# Public Health Wales

# Accountability Report and Financial Statements 2020/21

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# Section 1: Accountability Report

## Corporate Governance Report


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## Annex 1 –Public Health Wales Directors' Report 2020/21

In accordance with the Financial Reporting Manual (FReM), 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 |
|---|---|
| **1.** The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved. | See Annex 1 in the Annual Governance Statement. |
| **2.** The composition of the management board (including advisory and non-Executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year. | See Annex 1 in the Annual Governance Statement. |
| **3.** The names of the directors forming an audit committee or committees. | See Annex 1 in the Annual Governance Statement. |
| **4.** Details of company directorships and other significant interests held by members of the management board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report. | See the Register of Interests 2020/21. |
| **5.** Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled. | See Data Breaches section (section 9.9) of this the Annual Governance Statement. |
| **6.** Information on environmental, social and community issues. | See section 9.6 of this the Annual Governance Statement. |
| **7.** As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance. | |

## Annex 2 - Statement of Chief Executive's Responsibilities as Accountable Officer

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Local Health Board / NHS Trust.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government

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.

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 **Dr Tracey Cooper** Date: 10 June 2021

## Annex 3 - 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 LHB / NHS Trust and of the income and expenditure of the LHB /NHS Trust 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 OBE** | | 10 June 2021 |
| Chief Executive: **Dr Tracey Cooper** | | 10 June 2021 |
| Director of Finance: **Huw George** | | 10 June 2021 |

# Annual Governance Statement 2020/21

**Purpose and Summary of Document:**

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which is part of the Annual Report and Accounts 2020/21. 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 (FReM), issued by Her Majesty's Treasury, has also been used to help shape the final Statement.

The Audit and Corporate Governance Committee considered the draft for submission at its meeting on 5 May 2021.

This final version was presented to the Committee on 7 June 2021 for recommendation to the Board for approval on 10 June 2021. The Board approved this Statement for submission to Welsh Government at a Board meeting on 10 June 2021.

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# 1. Scope of Responsibility

As the national Public Health Institute in Wales, our vision is '*Working to achieve a healthier future for Wales'.* This Annual Governance Statement reflects the third full year of our Long Term Strategy that was approved in 2017/2018. This year, 2020/21, has been an exceptional year in the context of a global SARS-COV-2 Novel Coronavirus (COVID-19) pandemic, and within this report, we will outline the impact the pandemic has had on our organisation and our work. Public Health Wales, and the NHS in Wales, faced unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by the COVID-19 pandemic.

The Board has responsibility for setting the strategic direction, the governance framework, organisational tone, and culture, steering the risk appetite, and overseeing strategic risks, developing strong relationships with key stakeholders and partners and the successful delivery of Public Health Wales' Long Term Strategy. 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.

The required response to the pandemic has resulted in the organisation needing to significantly scale up core health protection and diagnostic functions to a level that has never been undertaken before. The decision was taken in February 2020 to re-align the organisation's priorities to focus singularly on the coordination, advice, support, and response to COVID-19. In addition to the functions that we discharge, and the exceptional commitment and work of our staff, our staff have also been personally and professionally affected by the social measures in relation to the 'lockdown' period from the end of March 2020, the 'local lockdowns' in the Autumn 2020, and a second national 'lockdown' as a result of the second wave from December 2020.

On 13 March 2020, the Minister for Health and Social Services announced a directive to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resources to support the response to Novel Coronavirus (COVID-19). In line with this directive, and following a risk assessment on the ability and safety of delivering screening programmes, Public Health Wales temporarily paused

some of the population based screening programmes, with the support of the Welsh Government.

The Antenatal Screening Wales, Newborn Bloodspot Screening and Newborn Hearing Screening programmes remained in operation, due to the short window of intervention that can prevent impactful complications for newborns, and formed a routine part of our antenatal and postnatal care.

A key focus within the year has been supporting our people to work within such an environment. This has meant that many of our people across the organisation have been up skilled in new activities and have had to work very differently both internally, and with our partners and stakeholders externally. It has therefore been necessary to revise our strategic priorities and aspects of how we discharge our governance and operational framework. We have regularly provided governance reports to the Board, to ensure effective and transparent decision-making. *(Further details on the variations to our governance arrangements can be found in section 2.2.)*

To demonstrate this, we are recording how the effects of COVID-19 have influenced any changes to normal decision-making processes. Where relevant these, and other actions taken, have been explained within this Annual Governance Statement.

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

# 2. Governance Framework

We have continued to evolve and mature our governance arrangements across the organisation, within the context of the challenges during this year of the pandemic.

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. 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 and other staff as required.

In particular, the Board has responsibility for setting the strategic direction, the governance framework, organisational tone and culture, steering the risk appetite and overseeing strategic risks, developing strong relationships with key stakeholders and partners and the successful delivery of Public Health Wales' Long Term Strategy. In addition, Executive Directors have Board-level responsibility for effectively discharging our functions. The Board is supported by the Board Secretary and Head of the Board Business Unit.

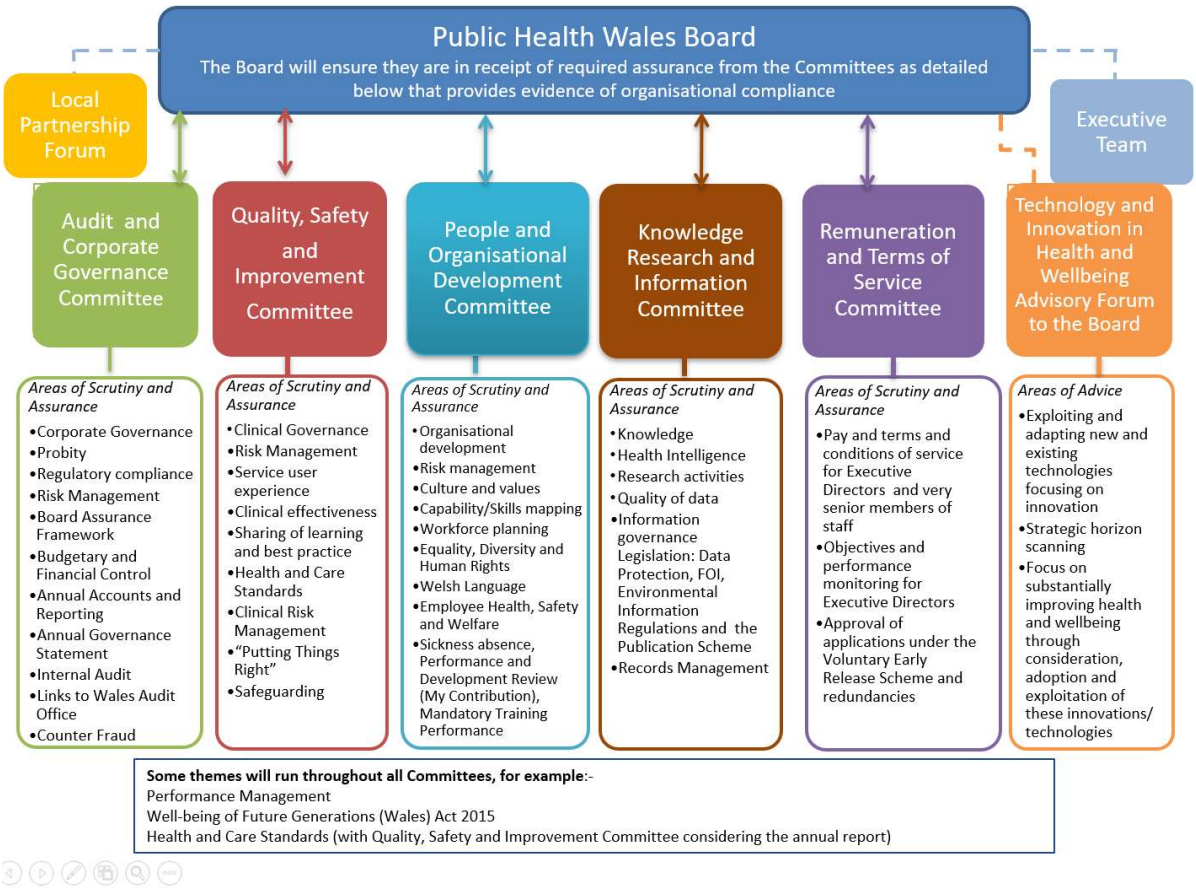
The exceptional nature of our response to COVID-19 has required us to fundamentally assess the delivery of our previously agreed plans. As a result, at the outset of the year the pre-approved Strategic Plan (Integrated Medium Term Plan) had to be suspended (with the exception of antenatal and newborn screening programmes) in order to mobilise all of our staff to scale up and sustain our Health protection response to the pandemic. Consequently, for the first six months the only plan in operation was a series of rapid operationally detailed plans for our Health Protection response, together with the gradual reactivation of a number of our screening programmes from June. With the increase in emphasis on the need to also increase our activities on the broader harms resulting from COVID-19, in October, we approved a revised in-year Operational Plan that sets out the priority areas and specific actions that Public Health Wales will deliver over the next 18 months. *(Further details of the Operational Plan can be found in section 8.)*

The Board has adapted, but continued, its programme of development and learning, reflecting constantly on its effectiveness, both as a full Board and working through its Committees. *(Further details on the Board and Committee Effectiveness can be found in section 2.3.5.)*

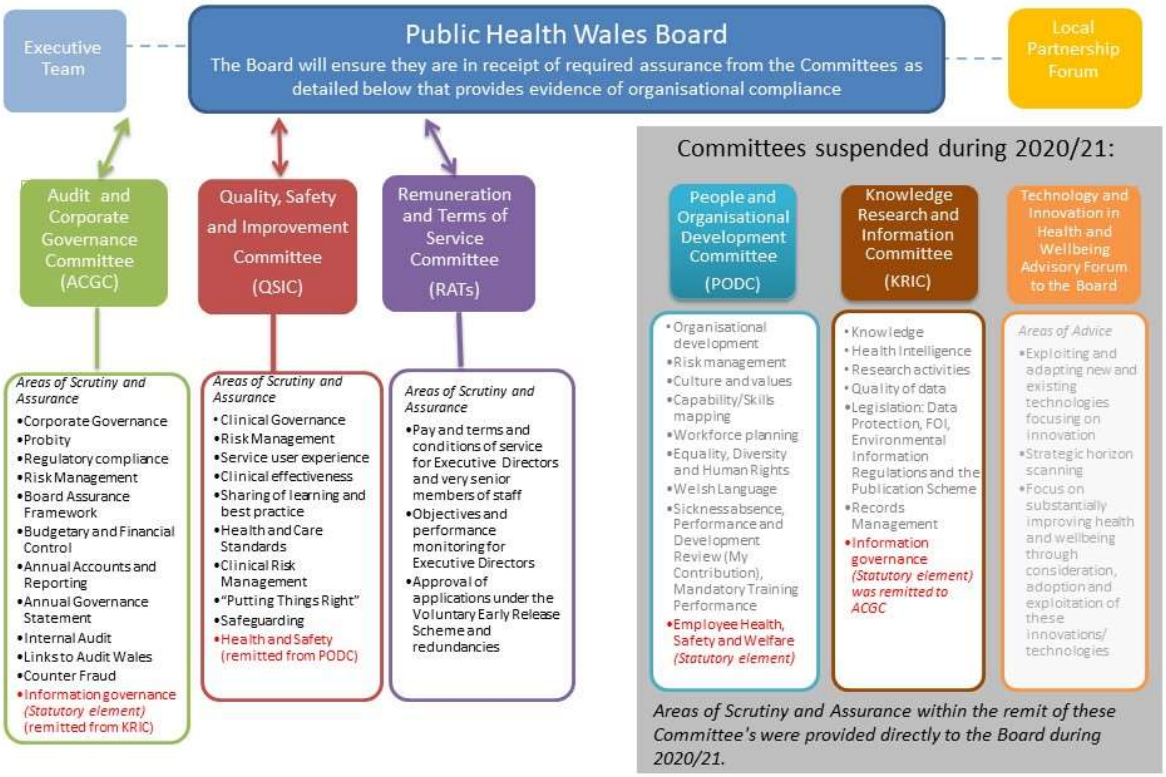
The current Board and Committee structure was approved in August 2018, and was operational from 1 April 2019. During 2020/21, we have made a number of adaptions to our Committee operations. *(Further details of the Committee structure can be found in section 2.6.)*

During the year a number of adaptations to the governance structure and framework have been made to further strengthen the corporate infrastructure within the context of the pandemic, to ensure appropriate oversight and focus on quality, risk management and governance. *(Further details can be found in corresponding sections later in this report)*

## Figure 1: Board and Committee structure approved by Board in July 2018 and operational from 1 April 2019



This year, the structure above has been adapted to the following:




The Structured Assessment 2020 report, an annual audit undertaken by Audit Wales, recognised the continued *strong culture of governance*, with the report making no recommendations for action. The Assessment also recognises the *strong, effective governance arrangements* put in place for the first half of the year.

## 2.1 Impact of COVID-19

COVID-19 was declared a pandemic by the World Health Organization (WHO) on the 13 March 2020. Public Health Wales has been actively managing COVID-19 as an incident since late January 2020, with the Gold Command structure meeting for the first time on the 25 February 2020.

On the 28 February 2020, the Board approved the rapid mobilisation of staff across the organisation in support of the COVID-19 response. With the exception of maintaining Microbiology and Health Protection services, antenatal and newborn screening programmes, communications, and infrastructure, responding to COVID-19 became the sole priority for the organisation until further notice.

Mobilising the organisation to both fulfil the leadership and support requirements of Public Health Wales' roles and responsibilities, as well as supporting the Welsh Government, wider health and social care system and local authority partners, has been, and continues to be, a significant undertaking. The form and focus for the entire organisation changed significantly with the vast majority of staff being diverted into the delivery of COVID-19 essential activities.

In support of the wider health and social care system and local authority partners, significant effort and resources have been committed to ensuring the required services and expertise have been provided during each phase of the pandemic. This has included services that Public Health Wales is directly responsible for, as well as providing system leadership advice and support.

As the national Public Health Institute, we also have a significant role to provide expert public health advice to Welsh Ministers and to the Welsh Government. Being actively involved in daily four nations engagement with the other public health agencies in the United Kingdom has also been a routine activity for the response to COVID-19.

## Compliance with Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020

Since the *Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020* came into force in Wales on 7 April 2020, Public Health Wales has been working across its estate to ensure compliance and critically, to maintain the safety of staff and service users.

