at the Counties Manukau District Health Board, New Zealand. • Member, Council of College of Medicine, UK Other positions of authority • Director, Centre for Psychosocial Research, Cardiff University • Specialist Advisor to Vice-Chancellor, Cardiff University • Professor of Public Health Education, Cardiff University
Rhiannon Beaumont-Wood	Other positions of authority • Trustee, Calan DVS (Under Welsh Womens Aid umbrella)
Peter Bradley	Other positions of authority • Member, CASP International promoting critical appraisal skills (internationally) • Honorary Professor, Swansea University
Dr Carl Clowes OBE	Public or Private Appointments, Employment or Consultancies • Hon. Lesotho Consul in Wales • Life President, Dolen Cymru • Director of the Board, Dolen Cymru (Charitable Company) • Llwydd/President, Nant Gwrtheyrn, National Centre for Language and Heritage • Ymddiriedolaeth/Director, Nant Gwrtheyrn (Charitable Company) • Fellow, Institute for Welsh Affairs • Chair, Ynni Aelhaearn 'Green Village' (Working group)
Tracey Cooper	Other positions of authority • Past President (officer), International Society for Quality in Healthcare. Not for profit charity.

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

Statement of Assurance

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

Tracey Cooper
Accountable Officer, Public Health Wales

Statement of the Chief Executive's responsibilities as accountable officer of the Trust

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

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



Tracey Cooper
Chief Executive,
Public Health Wales

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

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

Respective responsibilities of the Accounting Officer and auditor

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

Basis of opinion

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

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements and the auditable part of the remuneration report of Public Health Wales NHS Trust for the year ended 31 March 2015 on which I have issued an unqualified opinion.

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

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

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

Huw Vaughan Thomas
Auditor General for Wales
15 September 2015

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