Guidance has been issued to work places that states provided *'reasonable steps'* have been taken an employer would be compliant with the Regulations. It should also be noted that the guidance also states *'while that is an objective test that is intended to be applied consistently, it is not an absolute rule that has to be applied all of the time in all circumstances. In addition it is not a measure that will apply in the same way in all circumstances.'*

The Estates and Health and Safety Team, in conjunction with Infection Prevention and Control Leads and Health and Safety Managers, has continued to put in place measures in line with guidance to ensure the safety of our staff and service users. Details of these actions that have been undertaken over the last 12 months were included in a report to Board 'Public Health Wales COVID-19 Safe Working Environments' in February 2021, providing assurance on the measures undertaken to date to ensure the safety of our staff working both within our Estates and remotely.

### Organisational Learning

Undertaking continued international horizon scanning and connecting with other National Public Health Institutes worldwide in order to apply learning and sharing within Wales has been a key activity for us during the year.

At the end of 2019, a *Vision for Knowledge Mobilisation 2020-2025* was produced. It set out to maximise knowledge mobilisation, ensuring that decisions, both our own and those of our stakeholders, are informed by the most appropriate knowledge; that activities or initiatives, both innovative and established, are evaluated and that learning from this evaluation is efficiently shared and acted upon. We have made significant progress through in embedding research, evaluation, and evidence with the establishment of the Knowledge Directorate. In the context of the pandemic, it is even more important that our knowledge and experience of COVID-19 is captured, disseminated, and used.

During the pandemic, we have introduced new services, undertaken new or additional roles and changed our working practices. Some of our programmes and services have been paused and will need to be reactivated using new ways of working. The magnitude of the change means that many different opportunities for learning have arisen, and it is important that we capture this knowledge and use it as the demands and requirements on us change.

We also found ourselves working beyond our mandate in the first part of the year including supporting the NHS to set up sampling centres, running a sampling centre and supporting the Welsh Government to establish an online testing platform prior to the adoption of the UK Government portal. These were challenging activities that we found ourselves undertaking to support the Welsh Government in the absence of any other organisation actively undertaking them. On occasion, this also resulted in the misinterpretation of our role and responsibility as a National Public Health Institute.

The Operational Plan approved by the Board in October 2020, outlines the organisational processes to support the systematic collection, synthesis and dissemination of learning gathered during the COVID-19 pandemic. This includes methods to share learning within the organisation and, where appropriate, with external stakeholders. The scope of the plan also includes the capture of information and decisions made by the organisation that will provide an archive and organisational narrative in relation to COVID-19.

## 2.2 Governance Structure

Because of the pandemic, changes have been made to both the Executive and Board governance structures. These changes are summarised below.

### 2.2.1 Board Governance

During the last twelve months, the Board has reviewed its governance arrangements and has made a number of changes to its way of working.

We acknowledged that in these unprecedented times, there were limitations on Boards and Committees being able to physically meet, where this is not necessary and can be achieved by other means.

The Board acknowledged that, as it was unlikely to meet in person for the foreseeable future and would meet through electronic/telephony means. As a result of this, members of the public were unable to attend or observe.

Until February 2020, we live streamed all public Board meetings via social media. This was paused as a result of COVID-19 and the move to remote working and social restrictions. We were pleased to reinstate the livestreaming of Board meetings as of 28 July 2020, and are planning to livestream our committee meetings during 2021/22.

The Board has met monthly since the 26 March 2020, whilst Board Committees have seen the following changes during 2020/21:

| Committee | Changes |
|---|---|
| Audit and Corporate Governance Committee (ACGC) | ❖ Remained active, met eight weekly (increased from five meetings per year)<br>❖ Information Governance considered in this committee while KRIC was suspended. |
| Quality, Safety and Improvement Committee (QSIC) | ❖ Remained active, met eight weekly (increased from four meetings per year)<br>❖ Health and Safety considered in this Committee while PODC was suspended. |
| Knowledge, Research and Information Committee (KRIC) | Committee was suspended for all of 2020/21; the next review is due in July 2021. |
| People and Organisational Development Committee (PODC) | Committee was suspended for all of 2020/21 and has been reactivated from 1 April 2021.<br><br>A People Advisory Group was established in October 2020 to provide support to the Board whilst the Committee was suspended. *See Section 2.6 for further information.* |
| Remuneration and Terms of Service Committee | Remained active, met as and when required. |

## Variation to ways of working

In order to remain flexible whilst ensuring appropriate transparency and robustness of decision-making, the Board agreed a number of variations to its ways of working. A summary of these changes are set out below:

| | |
|---|---|
| March 2020 | The Board agreed that in order to facilitate as much transparency and openness as possible at this extraordinary time, it undertook to:<br>❖ Publish agendas as far in advance as possible – ideally seven days<br>❖ Publish reports as far in advance as possible – recognising that some may be tabled and therefore published after the event<br>❖ Increase the use of verbal reporting which will be captured in the meeting minutes<br>❖ Publish a draft set of minutes from the meeting for public view as soon as possible<br>❖ Publish a clear link to website pages and social media accounts signposting to further information.<br><br>The Board also agreed to hold regular Board Briefings to ensure Board members were sufficiently informed and up to date. |
| April 2020 | At its meeting in April 2020, the Board approved that, for the period of the coronavirus pandemic, the Board should reduce the agenda and focus on essential business only.<br>The Board also agreed a series of 'ways of working', its approach to communication and adopted the All-Wales governance principles developed in response to the pandemic. |
| July 2020 | The Board continued to consider people / staff workforce matters whilst the People and Organisational Development is suspended.<br><br>Following review of the Board and Committee positions, it was agreed that:<br>❖ The Board would continue to meet monthly, with a shorter focused agenda<br>❖ The Knowledge, Research and Information and People and Organisational Development Committees remain suspended until January 2021 (pending review later in the Autumn)<br>❖ The Audit and Corporate Governance and Quality, Safety and Improvement Committees continue to meet every eight weeks with the additional roles |

| | |
|---|---|
| | remitted from the suspended committees (heath and safety and information governance).<br><br>We resumed livestreaming of Board meetings in July 2020. |
| October 2020 | A mid-year review resulted in the following recommendations approved by the Board:<br>❖ The Board continued to meet monthly, with a shorter, focused agenda on alternate months, until March 2021<br>❖ The Knowledge, Research and Information Committee remains suspended until April 2021 (pending review later in the New Year)<br>❖ The Audit and Corporate Governance and Quality, Safety and Improvement Committees continue to meet every eight weeks, with the additional roles remitted from the suspended committees (information governance and health and safety respectively)<br>❖ The People and Organisational Development Committee remains suspended until April 2021 (pending review later in the New Year)<br>❖ Given the continued scale of change and impact of COVID-19 on our workforce, it was agreed to establish a People Advisory Group (PAG) to support the Board on specific people-based matters. This will be time limited and will cease to meet once the full Board Committee reactivates. |
| February 2021 | COVID-19 mobilisation remained the highest priority for the organisation and other priorities, including the focus on the broader harms, meant that the Board needed to balance its oversight of COVID-19 delivery against a focus on other aspects of the Operational Plan and key strategic development work, including a refresh of the Long Term Strategy 2018-2030.<br><br>Above all, the Board needs to ensure the following:<br>❖ That the *right touch governance* principles remain in place for 2021/22, to facilitate effective Board leadership, oversight and assurance<br>❖ That the Executive team had the appropriate time and space to continue meeting the health protection response, whilst also focussing on other key areas of work, as set out in the Operational Plan 2020-22. These include the further transformation of health protection services, a major focus on the broader harms resulting from COVID-19, and that have |

exacerbated long–standing health inequalities, and the reactivation of agreed services; and

- That the full Board has the time and space to return to the strategy development work that had been a key feature, prior to 2020.

Following ongoing review, feedback and discussion the table below sets out the arrangements from 1 April 2021:

| | |
|---|---|
| **Board** | ❖ Reinstatement of bi-monthly meetings (May, July, Sept, Nov, Jan, March)<br>❖ Scheduling of Board meetings from 10am to 2pm, to include open and closed sessions. |
| **Board Development** | ❖ Reinstatement of bi-monthly Board development sessions reinstated (April, June, Aug, Oct, Dec, Feb) – focussing on key strategic issues<br>❖ Scheduling of Board development sessions whilst virtual working continues. This would be reviewed following the resumption of physical meetings. |
| **Board Briefings** | ❖ Substitution of written Board Briefing Notes for mid-monthly briefing sessions (where required)<br>❖ Continuation of relevant updates, together with Advice Notes, and other key briefing materials as required. |
| **Audit and Corporate Governance Committee** | Reinstatement of five meetings per annum. |
| **Quality, Safety and Improvement Committee** | Retention of approximately eight weekly meeting cycle. |
| **People and Organisational Development Committee /** | Resumption of the full People and Organisational Development Committee from April 2021, on a quarterly basis, with a focussed, |

| | | |
|---|---|---|
| | **People Advisory Group** | risk based agenda, but with full delegated powers in line with the Terms of Reference.<br>This enables the People Advisory Group to stand down. |
| | **Knowledge, Research and Information Committee** | Likely resumption in the Autumn of 2021. |

## Variations to Standing Orders and Standing Financial Instructions

The following is a summary of the Variations to Standing Orders during 2020/21:

| | |
|---|---|
| March 2020 | On the 26 March 2020, the Board approved a number of variations to the Standing Orders in light of COVID-19 and its implications to fulfil the Standing Orders.<br><br>In summary, the approved changes were:<br>❖ a change to the programme of Board Committees with People and Organisational Development Committee and Knowledge, Research and Information Committee both suspended for the foreseeable future<br>❖ the redirection of Information Governance matters to the Audit and Corporate Governance Committee and Health and Safety matters to the Quality, Safety and Improvement Committee<br>❖ a change of approval process for People and HR related policies<br>❖ suspension of the Boards annual plan for the foreseeable future<br>❖ the Annual General Meeting was unlikely to be run by the end of July 2020<br>❖ Board papers were unlikely to be available in their entirety seven days in advance of meetings<br>❖ Board meetings could not be conducted in public.<br><br>On the basis that the Board was unlikely to meet in person for the foreseeable future, it was agreed it would meet through electronic/telephony means. As a result, members of the public would be unable to attend or observe and Board meetings were not live streamed from March to June 2020. |

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| April 2020 | On the 30 April 2020, the Board approved temporary variations to the financial authority limits within the Standing Financial Instructions (SFI).<br><br>In summary, the changes approved were:<br>❖ Delegate to the Chief Executive the ability to commit financial resources up to £1m (increased from £500k)<br>❖ Suspend the SFI Procurement thresholds (in relation to COVID-19 activity) as outlined but retain the relevant procurement processes (such as requisitioning, ordering etc.)<br>❖ Suspend the requirement to seek approval from the Audit and Corporate Governance Committee for contracts, goods or services requiring a Single Tender Action/Single Quotation Actions.<br><br>During the same meeting on the 30 April, the Board ratified a Chairs Action to:<br>❖ Approve the financial limit of the Deputy Chief Executive Officer and Executive Director of Finance and Operations to be increased to the CEO Delegated financial limit and Department of Revenue (DoR) designated limits for the Deputy Director of Finance and Operations. |
| July 2020 | On the 28 July 2020, the Board approved an updated version of the Standing Orders to reflect the changes approved by the Board in March 2020, and changes outlined in the Welsh Health Circular (WHC) dated 9 July 2020 (WHC 2020/011).<br><br>This revised version of Standing Orders was in place until 31 March 2021. In summary, the Board approved:<br>❖ Amended wording in revised standing orders, that changes to the standing orders will be agreed at Board and communicated to Audit Committee (ACGC)<br>❖ Amended wording in revised standing orders, to include reference to the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020 which allows longer periods of tenure where the end of the current term is within the period effected by temporary suspension of all public appointments in March 2020<br>❖ Amendment to the Annual General Meeting (AGM) date as outlined in the WHC (WHC 2020/011) that the AGM must be held by 30 November 2020<br>❖ Reflection of the intention to publish papers as soon as possible. |

| | |
|---|---|
| | Amended wording in revised standing orders that in the absence of the Chair and Vice Chair, to stipulate that the Chair of ACGC be the 3rd chair. |
| March 2021 | On 25 March 2021, the Board reviewed the temporary revisions to Standing Orders made previously (25 March 2020), to determine if any of these temporary variations needed to remain, and if any other variations that are required.<br><br>In summary, the Board agreed to:<br>❖ Remove temporary variation as the Temporary Regulation has now expired: Regulation three of the National Health Service (Temporary Disapplication of Tenure of Office) (Wales) (Coronavirus) Regulations 2020.<br>❖ Revert to previous practice for Audit and Corporate Governance Committee to consider proposed variations to Standing Orders and recommend to the Board.<br>❖ Remove temporary date and revert to the usual date of the 31 July date for the AGM.<br>❖ Retain wording from temporary variation noting that Board members shall be sent an Agenda and a complete set of supporting papers at least seven calendar days before a formal Board meeting, where possible. |

For ease of reference, the changes made in during 2020/21 are available to view in the following papers:

- Board Governance changes, 26 March 2020
- Board Governance changes, 30 April 2020
- Financial Authority Arrangements, 30 April 2020
- Chairs Action (financial authority arrangements) – 30 April 2020
- Board Governance changes, 30 July 2020
- Board Governance changes, 29 October 2020
- Board and Committee Governance 2021/22, 25 February 2021

## Deviations from Standing Orders

Because of the public health risks of the pandemic, the UK Government and the Welsh Government stopped public gatherings of more than two people. It was therefore not possible to comply with the Public Bodies (Admissions to meeting) Act 1960 to allow the public to attend meetings of our Board and Committees from mid-March 2020.

From July 2020, livestreaming (via the website) of Board meetings resumed to allow the public to access Board meetings.

### 2.2.2 Executive Governance

The response to COVID-19 has required coordination and resources in addition to those provided by normal operational capacity. COVID-19 became the single organisational priority. On the 25 February 2020, the Gold command structure was stood up and the organisation mobilised to respond to COVID-19 as its single priority. The Gold Group is responsible for managing the incident that is COVID-19.

The Business Executive Team (BET) stopped meeting in its previous format on the basis that the whole organisational resource was diverted to the management of the incident.

As such, the Gold Group became the function by which the incident was led with the Chief Executive and three Strategic Directors (all of whom are Executive Board members) and are supported by three Incident Directors).

Other Executive Team members attended Gold for the purpose of leading designated programmes of work. Additional Executive weekly update meetings continued.

The Gold Group initially met on a twice weekly until 26 May 2020, when it moved to weekly meetings. The Gold Group was responsible for providing strategic oversight and direction of the Public Health Wales response to COVID-19 roles and responsibilities in accordance with the Public Health Wales Emergency Response Plan. The Gold Group took overall responsibility for the management of the incident and established the strategic direction for the organisational response to the pandemic. In early May, the Gold Group's terms of reference were reviewed and amended to become the Gold Executive Group, recognising that 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 to make operational decisions to its Chief Executive. The Chief Executive established and recognised the Gold Executive Group (in temporary replacement of the Business Executive Team) as the structure to which responsibility had been shared for this delegated authority. Members of the Executive Team who aware not originally members of the Gold Group became full members.

Later in May 2020, a programme management approach was established to support the delivery of organisational health protection response priorities and a weekly Delivery Confidence Assessment report (DCA) introduced.

The BET meeting structure was reactivated on the 9 June 2020, and as before, acted as the structure to which the Chief Executive shared delegated responsibility. The BET focus was all of the statutory functions of

the organisation with special regard to the impact of COVID-19 on population health and our associated interventions. Gold Command remained in place to oversee the health protection response to the pandemic itself.

The re-established BET meeting structure is chaired by the Chief Executive and its role includes:

- Receiving assurance reports from the Gold Group about the management of the pandemic and delivery of the Implementation Plan
- Considering the Organisational Recovery Programme, working to define and develop a 'new (organisational) normal'
- Considering proposals and progress reports on re-starting of core services in the context of a 'new normal' Public Health Wales operating framework
- Receiving assurance – performance reporting and risk management, statutory functions, staff wellbeing, Board Work Plan and Board Committee requirements
- Receiving assurance that Public Health Wales is fulfilling its statutory functions.

The Gold Group returned to having sole focus as the command and control structure for the pandemic. The Gold Group, chaired by the Strategic Director and reports to the Business Executive team. The Incident Management Team (IMT) reports to the Gold Group and is chaired by the Incident Director.

The operational and governance arrangements for many elements of the response have been successfully delivered through previously established structures. However, for some elements, especially those established specifically for the COVID-19 response require our systems to evolve over the course of the response and to adapt and develop as the situation changes.

Following investment from the Welsh Government, Public Health Wales is further developing an Integrated Health Protection Service, and transforming Health Protection and Microbiology for Wales. The proposals for the future governance structure of the Integrated Health Protection Service is being considered and developed by the Gold and BET Groups in early 2021/22. These will be concluded when the newly appointed National Director for Health Protection and Screening Services joins the organisation on the 1 June 2021.

## 2.3 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.

### 2.3.1 Right Touch Governance Approach

The Board adopted a 'Right Touch Governance' approach to its governance arrangements during 2020/21. The purpose of this approach is to adapt the construct of Board and Committee meeting agendas to remain flexible and apply a risk based approach to the selection of agenda items. The Board also acknowledges the importance of the use of means other than formal papers to help ensure the Board remained agile. This included the use of presentations where appropriate and circulation of materials and information outside meetings.

The Structured Assessment 2020 report, an annual audit by Audit Wales, recognises the continued strong culture of governance, with the report making no recommendations for action. The Assessment also recognises the strong, effective governance arrangements put in place for the first half of the year.

The Internal Audit service for NHS Wales undertook advisory reviews in all NHS organisations in Wales. The reviews focussed on financial and wider governance arrangements put in place at the beginning of the COVID-19 pandemic. The Public Health Wales report recommends three (low risk) priority considerations and others for further development. All recommendations were accepted and an action plan developed. Both reports have been considered by the Audit and Corporate Governance Committee. The review of the recommendations can be viewed here (report provided to ACGC on 5 May 2021).

### 2.3.2 Development of the Performance Assurance Dashboard

Prior to COVID-19, we recognised that access to high quality, timely and robust performance information was essential in providing assurance to our Executive Team and Board on our ongoing delivery of public health services and statutory responsibilities, as well as the COVID-19 response. Public Health Wales has developed an innovative Performance Assurance Dashboard (PAD) that moves away from reporting through static, written Integrated Performance Report to an interactive dashboard and supporting report.

The dashboard provides an update on the latest available performance across the organisation to aid effective and efficient decision making. The Performance and Assurance Report replaces our existing Integrated Performance Report and pulls together key information from the interactive dashboard.

The current PAD provides the Board and Executive Team with performance information on a range of data sets including:

- Information on the COVID-19 response
- Financial performance
- Workforce performance and COVID-19 related absence
- Operational performance
- Quality and Putting Things Right.

The dashboard, and supporting narrative, gives the Executive Team and Board timely and robust performance information to provide assurance to our scheduled activities as well as the enhanced response to the COVID-19 pandemic. An executive summary highlights the key areas identified from the latest available data to help stimulate discussion and inform decision-making.

In developing the Dashboard, we have worked to recognise quality standards. Each of the data sources used to create one of our interactive dashboards is assessed and given a rating (Gold, Silver, Bronze). This is detailed at the bottom of each individual part of the dashboard, along with the specific data source and when the information was extracted.

The dashboards are developed to recognise Alteryx and Tableau (our business intelligence tools) standards. This relates to not only how we have visualised the information provided but also in terms of the data flows that sit behind each dashboard. The PAD cannot be accessed by non-NHS computers but a PDF copy is published with Board papers for the public to access.

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

The Committee terms of reference have been reviewed this year and minor changes will been submitted to the Board for consideration in May 2021.

As both the People and Organisational Development Committee and the Knowledge, Research and Information Committee have been suspended this year due to the COVID-19 pandemic, the terms of reference for these Committees have not been reviewed at this point.

### 2.3.4 Performance and Effectiveness Cycle

The Board is developing a model to pull together all elements of the review of performance and effectiveness into 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 2020/21**, focusing on corporate arrangements, including the governance arrangements, for ensuring that resources are used efficiently, effectively and economically. The overall conclusion of this assessment was that the Trust is generally well led and well governed and the Board continues to operate effectively, and seek opportunities to improve.

- Internal Audit completed an advisory review of the organisational Governance arrangements during the COVID-19 pandemic, and concluded that the temporary governance arrangements operated effectively during the peak. The Trust complied with the guidance and the principles issued by Welsh Government and had adopted similar principles prior to the guidance being issued.

- 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 2021 who took **assurance** of our compliance with the Corporate Governance in Central Government Departments – Code of Practice 2017. *(Further information is provided in section 9.10 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
- Annual Committees Report on Activity to the Board
- Committee review of effectiveness

- Feedback session at the end of every meetings.

In March 2021, an online questionnaire was completed by members of the Audit and Corporate Governance and the Quality, Safety and Improvement 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. The results of the respective questionnaires were provided to each Committee for discussion and to agree any learning and associated actions. Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2021/22: a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 of 2021 as part of the wider Board effectiveness review.

As both the People and Organisational Development Committee and the Knowledge, Research and Information were suspended this year; the effectiveness review was not undertaken for these Committees.

## c) Board Performance and Effectiveness

A Board review of performance and effectiveness will take place in Quarter 1 of 2021/22, and will incorporate learning from the Committee reviews outlined in b) above.

After each Board meeting, feedback is sought from Board members and attendees. As of February 2021, feedback has been requested via an online survey to standardise the approach. Results are collated and reviewed to identify further actions and improvements.

## 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 2020, 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.

## 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 and NHS Wales Chief Executive, 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.

### 2.3.5 Executive Team and Directorate Structure

The Executive team comprises of the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. Figure 3 shows the Executive Team and Directorate Structure in operation during 2020/21.

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

Financial performance, quality and risk management, workforce information and delivery against the organisation's strategic and operational plans are scrutinised at meetings of the Board, Board Committees, and Executive Team meetings and at various operational team meetings across the organisation.

The form of Executive Team meetings changed in March 2020 as a result of the COVID-19 pandemic. *(Further details of these arrangements are outlined in section 2.1 (Impact of COVID-19).*

### 2.3.6 Board Development and Briefing sessions

In March 2020, the Board agreed to amend its ways of working, and increased the frequency of its formal Board meetings. As such, Board development sessions were replaced by these formal Board sessions, and informal briefings where required.

The Board decided in February 2021 to reinstate its previous governance arrangements, which includes the reinstatement of Board Development sessions as of April 2021.

## 2.4 Key Issues Considered by the Board

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

### 2.4.1 COVID-19 Updates

The Board considered regular updates on the evolving position in terms of the pandemic, including situation briefings, an update on the global and UK position, national partnership working with health boards, local authorities, the Welsh Government, Public Health Wales' contribution at a UK Level, details of variants and the work undertaken to manage and respond to this, updates on vaccinations and the role of Public Health Wales within this programme.

The Board also considered specific reports on the following elements of the COVID-19 response:

- Contact tracing
- Surveillance
- Genomics (the study of genomes, to track changes in the virus and then use a range of approaches to analyse these changes)
- Sampling and Testing
- Public Health Wales' role in COVID-19 Vaccination.

### 2.4.2 Operational Plan

In October 2020, the Board considered and approved the Operational Plan 2020-22, noting the key areas contained within the plan including:

- Health Protection Response
- Population Health Outcomes
- Organisational Learning and Knowledge
- Reactivation of Essential Services
- Organisational Recovery
- Enabling Delivery.

The dynamic nature of the plan was considered by the Board and it was agreed to consider further revisions at the appropriate time. An updated plan was considered by the Board in March 2021. *(Further details on the Operational Plan can be found in section 8.)*

### 2.4.3 Organisational Recovery including reactivation of services

The Board considered a series of reports providing assurance on the organisational recovery and reactivation of services.

The main focus for organisational recovery included:

- Our People
- Our Environment and our services
- Ensuring the safety of staff and the wider population.

The Board also took assurance from reports outlining the approach to the reactivation of the five national screening programmes, which had been developed with the Business Executive Team (BET) and Welsh Government. This also referenced the personal risk assessment process for staff, and the review of office and wider estate accommodation to ensure the safety of both staff and service users.

### 2.4.4 Impact of Leaving the European Union

The Board considered regular updates to provide assurance on the arrangements in place in advance of the exit of the European Union (EU) on 31 December 2020.

### 2.4.5 Integrated Performance Report

The Board continued to receive regular updates on the Integrated Performance Report, the new Performance Assurance Dashboard was integrated into performance reporting during 2020/21.

### 2.4.6 Workforce Updates – Our People

The Board considered updates to provide assurance on the following matters:

- Employee wellbeing and engagement
- Workforce Information / recruitment
- Partnership working
- Resilience.

### 2.4.7 Gender Pay Gap Report 2019/20

The Board considered and approved the Gender Pay Gap report for 2019/20; including the actions taken to date and the plans proposed to improve the positon.

### 2.4.8 Strategic Equality Plan

The Board approved the Strategic Equality Plan, which had been developed in 2019/20, and updated to reflect the updated position and impact of the global pandemic.

### 2.4.9 Approval of the Risk Management Policy

The Board considered and approved updates to the Risk Management Policy, noting it had been reviewed and recommended for approval by the Audit and Corporate Governance Committee.

### 2.4.10 Approval of Annual Reports

The Board approved the following Annual Reports:

- Annual Quality Statement 2019/20
- Annual Performance Report 2019/20
- Welsh Language Annual Report 2019/20
- Annual Equality report 2019/20
- Annual Workforce Equality Report 2019/20
- Accountability Report and Financial Statements 2019/20.

### 2.4.11 Board and Committee Governance Arrangements and Amendments to Standing Orders

The Board considered regular updates on the governance arrangements, and reports seeking the necessary amendments to Standing Orders and Standing Financial Instructions as appropriate. *(Further details on this can be found in section 2.2, Governance Structures)*

### 2.4.12 Private Board Sessions

The Board held a Private Board session at the end of every public session in 2020/21 to consider business of a confidential nature, considering aspects of significant issues including:

- COVID-19 updates – supplementary to the open session by providing sensitive information in private session including emerging outbreak issues, financial and supply chain information; the development of IP5 and contractual approval
- Health protection reports (non-COVID-19) – sensitive information about non COVID-19 health protection matters
- Data breach - prior to publication of report
- Health Protection Business Case - to allow consideration by Board members prior to submission to Welsh Government.
- Strategic risk Four (Cyber Security) - due to the sensitive nature of the risk
- Financial Positions and Supply chain updates - due to commercially sensitive information
- Consideration of the Public Health Protection Response Plan - whilst it was in development.

## 2.5 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 Annex 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.

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

Professor Stephen Palmer continued as Non-Executive Director on an interim basis to cover the vacant position (Public Health portfolio). This interim arrangement remained in place until 30 September 2020. Professor Sian Griffiths was appointed as Non-Executive Director (Public Health portfolio) as a full time position on 1 September 2020.

Professor Diane Crone was appointed as Non-Executive Director (University) as a full time position on 1 September 2020. The position had been vacant since 31 March 2020. Whilst the post was noy formally filled during this period, we recognise that a lot of our work was suspended due to the pandemic, we also ensured that where Board colleagues have university based experience, that they continued to contribute with the Higher Education in mind.

Mohammed Mehmet was appointed as Non-Executive Director (Local Authority as a part time position (0.5 FTE) on 21 September 2020, this job share vacancy had been vacant since 3 December 2019.

Alison Ward, Non-Executive Director (Local Authority) (0.5 FTE) stood down from her position on 31 March 2021.

From 1 April 2021, Mohammed Mehmet will cover the vacancy left by Alison Ward's departure, and fulfil the Local Authority Non-Executive Director on a full basis.

### 2.5.2 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, the recruitment campaign as referred to above was launched.

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.

### 2.5.3 Senior Staff Appointments and Departures

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

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

Jyoti Atri was appointed as Interim Executive Director of Health and Well-being from 25 February 2019 for an initial six-month period pending recruitment of a permanent Executive Director for this position. Following an unsuccessful recruitment campaign to the Director post, Jyoti Atri has continued to fulfil this role on an interim basis.

#### Transition Director of Knowledge

Sian Bolton was appointed Transition Director of Knowledge in April 2019.

Following an unsuccessful recruitment campaign to the Director post, Sian Bolton has continued to fulfil this role on an interim basis. The permanent Director role was re-advertised in early 2021 and the outcome will be confirmed in May 2021.

#### Director of People and Organisational Development

Phil Bushby was in post as Director of People and Organisational Development until 17 August 2020, when he was seconded to Health Education and Improvement Wales (HEIW). He subsequently left Public Health Wales on the 3 January 2021.

Neil Lewis was appointed Acting Director of People and Organisational Development on 17 August 2020, pending the recruitment of a permanent replacement for the Director of People and Organisational Development. The role was advertised at the end of March 2021 and the interviews took

take place in April 2021. As of 31 April 2021, Neil Lewis has been appointed to the substantive post of Director of People and Organisational Development .

### Executive Director Public Health Services and Medical Director

Quentin Sandifer retired as Executive Director Public Health Services and Medical Director on 11 December 2020.

Andrew Jones was appointed Interim Executive Director of Public Health from 1 December 2020, pending the recruitment of a permanent replacement.

Eleri Davies was appointed Interim Medical Director from 1 December 2020, pending the recruitment of a permanent replacement.

The interviews for the newly developed National Director of Health Protection and Screening Services/Medical Director took place on the 21 January and Dr Fu-Meng Khaw has been appointed to the role and will take up the post on the 1 June 2021.

## 2.5.4 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; the Board recognises the important role of in contributing to our organisation.

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.

## 2.5.5 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.

For the 2021/22 period, the Board had a gender balance of 63.5% female, 36.5% male, 18.5% 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 2021/22.

## 2.6 Board Committees

During 2020/21, three of the five standing Board Committees were in operation, chaired by Non-Executive Directors. The Committee have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring. *(Further information on Impact of COVID-19 and the Governance Arrangements for 2020/21 can be found in Section 2.1.)*

During 2020/2021, the People and Organisational Development Committee and the Knowledge, Research and Information Committee were suspended. To ensure the appropriate scrutiny and assurance of areas within these Committees remit, People and staff based matters were reported directly to the Board during this time whilst other statutory elements within these Committee's terms of reference were redirected to other Committees.

To ensure compliance with Standing Orders, the Board agreed to remit the following statutory elements of the Committee's terms of reference to other Committees:

- **Health and Safety matters** – usually within the remit of the People and Organisational Development Committee, was remitted to the Quality, Safety and Improvement Committee. As outlined in section 2.6.2, The Quality, Safety and Improvement Committee considered quarterly monitoring reports on Health and Safety matters during 2020/21, ensuring appropriate assurance to the Board.
- **Information Governance** – usually within the remit of the Knowledge, Research, and Information Committee, was remitted to the Audit and Corporate Governance Committee. As outlined in section 2.6.1, The Audit and Corporate Governance Committee considered quarterly monitoring reports on Information Governance matters during 2020/21, ensuring appropriate assurance to the Board.

With the exception of the Remuneration and Terms of Service Committee, 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.

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.

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 that require the Board's attention.

We have not established a Charitable Funds Committee, as 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 paragraphs provide highlights of reports received by Committees throughout the year. These highlights provide evidence of the governance framework working in practice.

### 2.6.1 Audit and Corporate Governance Committee

During 2020/21, the Committee met six times and was quorate on all occasions. The Committee provides advice and assurance to the Board on the systems of internal control, governance, and efficient and effective use of resources by overseeing and monitoring a programme of internal and external audit.

This Committee also took over the scrutiny and assurance of information governance aspects whilst the Knowledge, Research and Information Committee was suspended.

#### Governance

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 discussed the risk management and assurance arrangements in place for the organisation.

The Committee considered the following items.

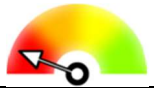
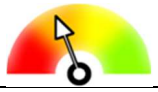
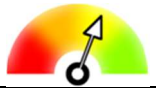
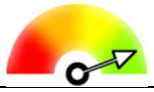
- Report providing assurance of the organisations compliance against the ***Corporate Governance in Central Governance Departments: Code of Practice 2017***
- Regularly reviewed the **COVID-19 Committee Governance Arrangements** and its role during the pandemic, and the frequency of meetings required to provide appropriate assurance to the Board in a timely manner
- Any variations made by the Board in relation to the **Committee governance arrangements** and **Standing Orders** in light of COVID-19 to ensure the Committee was fulfilling its role and purpose

- a presentation outlining a proposal for an **Integrated Governance Model** and agreed to propose an organisational Integrated Governance Model to the Board.

## Internal Audit

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

### Figure 3: Internal Audit Reports Assurance ratings 2020/21

| Report | Level of assurance provided | | | |
|---|---|---|---|---|
| | No assurance  | Limited assurance  | Reasonable assurance  | Substantial assurance  |
| Welsh Risk Pool Claims | | | | x |
| Data quality and integrity within performance reports | | | | x |
| Financial systems | | | | x |
| Annual Quality Statement (AQS) | | | | x |
| Anonymised personal data | | | | x |
| Sustainability reporting | | | | x |
| IT Business continuity | | | x | |
| Management of alerts – follow up | | | x | |
| My Contribution – follow up | | | x | |
| Additional Hours & Overtime | | x | | |

Internal Audit also produced the following advisory reports:

- Governance during the Covid-19 pandemic
- Covid-19 Governance – follow up
- Review of the NHS Wales NHS Collaborative (hosted body).

NHS Wales Shared Services Partnership carried out a number of functions on behalf of Public Health Wales including the Internal Audit function, procurement support, people and organisational development activities and legal advice.

In 2019/20, two limited assurance reports were received by the Committee: 'Management of Alerts' and 'My Contribution'. The Committee monitored outstanding actions relating to these audit during 2020/21, and receive the subsequent follow up Audits, which were both reasonable assurances.

In 2020/21 there was onelimited assurance report – the Additional Hours and Overtime Internal Audit Report. This will be reported to and monitored by the Audit and Corporate Governance Committee in 2021/22, including assurance of the implementation of relevant actions.

All internal audit reports, including the two limited reports from 2019/20 can be viewed on our website within the Audit and Corporate Governance Committee section.

The Audit and Corporate Governance Committee received reports from the internal audit function, which provided it with assurance that these functions were efficient and cost effective. We also have representation on the NHS Wales Shared Services Partnership Committee where any issues, which have been identified, are shared and fed back to the Committee. The Committee also receive reports relating to Procurement services to assure the Committee that it was operating in line with the requirements of the Standing Financial Instructions.

The Committee received the **Internal Audit Governance Arrangements during the COVID-19 Pandemic Advisory Review 2020/21**, which highlighted that the governance arrangements of the organisation were operating effectively during this period

## External Audit / Audit Wales (AW)

- AW provided the Committee with regular progress reports on any external audits and monitored progress against recommendations.
- **AW Structured Assessment**
  Members of the Committee agreed that AW Structured Assessment report was a clear demonstration of the positive work undertaken to ensure strong governance arrangements within the organisation, and an endorsement of the strong leadership by the Chief Executive and Chair.
- **AW Counter Fraud (Public Health Wales) Report and Management Response**
  The Committee considered the report from AW, which had considered the effectives of counter fraud arrangements within Public Health Wales and identified areas of improvement.
- **AW Annual Report 2020**

The Committee received the AW Annual Report for 2020 summarising the audit work undertaken during 2020, and noted that it was a positive report.

## Regular Reports

The Committee received the following regular items:

- Procurement report and Losses and Special Payments to assure the Committee that these was taken in line with the requirements of the Standing Financial Instructions (SFIs).
- Quarterly Counter Fraud Progress Reports.
- In addition to the Quarterly update on Counter Fraud, the Committee also received the following Counter Fraud Reports:
  - Counter Fraud Self Review Tool 2018-19
  - Counter Fraud Work Plan 2019/20
- Bi-annual updates providing assurance on the implementation of the Declarations of Interest, Gifts, Hospitality and Sponsorship Policy and Procedure.
- Quarterly reports providing assurance on the management of information governance matters within the organisation.
- Bi-annual reports taking assurance on the process for recording and monitoring the organisations compliance with Welsh Health Circulars were being managed effectively.
- Bi-annual reports taking assurance on implementation of the Declarations of Interest, Gifts, Hospitality and Sponsorship Policy and Procedure.
- Bi-annual reports taking assurance on the status of policies and other written control documents within the remit of the Committee and took assurance of the prioritisation and progress being made to review policies and procedures.

The Committee took assurance from a report on the progress against actions identified following a rapid review of information and data flows into Welsh Government (in relation to COVID-19). This matter was remitted from the Board to the Committee.

## Risk Management

The Committee regularly received the:

- **Strategic Risk Register (SRR)** for oversight of those elements of the SRR which apply to the risks falling under the remit of the Committee
- **Corporate Risk Register** to enable them to gain assurance that operational risks were being appropriately managed.

## Deep Dives

The Committee considered the following deep dives:

- **Cyber Security**, and took assurance on the management of Cyber Security within the organisation
- **Risk**, covering operational delivery of risk management within the organisation, identifying areas for ongoing development
- **Information Governance –** and took assurance on the management of information governance within the organisation.

## Policies and Procedures

The Committee approved the following Policies and Procedures:

- Financial Procedure – Accounts Receivable
- Risk Management Procedure
- Recovery of Salary Overpayments and Underpayments Procedure; and
- Fixed Asset Financial Control Procedure.

The Committee also approved the **Risk Management Policy** for submission to Board for approval.

## Committee Governance

The Committee Work Plan ensures 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 Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported 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. The Composite Chair's report and confirmed minutes are published with the Board papers.

### 2.6.2 Quality, Safety and Improvement Committee

The Quality, Safety and Improvement Committee met five times during 2020/21 and was quorate on all five occasions.

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

Due to the response to COVID-19, the decision was taken by the Board to cancel non-essential meetings in March 2020. The Quality, Safety and Improvement Committee continued to operate in a virtual format with a reduced agenda, balancing the need to reduce pressure on staff during this time of responding to the pandemic.

During the time that the People and Organisational Development Committees was suspended, the Board remitted the consideration of Health and Safety matters to the Quality, Safety and Improvement Committee to ensure compliance with Standing Orders.

In May 2020, the Committee increased the frequency of meetings during this period to one meeting every eight weeks (where it was possible to do so) to allow for appropriate and timely activity.

The Committee meeting agendas were reviewed to ensure a focus on compliance, covering statutory and core requirements and that appropriate governance arrangements were in place to provide appropriate assurance to the Board. In particular, the agendas were focused on the Annual Quality Statement, Complaints, Serious Incidents and Putting Things Right. Crucially, the Committee also had an assurance role linked to COVID-19 on the safety of service users and the potential for unintended harm from the impact on service provision. Also, supporting the Board in the context of the Health Protection Response to managing the pandemic.

The Committee undertook further scrutiny of the following areas during 2020/21:

- **Screening Programme Reactivation** - The Committee received an update on the Screening Programmes at each of its meetings this year, and retained an oversight of the service during the suspension of certain screening programmes through to the reactivation of programmes.

- **COVID-19 updates -** The Committee was updated on how the organisation was ensuring workforce requirements in relation to Health

and Safety were being addressed, including safe remote working and the independent review of the estates undertaken to ensure compliance with COVID-19 regulations. The Committee also considers relevant aspects of the COVID-19 updates relevant to quality and safety within its remit.

- Took assurance on the actions taken in response to the impacts of **COVID-19 on immunisation programmes** in Wales.

- Considered and approved the Public Health Wales' **internal flu campaign plan 2020/2021**, noting the Welsh Government's expectation was that 75% of frontline staff be vaccinated.

- A report outlining how **service user experience** had been captured throughout the COVID-19 response.

- **Quality and Clinical Audit Plan 2020/21**, which reflected the planned Quality and Clinical Audit activity across the organisation and areas of public health practice.

- **Management of Alerts Internal Audit report** which had received a limited assurance rating, an overview of the management actions in place to address the recommendations was also considered.

- **Annual Quality and Clinical Audit Plan 2019/20**, recognising the limitation of information due to the interruption of COVID-19 on core business.

- In May 2020, the Committee noted a status update on the key **Standard Operating Procedures (SOPs)** that were actively being used across all divisions within Public Health Services (Microbiology, Health Protection and Screening) during the period of 'enhanced Response' to the COVID-19 pandemic.

- A report providing an overview of examples of **learning within the Enclosed Setting Cell (ESC)** during the COVID-19 pandemic, with a view to making timely improvements for the ongoing implementation of the Public Health Wales Response Plan.

- An update **Health and Social Care (Quality and Engagement) (Wales) Act 2020**, and the implications for Public Health Wales.

- The outcome of the annual review completed by Divisions/Directorates for the **Health and Care Standards 2019/20**, and noted the improvements made to the process.

- A report detailing **Quality and Clinical Governance – Work streams Quality Indicators**. It was noted that there were varying levels of maturity in the development of the measures with further work needed in some areas to refine and further develop this work.

- The Committee was kept informed as to the implementation and timescales associated with the **Once for Wales Concerns Management** system.

- The Committee approved the implementation plan for '**Our Approach to Engagement'**.

- The Committee approved the revised **Infection, Prevention and Control Group terms of reference**, as a sub group of the Committee.

- Updates on the **Quality Governance Recommendations**, noting that all NHS Health Boards and Trusts had been asked in 2019 to assess themselves against the recommendations and provide plans for future review of the necessary action to be undertaken. The Committee took assurance that the action plan was being progressed and had clear monitoring and scrutiny arrangements.

- **Breast Test Wales Healthcare Improvement Wales (HIW) Report** and action plan and noting that the review had taken place prior to COVID-19, and was a comprehensive review of the assessment clinics mainly through a questionnaire and service user feedback.

- A detailed update on the large **failsafe review undertaken by Cervical Screening Wales**, noting the findings and outcome of the review, and took assurance from the failsafe review.

- In May 2020, the Committee identified an emerging issue warranting further consideration within the **Putting Things Right report** for Quarter four of 2019/20. It was noted that there were 19 incidents registered within **Enclosed Settings**, and queried the process, and how quickly these incidents were addressed. In September, the Committee received further detail on the complaints within Enclosed Settings and took assurance that these complaints had been properly recorded and subjected to an appropriate level of investigation and response, subject to three still being open.

- All **serious incidents** reported within Public Health Wales were reviewed by the Committee. For each serious incident, the Committee queried what lessons had been learnt and reviewed the action plan, which detailed the improvements made consequently. *(Further information on serious incidents are provided in section 9.3 of this report).*

## Regular Reports

The Committee also received the following regular reports:

- **Putting Things Right Report** - an analysis of incidents, complaints, claims and compliments to identify trends, themes and lessons learnt. At its meeting in February, the Committee considered a presentation on the Draft Quality Assurance Dashboard which would develop the level of assurance and information provided to the Committee in the future once fully developed.
- An update on **claims** was received in private sessions of the Committee - due to the sensitivity and data contained within the reports.
- **Alerts Management Quarterly Report**
- **Health and Safety Quarterly Report**
- The Committee also received bi-annual reports on the **status of policies and other written control documents within the remit of the Committee** and took assurance of the prioritisation and progress being made to review policies and procedures.

## Annual Reports

The Committee also received the Putting Things Right Annual Report 2019/20 and the Corporate Safeguarding Annual Report period 2019/20.

The Committee received the **Annual Quality Statement 2019/20**, recommending it to the Board for approval.

## Risk Management

The Committee regularly received the relevant extract of **Strategic Risk Register** (SRR) at meetings in addition to the **Corporate Risk Register**.

## Committee Governance

The Committee regularly reviewed its role during the pandemic, and the frequency of meetings required to provide appropriate assurance to the Board in a timely manner. The Committee reviewed any variations made by the Board in relation to the Committee governance arrangements in light of COVID-19 to ensure the Committee was fulfilling its role and purpose.

The Committee Work Plan ensures 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 which may arise during the year.

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

an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported 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. The Composite Chair's report and confirmed minutes are published with the Board papers.

### 2.6.3 People and Organisational Development Committee

This Committee was suspended during 2020/21 in response to the pandemic. Statutory matters within the remit of the Committee (Health and Safety) were considered by the Quality, Safety and Improvement Committee during this time. *(Further details on the in Quality, Safety and Improvement Committee can be found section 2.6.2)*.

### 2.6.4 Knowledge, Research and Information Board Committee

This Committee was suspended during 2020/21 in response to the pandemic. Statutory matters within the remit of the Committee (Information Governance) were considered by the Audit and Corporate Governance Committee during this time. *(Further details on the Audit and Corporate Governance committee can be found in section 2.6.1)*.

### 2.6.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met five times during 2020/21 and was quorate on all five 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 2020/21.

### 2.6.6 People Advisory Group

At the Board meeting in October 2020, the Board agreed to establish a People Advisory Group to support the work of the full Board by providing timely advice and assurance on staff health and well-being, resilience and recruitment.

The Group's role is outlined in its terms of reference to provide advice and assurance to assist the Board in discharging its functions, in the context of COVID-19, in relation to staff health and well-being; workforce resilience and staff recruitment (particularly in relation to the Health Protection response and Microbiology).

The People Advisory Group had have two members of the Executive team and two Non-Executive Directors, supported by the Board Secretary.

The People Advisory Group met on two occasions and was quorate on each occasion.

At each meeting, the Group received a report presenting a summary of work completed, underway and planned to support:

- **Staff Wellbeing and Engagement**- including update on employee wellbeing and support activities within Public Health Wales, together with our immediate focus linked to the organisational recovery plan
- **Recruitment updates** – particularly in relation to the health protection response and microbiology (sampling/testing capacity targets)
- **Staff Resilience** - considering resilience as an outcome of both wellbeing/engagement and resourcing, and considering the key measures taken to support staff.

The Committee reported to the Board through a 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.

At its meeting on 25 February 2021, the Board approved the re-establishment of the People and Organisational Development Committee from 1 April 2021. The Committee will resume the role to provide assurance to the Board in relation to workforce matters within its terms of reference, including those listed above covered by the People Advisory Group. The Advisory Group will no longer be in operation for the 2021/22 period.

### 2.6.7 Board and Committee meetings held during 2020/21

Figure 4 outlines the dates of Board and Committee meetings held during 2020/21. All of our Board and Committee meetings were quorate during this period.

Escalation arrangements are in place to ensure that, in the event of a committee not being quorate, any matters of significant concern are bought to the attention of the Chair of the Board.

## Figure 4: Board and Committee Meetings 2020/21

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ***Board meetings:*** | | | | | | | | | | | |
| *30 Apr** | *28 May** | *25 Jun** | *30 July* | *19 Aug*** | *24 Sep* | *29 Oct* | *6 Nov*** | *26 Nov* | 17 Dec | *28 Jan* | *25 Feb* | *25 Mar* |
| **Remuneration and Terms of Service:** | | | | | | | | | | | |
| 30 July | | 18 Sept | | | 24 Nov | | | 28 Jan | | | *17 Mar* |
| **Quality, Safety and Improvement:** | | | | | | | | | | | |
| *19 May* | | *13 July* | | | *7 Sept* | | | *17 Nov* | | | *9 Feb* |
| **Audit and Corporate Governance:** | | | | | | | | | | | |
| *18 May* | | *23 Jun* | | *13 Aug* | | *15 Oct* | | | *19 Jan* | | *18 Mar* |
| ***People Advisory Group:*** | | | | | | | | | | | |
| *13 Nov* | | | | | | *26 Jan* | | | | | |
| **Knowledge, Research and Information** | | | | | | | | | | | |
| *Nil* | | | | | | | | | | | |
| **People and Organisational Development** | | | | | | | | | | | |
| *Nil* | | | | | | | | | | | |

*Meeting was an open meeting of the Board, however due to COVID-19, it was not possible to hold the meeting in public from mid-March 2020. Live streaming of Board meetings resumed in July 2020.
** Private only session

# 3. 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 2020 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.

## 3.1 Capacity to Handle Risk

As part of the planning process and development of the Long Term Strategy, which included full engagement with stakeholders, seven strategic risks were identified (an eighth strategic risk around data quality management was also identified and added to the SRR in December 2019). In March 2019, the Board approved the strategic risks that faced the organisation for 2019/20, these were further reviewed in July 2020 when a risk relating directly to COVID-19 was added.

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 included in the Annual Plan for 2019/20.

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 2021.

### Figure 5: Public Health Wales Key Strategic Risks 2020/21

| **Strategic Risk**<br>**There is a risk that Public Health Wales will ….** | **Risk Score* Max Score 20** |
|---|---|
| Be unable to fulfil its strategic objectives because it does not have the correct numbers of people with the right skills, attitudes and behaviours. | 16 |
| Cause significant harm to patients, service users or staff members. This will be caused by misdiagnosis or incorrect identification of serious health conditions, timeliness of service provision, the provision of inappropriate clinical advice or the failure of staff to follow correct procedures. | 20 |
| Fail to deliver a sustainable, high quality and effective infection and screening services. This will be caused by a lack of sufficient workforce capacity; over-reliance on existing systems/procedures, lack of sufficient change capacity and an estate and infrastructure which is not fit for purpose. | 20 |
| Suffer a major IT security breach resulting in a failure to service delivery and/or loss of personal data. | 20 |
| There is an increased risk as a result of COVID-19 that Public Health Wales will fail to provide the level of system leadership needed to deliver the population health gains articulated in the long term strategy. This insufficient capacity/ resource within the organisation, policy and prioritisation decisions of external agencies and wider social, economic and environmental factors. | 25 |
| Fail to secure and align resources to deliver its statutory functions including its response to the COVID-19 pandemic. This will be caused by funding cuts or inability to make required savings, secure funding (replaced generate income) or move resources within the organisation. | 15 |
| Fail to deliver and effectively present accurate, relevant data/ statistics and/ or evidence based research/ evaluation to dynamically and actively inform and maximise the impact of public health action especially relating to our response to COVID-19. This will be caused by a lack of workforce capacity with the relevant skills and knowledge to rapidly respond to changing and increasing demands of COVID-19 and technological advances in data science; staff having an over- | 16 |

| | |
|---|---|
| reliance on existing systems/procedures and a lack of sufficient change capacity. | |
| Fail to effectively discharge its statutory responsibilities in protecting the public during the COVID-19 pandemic and ensure the organisation has an effective plan for recovery as the pandemic recedes*. | 20 |
| Fail to sufficiently consider, exploit and adopt new and existing technologies. This will be caused by the inability to keep up to date with relevant new and emergent technologies, their potential application and having insufficient skills to develop the case for investment. | 9 |

*Public Health Wales utilises a 5x5 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 Board received updates on each risk and the respective actions at Board meetings throughout the year in the form of the Strategic Risk Register that forms part of the wider Board Assurance Framework (BAF). It approved any amendments to the BAF, including the extension of individual action due dates.

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. Directorate Risk Registers receive scrutiny at the Senior Leadership Team meetings on a rotational basis every month.

The Executive Team reviews the Corporate Risk Register at its regular business meeting, and the SRR is also reviewed regularly in readiness for consideration at formal Board meetings.

The SRR is published on our website with the Board papers for Board meetings.

In January 2020, we received a reasonable assurance report from internal audit following an audit of the risk management system. The audit report forms part of our ongoing review of our risk management system ensuring opportunity for continuous improvement.

As the COVID-19 emergency developed and Public Health Wales moved into its enhanced emergency response level, the organisation moved swiftly to identify both strategic and operational risks and ten new operational risks were added to the Corporate Risk Register. Seven of these are currently under active management by Executive risk owners with the remaining three having been de-escalated. These risks are primarily around delivering an effective response to the emergency, temporarily stopping existing activities and the welfare and availability of our workforce.

Much discussion has been had at Board level on strategic risks, but with the evolving situation these have been kept under constant review. The Board last undertook a formal review of the Strategic risks in July 2020 and have scheduled the next formal review for April 2021.

Another strand of risk management that evolved during the early stages of the COVID-19 emergency was the development of the Public Health Protection Response Plan. A comprehensive threat assessment was carried out and as a result one strategic and 10 operational risks were identified.

The Board and Executive recognise that the risks that existed pre-COVID-19 still threaten the organisation and these are given appropriate management treatment, bearing in mind the need to prioritise activities and put appropriate resource into managing those risks that present the greatest threat.

# 4. Quality Governance Arrangements

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

## 4.1 Quality, Nursing and Allied Health Professionals Directorate

From the 1 April 2019, the Quality, Nursing and Allied Health Professionals (AHP) Directorate took on responsibility for integrated governance, bringing together a number of existing governance functions sitting within the Directorate. This includes clinical, information and corporate governance. The team works closely with the Board Secretary and Head of the Board Business Unit who has responsibility to support the Board and executive governance elements for the organisation. The directorate has commenced a repurposing exercise during 2019/20, to reflect these new changes and is responsible for the following functions:

- Quality/Clinical and Health and Care Standards
- Risk Management and Information Governance
- Putting Things Right (incidents, complaints and claims)
- Integrated governance
- Quality and Improvement Strategy
- 'Our Approach to Engagement' including Service User Engagement.
- Information Governance
- SIRO role and Data Protection Officer
- Legal advice coordination
- Infection, Prevention and Control (internal-facing)
- Safeguarding (internal facing)
- National Safeguarding Team (external-facing)
- Leadership and support to the all Wales NHS agenda for Equality and Human Rights (external facing)
- Professional standards and oversight for Nursing/Midwifery, Health Care Scientists, AHP's and Healthcare support workers
- Defence Employer Recognition Scheme.

The Executive Director for Quality, Nursing and Allied Health Professionals (AHP) has the responsibility to lead, drive and continuously improve our systems, processes and arrangements for quality and elements of governance across the organisation. Also accountable for the professional oversight arrangements for nurses and midwives, Health Care Scientists, AHP's and Health Care Support Workers. The Executive Director is a member of the Executive Team, which is collectively accountable for the operational management of the organisation and the delivery of the corporate objectives.

The Executive Director for Quality, Nursing and Allied Health Professionals has shared responsibility with the Executive Director of Public Health Services/Medical Director for clinical governance arrangements across the organisation.

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

- Service User Experience and Learning Panel
- Safeguarding Group
- Infection, Prevention and Control Group
- Information Governance Working Group
- Nursing and Midwifery Senedd
- Flu and COVID-19 internal vaccination campaign.

*(Further information on the Committees can be found in section 2.6 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. In recognition of the challenges faced by NHS Wales during 2020/21, the guidance in the Manual for Accounts has been amended (by Welsh Government) to seek to streamline annual reporting in Wales and reduce duplication of content whilst ensuring all regulatory requirements are met. For 2020/21, there was no requirement to prepare a separate Annual Quality Statement.

As an organisation, it was agreed that quality elements from the Annual Quality Statement would be embedded within the performance overview and through the Annual Report.

We also acknowledge that the quality agenda is interdependent with our corporate governance, information governance and risk management arrangements and over the coming year we will be focusing more on how we develop our integrated governance systems, processes and culture within the organisation.

The development of an Integrated Governance Model supports the High Performing Board work which had commenced in 2019/20. The Executive Director for Quality, Nursing and Allied Health Professionals (QNAPS) and the Assistant Director - Integrated Governance has worked closely with the Board Secretary and Head of Board Business Unit and other lead Executives for other key governance areas to achieve this. Governance is everyone's business and successful implementation of an Integrated Governance

Model can only be achieved through collaboration and partnership with all areas of the organisation.

Following consultation with the Business Executive Team on 6 January 2021, and the Audit and Corporate Governance Committee on 19 January 2021, the proposed model was approved by the Board on 25 February 2021. Work is ongoing to test its application through pilot work and make recommendation back to the Board based on those pilots.

As part of our development work in integrated governance, we will be reviewing the current arrangements and mechanisms, which exist, to see how we can strengthen, improve and better integrate our approach in supporting the quality agenda going forward.

## 4.2 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, during the current pandemic, that Committee was stood down and responsibility for oversight was transferred to the Audit and Corporate Governance Committee.

The Caldicott Guardian is the responsible person for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing. The Interim Executive Director of Public Health Services/Medical Director performs this role.

The Senior Information Risk Office (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 setting up an accountability framework within the organisation to achieve a consistent and comprehensive approach to information risk assessment. A deputy SIRO has now been identified and this role is fulfilled by the Assistant Director of Integrated Governance.

The Chief Risk Officer is also the Head of Information Governance and holds the formal position of Data Protection Officer as required by the UK General Data Protection Regulation (UK-GDPR). This role has responsibility for implementing the management system that delivers our Information Governance requirements, and for ensuring 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 Guardian requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Caldicott delegates have been identified and are required, along with the Caldicott Guardian and SIRO, to undertaken the agreed Caldicott Guardian/SIRO training on an annual basis, as a requirement of the role.

In relation to COVID-19 pandemic, the Test, Trace and Protect programme required appropriate Information Governance requirements to ensure that not only would Welsh public bodies be able to demonstrate compliance with legislation, but critically the people of Wales would have assurance that their data was being handled appropriately and retain confidence in the programme. In consultation with the Information Commissioner, Public Health Wales led the development of a Joint Data Controller Agreement involving all NHS organisations and all 22 Local Authorities in Wales. Executive level sign off was achieved in all organisations in June 2020 and Public Health Wales still plays a leading role in the governance of this arrangement today.

We have made great strides towards compliance with the requirements of the UK-GDPR as tailored by the Data Protection Act 2018.

In 2021 the organisation received a 'Substantial Assurance' rating from an internal audit on the handling of our s251 process (use of patient identifiable information without consent).

## 5. Health and Care Standards

The Health and Care Standards are core standards for the NHS in Wales and provide a consistent framework to support the NHS. Their application is mandatory for all providers of health services, in all settings, in NHS Wales. The Health and Care Standards describe "the high-level outcome required to contribute to quality and safety underpinned by governance, leadership and accountability" to support the NHS in Wales in improving the quality and safety of services and supports the principle of continuous improvement.

Due to the impact of the COVID-19 pandemic and the ongoing organisational Health Protection response, Directorates have not been operating as per normal arrangements during this period, instead teams and staff have been mobilised to support the response. This has resulted in significant opportunities for matrix working and the Operational Plan which was developed during 2020/21 (approved by the Board in October 2020), captures the way the organisation has organised itself during this time.

Therefore, given the Health and Care Standards assessment forms part of the overall assessment of organisational governance arrangements, it was important to use an approach, which reflected the way the organisation has been organised during the reporting period 2020/21.

The completion of the Health and Care Standard were assessed and framed around the six priority areas, outlined within the Operational Plan approved in October 2020, which are:

- Organisational Learning, Knowledge
- Health Protection Response
- Population Health Outcomes
- Reactivation of Essential Services
- Organisational Recovery
- Enabling Delivery.

This approach offered a broader view of the organisational response and approach to quality assurance; cognisant to the recommendations outlined in last year's health and care standard self-assessment, to offer a broader view of the organisational response and approach to quality assurance.

The representatives from each of the six Priority Areas completed the self-assessment of their priority areas against the high level themes of the Health and Care Standards, using an agreed template. As part of this process they were required to review the work undertaken within their area of responsibility, to determine areas of good practice and to identify where improvements could be made, using the maturity matrix to score.

Evidence to support the narrative within the self-assessment and justify each of the self-assessment scores were collated onto one organisational document, which is stored in an auditable format. It was collectively agreed that the individual self-assessment scores be collated, and an average organisation level score be agreed against each of the Health and Care Standards.

This resulted in a greater level of scrutiny of the self-assessments, through the sharing of information and analysis of each standard using a checklist. This ensured a consistent approach was taken to scoring; and provided an opportunity to correct and amend any questions posed by the team.

## Organisational Scoring 2020/21

Based on the maturity matrix the organisational scores, the overall organisational score was 4 –"*We have well developed plans and processes that can demonstrate sustainable improvement throughout the organisation".*

This score was based on the following:

- We can demonstrate through the evidence provided that we have structures in place providing the necessary arrangements; identifying our improvement objectives; the planning in place to achieve this; and a clear plan for the monitoring of these objectives

- Whilst there are areas of the organisation, which further work is required, the narrative indicates that this is mainly focused on COVID-19 specific arrangements, which the underpinning structures providing a sound base to ensure these are progressed.

A report detailing the outcomes of this process was reported to the Quality, Safety and Improvement Committee in April 2021.

## 6. Health and Safety

The Health and Safety Group is a sub-group of the People and Organisational Development Committee.

The 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 Health and Care Standards for Wales. The 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 Health and Safety Risk Register.

**Note: During 2020/21, Health and Safety matters were reported to the Quality, Safety and Improvement Committee whilst the People and Organisational Development Committee was suspended.*

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.

It was recognised in March 2020, as a result of the response of the pandemic, a revised Health and Safety Group would need to convene more frequently. This ensured we could take timely action to ensure appropriate action was taken to ensure the safety of both our staff and service users in response to COVID-19. A revised, smaller group has been meeting every two weeks. Following a review of the frequency of the meetings, it has been agreed that the Health and Safety Group will meet now formally on a monthly basis and will include wider representation from across the organisation. An informal meeting of Health and Safety leads will continue in between each formal meeting. A revised terms of reference will be considered at the first meeting (April 2021) and will be provided to the Committee for review at the June 2021 meeting.

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.

In light of the risks of COVID-19 transmission, we have taken independent health and safety advice, completed risk assessments and addressed actions to ensure our workplaces are COVID-19 safe and continue to

monitor compliance and adjust to ensure compliance with regulations. Regular spot checks are taking place and Health and Safety leads are regularly visiting buildings across the estate to address staff concerns and implement actions as necessary.

Incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR's) are actively managed, with lessons learned identified and shared. Audit schedules are in place, undertaken and results acted upon to ensure gaps in process are resolved. Risk registers have been reviewed with issues identified and actions outlined to mitigate risks.

Processes are in place to monitor policy and procedure reviews and/or development. There are also systems in place to action 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.

Since the *Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020* came into force in Wales on 7 April 2020, Public Health Wales has been working across its estate to both maintain the safety of staff and service users and ensure compliance. The Estates and Health and Safety Team, in conjunction with Infection Prevention and Control Leads and Health and Safety Managers, have continued to put in place measures in line with guidance to ensure the safety of our staff and service users.

From 10 July to 6 August 2020, Public Health Wales procured an external company to assess our estate on the suitability of measures in place to manage the transmission of COVID-19 virus. The assessment covered 28 premises and included a mixture of office buildings, laboratories and screening buildings.

Highlights from the report include:

- Acknowledged that in general, systems for communicating with staff and service users were used to good effect, however greater consistency on signage across the estate would be beneficial. There was also good evidence of regular engagement with employees informing them of changes to the workplace and the measures that have been implemented;

- Recognition that due to the nature of the estate, facilities and associated services would be at different stages of application of control measures. Where public contact services are concerned, it

was noted that a great deal of thought has gone into the adoption and application of controls;

- Laboratories have continued to provide services whilst managing the implementation of guidance measures. This had been done well despite the additional complexity of challenges due to age and nature of the estate.

A number of recommendations were also included in the report. This includes developing local action plans to take forward the findings within each of the premises. These actions have been addressed and compliance is monitored through health and safety leads and relevant premise leads and monitored through the Health and Safety Group.

The Estates and Health and Safety Division have also developed a suite of information for premises leads/building managers to support the development of updated risk assessments and the monitoring of compliance with regard to the COVID-19 measures and guidance. This is further supported by the provision of additional signage/ posters to ensure consistency across the estate.

Updates on the specific measures and actions that have been completed or are planned in relation to ensure our estate is compliant with the various legislation and regulations as a result of COVID-19 was provided throughout 2020/21, alongside the Health and Safety Report and most recently to the Board on 26 February 2021.

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)

Whilst the last 12 months have been dominated by our response to COVID-19, we identified the need early on to consider how we would 'recover' as an organisation. We determined that this should not be limited to a traditional emergency response view of recovery, but instead an opportunity to support us in our next phase of development as the National Public Health Institute for Wales. This would allow us to embrace and maximise the learning, innovation and the developments of recent months.

This ambition to 'recover new', rather than return to a pre-COVID-19 position has highlighted the importance of identifying the learning and opportunities presented from the last 12 months as enablers to future development and transformation.

A key aspect of this is the need to undertake an assessment of current strategies and consider the risks and opportunities presented over the short, medium and long-term.

Undertaking a strategy review has allowed us to consider our strategic environment, understand the risks/opportunities that we face and help us to make informed decisions and choices, over our future direction.

A formal review of our long-term strategy is planned for 2021 to assess the validity and future relevance of our existing strategy, rather than presuppose the need for change. As part of this work, we will also validate and agree the key public health outcomes we aim to address, which will draw on the previous work undertaken in early 2020.

The review will be informed by a number of strategic inputs with the planned approach being based on our current assumptions of the next few months, and where possible, looking to align with complementary activity being undertaken.

Setting the strategic direction for the organisation is a key responsibility of the Board and will play an active and leading role in the strategy review process outlined, and have responsibility for agreeing the final outcome.

A key aspect of this approach will be ensuring that the strategy review is undertaken at the optimum time. This needs to balance the current pressures on Public Health Wales and the wider systems, as a result of the ongoing response to COVID-19, with the need to consider the future strategic direction of the organisation to help shape our recovery during 2021.

The formal strategy review, based on current assumptions, will commence in April/May and be completed by autumn 2021.

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

In July 2020, the Executive Team developed a new, organisational-level Operational Plan for Public Health Wales. This was in response to our unprecedented response to COVID-19, and the need to make agreed fundamental in-year changes to our previously approved Integrated Medium Term Plan (IMTP).

The exceptional nature of our response to COVID-19 required us to fundamentally assess the delivery of our previously agreed plans. As a result, we developed a revised in-year Operational Plan that set out the priority areas and specific action that Public Health Wales will deliver over the next 18 months (2020-22).

The plan was focused on maintaining the primacy of our ongoing response to the pandemic, while undertaking clearly defined key public health activity within a small number of additional areas, including the prioritised re-activation of services/functions.

This in-year Operational Plan based around six priority areas, which are the:

- *Sustainable delivery of our health protection response to COVID-19*
- *Mitigating the broader population health impacts*
- *Effective reactivation of prioritised public health services and functions*
- *Organisational learning, knowledge and our COVID-19 narrative*
- *Organisational recovery and developing our 'new normal'*
- *Enabling delivery and supporting our corporate transformation*.

The development of the plan included significant engagement with Board members around the emerging priority areas and in relation to validating and approving the final version. This allowed us to develop a clear and shared understanding over the short and medium-term priorities for the organisation. While 18 months in length, it largely focused on the key deliverables up to March 2021. In light of this, we made a commitment to review and refresh the plan during quarter four.

The revised Operational Plan 2020-22 was approved by the Board on the 29 October 2020.

On the 14 December 2020, further guidance was provided from the Welsh Government in the form of the Annual Planning Framework 2021/22, which required each NHS organisation to have a Board-agreed plan by 31 March 2021.

The review was completed and provided to the Board on the 25 March 2021, and concluded that the priority areas remain valid. The Board approved the draft operational plan in private session, noting the draft nature of the plan pending budget confirmation from Welsh Government.

The development and coordination of the refreshed Operational Plan was be led by the Strategic Planning and Performance Division. In parallel with this work, appropriate control and assurance arrangements have been put in place to manage and monitor the delivery of the plan through the Performance and Assurance Dashboard from April 2021 onwards. *(Further information on the Performance Dashboard can be found in section 2.3.3.)*

The nature of the pandemic means that the plan must remain flexible and adapted throughout the year.

The approach outlined has ensured that Public Health Wales has a clear and robust draft Operational Plan, aligned to our draft budget strategy, in place for 2021/22. It has built on the direction of travel agreed with the Board in October 2020, and provides the focus for delivery around our agreed priority areas. The final copy of the plan will be considered by the Board, in public session, by the 30 June 2021.

# 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. The new objectives ensure that we promote equality through positive action ensuring that what we do as part of our everyday business is fair, fully accessible and inclusive to all populations and individuals, including those who are protected from discrimination under the Equality Act 2010.

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 has also been set up 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 2019/20 report 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 are committed to a number of workforce related initiatives and achieved Disability Confident Leader status in July 2019, and we have recently undertaken an assessment of our inclusion for Black, Asian and Minority Ethnic (BAME) staff. We are also a member of the Stonewall Diversity Champion Scheme, and are proud to be placed in the Top 100 UK Employers for LGBT+ inclusion.

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

Public Health Wales has made great strides towards embracing a bilingual culture, and a great deal of that work was undertaken during the 2019/20 year as we focused on embedding the Welsh Language Standards. This meant that we started the 2020/21 year with a much stronger understanding of the needs of the Welsh speakers we serve, an institutional culture that embraces the language and aims to embed it in what we do every day, and systems and processes to ensure that can be achieved with maximum efficiency.

As the organisation started to mobilise its response to the pandemic in March 2020, these systems and processes enabled us to respond in a way which met the needs of our service users and the requirements of the Welsh Language Standards. For example, the Service Level Agreement with NHS Wales Shared Service Partnership (NWSSP) which had been established to provide translations of shorter and more time-sensitive documents meant that we could release important pandemic-related information in an agile and cost-effective way.

Our Welsh Language Officers were able to provide valuable support to the National Contact Centre and the *How Are You Doing?* public survey to ensure Welsh language provision on these were available. We continued to support those learning Welsh within the organisation through the *Say Something in Welsh programme.*

Some of the longer-term work around embedding the Welsh Language Standards had to be paused during the pandemic response. As we begin now to plan for our 'new normal' the first priority for the Welsh language team will be to take stock of our current position with regard to our Welsh language provision, and to plan any remedial action necessary along with restarting the valuable work that was already in motion.

In addition to our statutory obligations, we are preparing for a renewed emphasis on our cultural ambitions, including embracing the move towards more online communication as a way to make Welsh language learning more accessible and available to all our staff, regardless of their location or current level of ability.

## 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. *(Further information on the Committees consideration of complaints can be found in section 2.6.2 of this report.)*

In 2020/21, five Serious Incidents were reported to the Welsh Government. In addition, 72 formal complaints were received for the period of which 35% were responded to within 30 working days. It should be noted however as at 31 March 2021, 11 formal complaints are not yet due for a response and are currently being investigated.

## 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 2020/21, we received 347 requests for information which were handled under the FOIA. This was an unprecedented increase of more than 200% throughout the year, with a peak reached in the Autumn which represented a 1000% increase on the same time in the previous year. This was almost entirely made up of requests for COVID-19 related information.

259 of the total number received (70%) were answered within the 20-day target, with 78 being responded to outside of the deadline. 10 requests received in March 2021 are still being processed.

## 9.5 Subject Access Requests

In 2019/20, we received 39 subject access requests. All of these were answered within the target of one calendar month.

## 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.

There are a number of UK and EU legislative drivers for decarbonisation. First among them was the '*UK Climate Change Act 2008'*, and in 2010 the Welsh Government published '*One Wales: One Planet'*, their first climate change strategy. In Wales, two specific pieces of legislation are used to drive decarbonisation activity; the '*Environment (Wales) Act 2016'* and the '*Well-being of Future Generations (Wales) Act 2015'*.

The Environment Act commits the Welsh Government to reducing Wales' carbon emissions by at least 80% by 2050, against a 1990 baseline. We monitor the organisation's carbon footprint using 2017/18 as a baseline figure and we have adopted the Welsh Government initiative of ensuring sustainability is embedded in everything we do.

We have committed to matching the targets set down by Welsh Government in the Climate Change Strategy, who have set a 3% year on year reduction target in greenhouse gas emissions and an overall emissions target of 40% by 2020. We continue to remain on target to achieve this having reduced greenhouse gas emissions by 5% in 2016/17, 17.14% in 2017/18, 56.22% in 2018/19. Greenhouse gas emissions did increase by 4.62% in 2019/20, which was a result of improved reporting of Scope 3 (the result of activities from assets not owned or controlled by the reporting organization, but that the organisation indirectly impacts in its value chain) emissions, however we did reach the emissions target of 40% by 2020, achieving a total reduction in greenhouse gas emissions of 54.2% on the baseline.

We are committed to environmental sustainability through:

- Our Long Term Strategy 2018-30 is committed to dealing with the effects of climate change as measure of its success
- Working towards a platinum level Corporate Health Standard
- Working towards the internationally recognised BS EN ISO 14001:2015, which is included in our Strategic Plan
- Alignment to the Well Being of Future Generations (Wales) Act 2015, particularly the well-being goals of being a 'resilient' and 'globally responsible' Wales
- Taking forward actions outlined in the NHS Wales Decarbonisation Strategic Delivery Plan 2021-30.

We have two main programmes addressing this issue – our Environmental Sustainability Programme, who are focused internally, and the Health and Sustainability Hub who support sustainability as a way of working across Wales.

## Environmental Sustainability Programme

We established an Environmental Sustainability Group in 2017. The group has representation from the Health and Sustainability Hub, Environmental Health, and is made up of volunteers from across the organisation. This is now a formal programme, with co-ordination over the five dedicated work streams:

- Plastics Reduction
- Green Travel
- Estates, buildings and waste
- Monitoring and Evaluation
- Leadership, Engagement and Learning.

These work streams have been working to address behavioural change within the organisation and make some quick-wins. Further work is needed to embed a culture of sustainable working in everything we do, and reduce our carbon emissions.

Due to Covid-19, the work of the Environmental Sustainability programme was put on hold for 2020/21 however will resume in 2021/22.

## The Health and Sustainability Hub

The Health and Sustainability Hub supports us with its contribution towards Wales' seven well-being goals, the wider United Nations' Sustainable Development Goals, and in applying the sustainable development principle ('the five ways of working'). The Hub works closely with and in support of other public bodies and cross-sector stakeholder organisations to support system change, and strengthen the impact of the Well-being of Future Generations (Wales) Act on public health, planetary health and environmental sustainability.

Throughout Public Health Wales' prioritisation of our health protection response to the COVID-19 pandemic, we have ensured the Well-being of Future Generations Act has remained at the centre of how we work. Despite the challenges of several of our working groups which support our response to the Act being unable to meet in 2020-21, we have continued to make progress, with the Health and Sustainability Hub supporting our organisation's role as a public body in the Act, as highlighted below (further information on this work is included in Public Health Wales' Annual Report 2020-21):

- **'*Green Opportunities*' e-brief** – capturing learning and identifying best practice to support a green recovery from COVID-19
- **'*Green Advocates*' internal staff network on sustainable development** - enabling discussion, learning and action at team and individual level across a range of topics

- **'SIFT' (Sustainability Improvements for Teams) Healthy Environment Planner** - a two-hour virtual workshop enabling workplace teams to identify and reduce their environmental impacts
- **Sustainable Development Toolkit** - supporting global organisations to implement the United Nations' Sustainable Development Goals
- ***'Be the Change'* for Wales' well-being goals: e-guide on home and agile-working** – presenting small sustainable steps which we can all take when working from home or agilely
- ***'Be the Change'* Well-being Goals Challenge** – presenting a menu of options for teams and individuals to model sustainable behaviours.

Health and Sustainability Hub resources:
https://phwwhocc.co.uk/teams/health-and-sustainability-hub/

## 9.7 Emergency Planning/Civil Contingencies

We are responsible for providing public health emergency preparedness, resilience and response leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the health of the public within Wales. As a Category one Responder, the *Civil Contingencies Act (2004)* places a number of civil protection duties on Public Health Wales in respect of:

- Risk assessment
- Emergency plans
- Warning and Informing
- Sharing of information
- Cooperation with local responders.

To effectively deliver the duties (that need to be developed in a multi-agency environment), we have representation at all four Local Resilience Forums in Wales. This allows the establishment and maintenance of effective multi-agency arrangements to respond to an emergency. The organisation regularly collaborates with partner agencies to develop flexible plans to enable a joint effective response to an incident, in order to establish resilience in the face of a broad range of disruptive challenges. As a Category one responder, we are required under the *Civil Contingencies Act (2004)* to maintain and develop plans to ensure that if an emergency occurs or is likely to occur, the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

Our Emergency Response Plan details the organisation's response arrangements to any emergency, incident or outbreak that impacts on or

requires the mobilisation of public health resources and capabilities beyond normal operations. We continue to engage in training and exercises both internally and externally. We also continue to conduct a live exercise every three years, a table-top exercise and physical setting-up of the control centre annually and a test of communications cascades every six months as required by the *NHS Wales Emergency Planning Public Core Guidance*.

We have an Emergency Planning and Business Continuity Group to co-ordinate emergency planning activity within the organisation. The group has an established work plan which over a three-year period aims to drive further improvements for planning and response.

The Emergency Response Plan was reviewed and agreed by the Board in September 2018 and will be reviewed again in 2021/22.

As previously highlighted, the need to plan and respond to the COVID-19 pandemic presented us with a number of challenges. A number of new and emerging risks where identified. Whilst we did have a major incident and business continuity plan in place, as required by the *Civil Contingencies Act 2004*, the scale and impact of the pandemic has been unprecedented.

The organisation has been operating at an 'enhanced' level of response throughout the pandemic. The response level is reviewed at every Gold Command meeting and reported to the Business Executive Team.

The response to the COVID-19 pandemic, and implementation of emergency management arrangements across the organisation, has subsequently identified organisational learning in the response to the emergency. To ensure lessons identified are learned, a full review of the Emergency Response Plan will be undertaken following the organisations response, and subsequent recovery from, the emergency. This review has been identified as an objective in the organisations Operational Plan for completion. A revised version of the Emergency Plan will be reported to Quality, Safety and Improvement Committee for approval once this process is complete.

## 9.8 Business Continuity

The NHS needs to be able to plan and respond to a wide range of incidents and emergencies. We therefore need to ensure key services are maintained when faced with disruption.

Our Business Continuity Framework provides the principles, approach and assumptions that drive the development, implementation and ongoing maintenance of business continuity arrangements within the organisation. This framework sets the business continuity objectives of the organisation

and is a formal commitment to deliver the business continuity management programme and continual improvement.

The Business Continuity Framework 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.

The Emergency Planning and Business Continuity Work Programme has a three year work plan which came to a conclusion in December 2020. Between January 2018 and December 2020 the work plan identified 122 actions, of which 97 are complete and 25 remain in progress. Actions which remain in progress are part of ongoing projects and identified organisational learning. Actions in progress have been included on in the Emergency Planning and Business Continuity Work Plan 2021. During this three year period, Public Health Wales has further delivered over 130 training and exercising events for over 1200 attendees from partner organisations and Public Health Wales.

Activity in 2020 has focused primarily on the organisations response to the COVID-19 Pandemic and increasing organisational preparedness for the UK leaving the European Union (EU).

Training and exercise activity in 2020 has resulted in over 270 attendees at events, with the organisation supporting preparedness activity across the civil contingencies network in Wales through the delivery of 2 pan-Wales exercises, Exercise Board and Exercise Seren City. The exercises focused on the multi-agency response to a pandemic, exploring prevention and response structures as well as 'lockdown' response respectively.

In the response to the COVID-19 pandemic, five structured debrief processes have been conducted and reports identifying learning published. In total 21 recommendations were identified.

The organisation has further participated in the COVID-19 Pandemic Welsh Interim Operational Review, commissioned by the C19 National Foresight Group (on behalf of the Joint Emergency Services Group in Wales), on 3 June 2020. The review sought to capture the past, present and future reflections of those managing COVID-19 in Wales, identifying findings and associated recommendations for implementation and immediate action. Reference in the review was given to the good practice of the Public Health Strategic Coordinating Support Group, which had been established by Public Health Wales to support all partner agencies.

Public Health Wales is required to maintain and develop plans to ensure that if an emergency occurs (or is likely to occur), the organisation can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

A review of current Business Continuity arrangements and the Emergency Planning and Business Continuity work plan continues to be implemented and further developed including; a revised Business Continuity Strategy, Business Continuity Plan Template, Business Impact Assessment Template and supporting documentation.

The implementation of the work plan is overseen by the Emergency Planning and Business Continuity Group, which includes representation from all our services in Public Health Wales.

During the COVID-19 pandemic, our business continuity plans have been drawn upon to support the management of the emergency response. The programme of work will be overseen by the Emergency Planning and Business Continuity Group which has been re-established.

The Emergency Planning and Business Continuity work programme publishes quarterly newsletters and annual reports, seeking to inform the organisation of the preparedness activities which have been undertaken.

In the lead up to 2021, work was ongoing to prepare for the disruption that may take place as the UK leaves the EU. The response to COVID-19 has been the primary and ongoing focus of the organisation throughout 2020/21. The UK's exit from the EU took place at the same time as the entire European continent is grappling with the biggest public health emergency the world has faced in more than a century. Public Health Wales formally restarted its preparedness work in September 2020, through to re-establishment of our internal Brexit Programme and the Health Securities Group that we lead on behalf of Welsh Government.

The Health Securities Group, which includes representatives from key public sector organisations across Wales (for example, Food Standards Agency, Welsh Local Government Association), will consider the key public health securities risks for Wales and coordinate cross-system activity around appropriate mitigating. Public Health Wales has maintained close contact with the other UK countries, as well as the Republic of Ireland, throughout 2020 and will continue to do so through discussions around strengthening co-operation and collaboration, including through the development of relevant Memorandums of Understanding and Non-Legislative Frameworks

Work will be undertaken to review existing health securities risks, with appropriate internal and external input, and ensure appropriate mitigations are in place, where possible. Public Health Wales will also undertake an internal programme of business impact and risk-based business continuity assessment over the next three months to ensure that we have appropriate arrangements, such as stocks and supplies (such as culture media), in place for our critical services and functions.

## 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. Where appropriate they are reported to the Welsh Government and full incident investigations are undertaken.

During 2020/21, we recorded a total of six reportable data breaches, all of which were reported to both the Information Commissioner's Office (ICO) and Welsh Government. For all six, the ICO responded to say that they were satisfied with the action we had taken and that no further action was required on their part.

In August 2020, Public Health Wales experienced a personal data breach, when the Communicable Disease Surveillance Centre (CDSC) inadvertently published, to a public facing website, information usually reserved for internal consumption. The information released contained personal data relating to 18,105 people who had tested positive for COVID-19 since February 2020. The information was contained in a dashboard, which would normally have been published to a secure server accessible only to Public Health Wales staff, on this occasion it was mistakenly published to a public facing server. The information was only available for a short period of time before the error was identified and it was removed. Public Health Wales commissioned an external investigation into the incident which reported in November 2020, and from this an action plan was developed to reduce the risk of recurrence. That action plan is ongoing with regular progress reports being received by the Business Executive Team and the Audit and Corporate Governance Committee.

## 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 8 March 2021 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code..

The changes to the governance arrangements as a result of COVID-19 that have taken place this year are outlined with this Annual Governance Statement, and summarised in the Audit and Corporate Governance Committee report. These changes to the governance arrangements during 2020/21 have not impacted our overall assessment that we comply with each relevant element of the 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 all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 11 to the accounts provides details of the scheme, how it operates and the entitlement of employees.

## 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.

During 2020/21, the Welsh Government's announcement the suspension of non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resources to support the response to Novel Coronavirus (COVID-19), the Welsh Government also agreed for Public Health Wales to temporarily pause some of the population based screening programmes. This direction was complied with during 2020/21.

There were no other Ministerial Direction (Non-Statutory Instruments) issued by the Welsh Government that required action from Public Health Wales during 2020/21.

We have acted upon, and responded to, all Welsh Health Circulars (WHCs) issued during 2020/21 which were applicable to Public Health Wales. Of the 20 issued, 13 of these were applicable to Public Health Wales. 11 required action, two were for information and zero were for compliance.

# 10. Hosted Bodies

We have continued to host two bodies during 2020/21:

## 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 2021, and runs to 31 March 2022. 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 2020/21 was received by the Audit and Corporate Governance Committee and Board in March 2021.

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.

## 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
- To 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 2020/21 was received by the Audit and Corporate Governance Committee and Board in May 2021.

## 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).

Due to the organisation's response to the COVID-19 pandemic, informal weekly meetings were established with the Agenda for Change trade representatives on the Local Partnership Forum (LPF). This was to ensure that staff were fully engaged in how the organisation was responding to the pandemic. Formal monthly meetings of the LPF were restored on 18 June 2020, in addition, informal meetings have also continued on a fortnightly basis.

The Local Partnership Forum has met 25 times during 2020/21 and has considered the following matters:

- Health and Wellbeing Survey
- Organisational Change Core Principles
- People Strategy
- Workforce Planning
- Pay Progression
- Overtime/Toil
- Black Lives Matter
- Black, Asian and other Minority Ethnic Groups Network
- Annual Leave Year
- Organisation Response (COVID-19)
- Tax Relief – working at home
- Facilities Time
- National Contact Centre and National Health Protection Regional Response
- COVID-19 Staff Vaccination Programme
- Gender Pay Gap
- Sickness Absence
- Public Health Wales Digital Strategy.

The Group has also discussed Occupational Health, Sickness and Facilities Time as standing agenda items at each meeting, and the Forum has commented on, and recommended, several policies for approval.

There is a well-established Joint Medical and Dental Negotiating Group. During 2020/21, weekly informal meetings with representatives from this group were established with effect from May 2020, in order to ensure that the organisation were engaging with its medical and dental employees.

The organisation's Nursing Senedd advises and provides updates on professional issues relating to Nursing and Midwifery professionals. These fora provide mechanisms which allow for feedback to senior management on organisational performance or any other issues that staff wish to raise, which aids transparency.

In addition to these formal partnering mechanisms, we have consulted with the trade unions on all urgent policy reviews and the introduction of 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 an open blog, a web forum and other virtual ways for staff to share their work and opinions, including a Public Health Wales Staff Facebook group, whose membership now accounts for over half of the workforce.

We participated in the latest NHS survey called *'Our Reflections Our Decisions Our Future'*, with the key aims being to get as many people as possible involved in giving feedback/reflections and making decisions about what happens next.

The survey ran for a three week period between 4 and 24 November 2020. Whereas in previous years, it has involved between 90 and 120 questions, there were only 20 questions in total this time.

The survey achieved a response rate of 22%, which is slightly above the national average response rate of 20%. The focus of the survey is to encourage conversations and is rooted in local actions; discussions are currently ongoing with the Wellbeing Engagement Partnership Group and action plans in place to support delivery.

We ran an internal Communications and Wellbeing Survey, Tell Us How You Are Doing, in order to understand colleagues' views about:

- The effectiveness of our staff communications during the lockdown period;
- The wellbeing resources we've provided;
- Working practices during the Covid-19 pandemic.

The survey ran for a two-week period between 30 April and 14 May, with 817 colleague response, equating to a response rate of 40.8%; a resulting action plan was developed to address the key themes. The recommendation was also made to establish the Wellbeing, Engagement and Partnership Group, to ensure a co-ordinated and integrated approach to the wellbeing and safety agenda within all directorates/divisions.

We also undertook an internal wellbeing survey, which ran from 17 September until 5 October and drew 630 responses, equating to a 32% response rate. Colleagues in Corporate Analytics and in Research and Evaluation have analysed the results, producing dashboards and thematic qualitative data. The People and Organisational Development team have been interrogating the data; this intelligence has been used at the Wellbeing and Engagement Partnership group to inform the aforementioned organisational action plan which has been devised to support this overarching agenda.

Directorate and divisional leads also had access to their own results at local level, in order to identify further improvement activity within their own functional area.

We have established a Wellbeing and Engagement Partnership Group that meets monthly, and comprises senior managers from each Directorate, as well as a Trade Union representative. There is also a representative from each of the five staff diversity networks. The group considers feedback from the staff surveys and addresses actions to take forward for improvement.

# 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 two Committees in operation this year undertook a self-assessment during 2019/20 via Committee Effectiveness questionnaire, and a session at the following Committee meeting 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 2021.

*(Further information on the Effectiveness cycle can be found in section 2.3.5 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 purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Public Health Wales NHS Trust which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.*

*This opinion will in turn assist the Board in the completion of its Annual Governance Statement, and may also be taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & Care Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.*

*The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of the 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 overall opinion for 2020/21 is that:*

| | | |
|---|---|---|
| *Reasonable assurance* | *Yellow* + | *The Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.* |

## Delivery of the Audit Plan

*Due to the considerable impact of COVID-19 on the Trust, the internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Trust, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit and Corporate Governance Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.'*

The audit work undertaken during 2020/21, 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.

(Further information on the Internal Audit Reports received by the Audit and Corporate Governance Committee can be found in *section 2.6.1* of this report.)

## 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 liaises with the Counter Fraud Service (Wales) about 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.

During 2019/20, there were no referrals from 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 is completed, for 2020, AW reported*:*

*"Overall, we found that the Trust has continued to operate effectively throughout COVID-19. It has a strong culture of good governance based on transparency, collaboration and constructive challenge which grew even stronger during the pandemic. The Trust adapted its governance, quality, safety and risk management arrangements quickly and continues to identify opportunities to improve. The Trust is working to improve the links between its recovery planning and plans to deliver its part of Test, Trace, Protect, particularly its overall workforce requirements*

*The Trust and its Board have worked well under pressure to adapt governance arrangements. Business is shared effectively between the Board, Audit and Corporate Governance Committee (ACGC) and Quality, Safety and Improvement Committee (QSIC). Board business is transparent and well-communicated. Information flows effectively from the Trust's Executive team to the Board and the Board is clearly central to decision making. Board members provide good scrutiny and there is mutual respect between Executive and non-Executive Directors. The Trust continues to review and refine its governance and corporate arrangements and look for ways to improve. The Trust has good arrangements to ensure safe, quality services and to manage risk. It continues to provide good information to assure the Board and its Committees of the quality and safety of its services.*

*The Trust's arrangements for managing financial resources are working well. It met its financial duties to break even over the three -year rolling period 2017-18 to 2019/20. The Trust continues to forecast breakeven in 2020/21 although achieving financial balance assumes additional funding will be made available to cover the ongoing costs of responding to COVID-19. It has strong financial controls and provides clear information on financial performance and risk for Board scrutiny.*

*The Trust has quickly developed effective plans to implement its Test, Trace, Protect work. It has identified the resources it needs to deliver the plans and identified the risks of not getting this right. The Board has been very involved with developing the plans and there are good arrangements to monitor progress. The Trust engaged internal and external stakeholders to develop and implement its plans and intends to engage further to review its impact in the autumn. The Trust is developing its approach to organisational recovery including how its plans to implement Test, Trace, Protect link to wider business objectives and restarting services. The Trust is assessing the risk to its workforce and making changes to support its staff. It has improved internal communication and introduced new ways to support staff well-being. It is also improving data on workforce availability to help it understand where gaps in staffing may affect delivery.*

*We have not made any new recommendations based on our 2020 work but have noted improvement opportunities throughout this report".*

## 12.4 Quality of Data

The Board felt that the information it and its key committees received during 2020/21 generally supported scrutiny and assurance, although there were areas for further development.

Data quality and integrity within performance reports Internal Final Report received a Substantial assurance rating. The review noted that the arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Two low impact actions were noted and the implementation of this will be monitored during 2021/22 by the Audit and Corporate Governance Committee as part of the internal Audit tracker. *(Further information on the Internal Audit Reports received by the Audit and Corporate Governance Committee can be found in section 2.6.1.)*

The development of the Performance Assurance Dashboard has ensured that there is an assurance rating for each area, ranging from Bronze, Silver and Gold. We recognise that there will be areas of development of the areas identified as Bronze in 2021/22 to continue to improve the data quality as an organisation.

The Knowledge, Research and Information Committee was established in April 2019. One of its key purposes is to provide advice and assurance to the Board in relation to data quality and information governance arrangements in the organisation. This year, this Committee has been suspended and the Audit and Corporate Governance Committee have covered the remit for Information Governance. The Board took the decision on 26 February 2021 to reinstate the Committee structure for 2021/22. As such, the Knowledge, Research and Information Committee will resume its role during 2021/22 relating to data quality.

## 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.

As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response, which has presented a number of opportunities in addition to the risks. Our need to respond and recover from the pandemic has been reflected within this report, and will continue to impact in 2021/22 and beyond. Our organisational position in relation to sustaining our response to the pandemic and the implication for our core and statutory functions was also outlined in my Accountable Officer letter to the Director General in December 2020.

I will ensure our Governance Framework considers and responds to this need.

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

**Signed:** **Dr Tracey Cooper** Date: 10 June 2021

**Dr Tracey Cooper**
**Chief Executive and Accountable Officer, Public Health Wales**

# Annex 1: Board and Committee Membership/Attendance 2020/21

| NAME | POSITION | BOARD COMMITTEE MEMBERSHIP | ATTENDANCE AT MEETINGS 2020/21*** |
|---|---|---|---|
| Jan Williams OBE | Chair | • (Chair) Board<br>• (Chair) Remuneration and Terms of Service Committee<br>• Knowledge, Research and Information Committee (suspended during 2020/21)<br><br>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, and Knowledge, Research and Information Committee (until 1 September 2020).<br><br>Attendee:<br>• Audit and Corporate Governance Committee**<br>• Quality, Safety and Improvement Committee** | 13/13<br>5/5<br>0/0<br><br><br><br><br><br>2/6<br>1/5 |
| Dr Tracey Cooper | Chief Executive | • Board<br>• Remuneration and Terms of Service Committee<br><br>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.<br><br>The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.<br>• Audit and Corporate Governance Committee** | 12/13<br>4/5<br><br><br><br><br>3/5 |
| Jyoti Atri | Interim Executive Director of Health and Well-being | • Board<br>• Quality, Safety and Improvement Committee** | 12/13<br>5/5 |
| Rhiannon Beaumont-Wood | Executive Director of Quality, Nursing and Allied Health Professionals | • Board<br>• Quality, Safety and Improvement Committee**<br>• Audit and Corporate Governance Committee**<br>• People and Organisational Development Committee (suspended during 2020/21)** | 11/13<br>5/5<br>3/6<br>0/0 |

| NAME | POSITION | BOARD COMMITTEE MEMBERSHIP | ATTENDANCE AT MEETINGS 2020/21*** |
|---|---|---|---|
| Professor Mark Bellis OBE | Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being | • Board*<br>• Knowledge, Research and Information Committee (suspended during 2020/21)** | 11/13<br>0/0 |
| Sian Bolton | Transition Director of Knowledge | • Board*<br>• Knowledge, Research and Information Committee (suspended during 2020/21)** | 12/13<br>0/0 |
| Dr John Boulton | Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service / Improvement Cymru | • Board*<br>• Quality, Safety and Improvement Committee**<br>• Knowledge, Research and Information Committee (suspended during 2020/21)** | 12/13<br>5/5<br>0/0 |
| Philip Bushby | Director of People and Organisational Development (until 16 August 2020)<br><br>Seconded to HEIW from 17 August 2020. Left Public Health Wales employment on the 3 January 2021. | • Board*<br>• Remuneration and Terms of Service Committee**<br>• People and Organisational Development Committee (suspended during 2020/21)** | 3/4<br>0/1<br>0/0 |
| Helen Bushell | Board Secretary and Head of Board Business Unit | • Board*<br>• Remuneration and Terms of Service Committee**<br>• Audit and Corporate Governance Committee**<br>• Quality, Safety and Improvement Committee**<br>• People Advisory Group ** | 11/13<br>5/5<br>6/6<br>5/5<br>2/2 |

| NAME | POSITION | BOARD COMMITTEE MEMBERSHIP | ATTENDANCE AT MEETINGS 2020/21*** |
|---|---|---|---|
| | | • People and Organisational Development Committee (suspended during 2020/21)**<br>• Knowledge, Research and Information Committee (suspended during 2020/21)** | 0/0<br><br>0/0 |
| Kate Eden | Vice Chair And Non-Executive Director | • Board<br>• Remuneration and Terms of Service Committee<br>• Audit and Corporate Governance Committee<br>• (Chair)Quality, Safety and Improvement Committee<br>• Knowledge, Research and Information Committee (Suspended during 2020/21) to 1 September 2020. | 13/13<br>5/5<br>5/5<br>5/5<br>0/0 |
| Dyfed Edwards | Non-Executive Director | • Board<br>• (Chair) Audit and Corporate Governance Committee<br>• Remuneration and Terms of Service Committee<br>• People and Organisational Development Committee (Suspended during 2020/21) | 13/13<br>6/6<br>5/5<br>0/0 |
| Mohammed Mehmet | Non-Executive Director (Local Authority)<br><br>*(Local Authority - 0.5 appointment)*<br><br>*Appointed on 21 September 2020* | • Board<br>• Remuneration and Terms of Service Committee<br>• Audit and Corporate Governance Committee<br>• (Chair)People Advisory Group<br>• (Chair from 21 September) People and Organisational Development Committee (Suspended during 2020/21) | 5/8<br>1/3<br>2/2<br>2/2<br>0/0 |
| Professor Sian Griffiths | Non-Executive Director (Public Health)<br><br>*Appointed on 1 September 2020* | • Board<br>• Remuneration and Terms of Service Committee<br>• Quality, Safety and Improvement Committee<br>• (Chair) Knowledge, Research and Information Committee from 1 September 2020 (Suspended during 2020/21) | 7/8<br>3/4<br>2/2<br>0/0 |
| Professor Diane Crone | Non-Executive Director (University) | • Board<br>• Audit and Corporate Governance Committee<br>• Remuneration and Terms of Service Committee<br>• Quality, Safety and Improvement Committee | 7/8<br>3/3<br>1/4<br>1/1 |

| NAME | POSITION | BOARD COMMITTEE MEMBERSHIP | ATTENDANCE AT MEETINGS 2020/21*** |
|---|---|---|---|
| | *Appointed on 1 September 2020* | • Knowledge, Research and Information Committee (Suspended during 2020/21) from 1 September 2020 | 0/0 |
| Andrew Jones | Interim Executive Director of Public Health *(from 1 December 2020)* | • Board<br>• Quality, Safety and Improvement Committee**<br>• People and Organisational Development Committee** (Suspended during 2020/21)<br>• Knowledge, Research and Information Committee**(Suspended during 2020/21) | 2/4<br>1/1<br>0/0<br>0/0 |
| Dr Eleri Davies | Interim Medical Director *(from 1 December 2020)* | • Board*<br>• Quality, Safety and Improvement Committee**<br>• People and Organisational Development Committee** (Suspended during 2020/21)<br>• Knowledge, Research and Information Committee**(Suspended during 2020/21) | 3/4<br>1/1<br>0/0<br>0/0 |
| Huw George | Deputy Chief Executive and Executive Director of Operations and Finance | • Board<br>• Remuneration and Terms of Service Committee**<br>• Audit and Corporate Governance Committee**<br>• People Advisory Group **<br>• People and Organisational Development Committee (Suspended during 2020/21)** | 13/13<br>5/5<br>6/6<br>2/2<br>0/0 |
| Neil Lewis | Acting Director of People and Organisational Development (from 17 August 2020) | • Board*<br>• People and Organisational Development Committee**<br>• People Advisory Group ** | 7/9<br>0/0<br>2/2 |
| Professor Stephen Palmer | Non-Executive Director<br><br>(until 30 September 2020) | • Board<br>• Remuneration and Terms of Service Committee<br>• Quality, Safety and Improvement Committee<br>• Audit and Corporate Governance Committee | 6/6<br>1/2<br>3/3<br>3/3 |

| NAME | POSITION | BOARD COMMITTEE MEMBERSHIP | ATTENDANCE AT MEETINGS 2020/21*** |
|---|---|---|---|
| Judith Rhys MBE | Non-Executive Director<br><br>(Third Sector) | • Board<br>• Remuneration and Terms of Service Committee<br>• Quality, Safety and Improvement Committee<br>• People Advisory Group<br>• (Chair until 20 September 2020)People and Organisational Development Committee (Suspended during 2020/21) | 11/13<br>4/5<br>5/5<br>2/2<br>0/0 |
| Dr Quentin Sandifer | Executive Director of Public Health Services and Medical Director<br><br>(until 11 December 2020) | • Board<br>• Quality, Safety and Improvement Committee**<br>• People and Organisational Development Committee** (Suspended during 2020/21)<br>• Knowledge, Research and Information Committee**(Suspended during 2020/21) | 8/9<br>4/4<br>0/0<br>0/0 |
| Alison Ward CBE | Non-Executive Director<br><br>*(Local Authority - 0.5 appointment)* | • Board<br>• Remuneration and Terms of Service Committee<br>• Audit and Corporate Governance Committee | 6/13<br>1/5<br>0/6 |

** 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
**(As at 4 Feb 2021)**

| Role | Champion Role Requirement | Executive Champion | Non-Executive Champion |
|---|---|---|---|
| Fire Safety | E | Deputy Chief Executive and Executive Director Finance and Corporate Services (Huw George) | N/A |
| Emergency Planning | E | National Director Health Protection and Screening Services / Medical Director (Andrew Jones) | N/A |
| Caldicott | E | National Director Health Protection and Screening Services / Medical Director (Andrew Jones) | N/A |
| Violence and Aggression | E | Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood) | N/A |
| Infection Prevention and Control | NE | N/A | Non-Executive Director (Sian Griffiths) |
| Armed Forces and Veterans | NE | N/A | Chair (Jan Williams) |
| Mental Health | Vice Chair | N/A | Vice Chair (Kate Eden) |
| Equality | NE | N/A | Non-Executive Director - Local Authority (Mohammed Mehmet) |
| Children and Young People E | E & NE | Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood) | Non-Executive Director - University (Diane Crone) |
| Putting Things Right | E & NE | Executive Director Quality, Nursing and Allied Health Professionals (Rhiannon Beaumont-Wood) | Vice Chair (Kate Eden) |
| Raising Concerns (Staff) | E & NE | Board Secretary and Head of Board Business Unit (Helen Bushell) | Chair (Jan Williams) |
| Welsh Language | E | Director of People and Organisational Development | Non-Executive Director (Dyfed Edwards)* |
| Older Persons | NE | N/A | Non-Executive Director – Third Sector (Judi Rhys) |

Key - E = Executive / NE – Non-Executive
*NE also identified as Director of People and OD not a Board member