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Wales

# **Annual Report 2021/22**

## **Section 2**

# **Accountability Report**

# Section 2: Accountability Report

## Contents

### Accountability Report Introduction

#### Part A: Corporate Governance Report

- ❖ Director's Report 5
- ❖ Statement of Chief Executive's Responsibilities as Accountable Officer 6
- ❖ Statement of Director's Responsibilities in Respect of the Accounts 6
- ❖ Annual Governance Statement 8

#### Part B: Remuneration and Staff Report 98

#### Part C: Parliamentary Accountability and Audit Report 117

- ❖ The Certificate and Independent Auditor's report of the Auditor General for Wales to the Welsh Parliament 117

## Introduction

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

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

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

The Accountability Report consists of the following main parts:

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

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

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

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

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

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



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# **Part A: Corporate Governance Report**

## Public Health Wales Directors' Report 2021/2022

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

Requirement	Cross-Reference
The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Appendix 1 in the Annual Governance Statement.
The composition of the management board (including advisory and non-Executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Appendix 1 in the Annual Governance Statement.
The names of the directors forming an audit committee or committees.	See Appendix 1 in the Annual Governance Statement.
Details of company directorships and other significant interests held by members of the management board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the <a href="#">Register of Interests 2021/2022</a>
Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See Data Breaches section ( <a href="#">section 10.9</a> ) of this the Annual Governance Statement.
Information on environmental, social and community issues.	See <a href="#">section 10.6</a> of this the Annual Governance Statement.
As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

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

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

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

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

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

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

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

**Signed:**

Chief Executive      **Dr Tracey Cooper**      Date: 14 June 2022

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

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

In preparing those accounts, the Directors are required to:

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

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

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

### By Order of the Board

#### Signed:

Chair: **Jan Williams OBE**

14 June 2022

Chief Executive: **Dr Tracey Cooper**

14 June 2022

Director of Finance: **Huw George**

14 June 2022

# Annual Governance Statement

## Contents

1.	Introduction .....	10
2.	Scope of Responsibility .....	10
3.	Governance Framework .....	12
3.1	The Board .....	15
3.1.1	Variations to the Standing Orders.....	16
3.1.2	Variations to Ways of Working .....	16
3.1.3	Board Development and Briefing sessions .....	18
3.1.4	Deviations from Standing Orders.....	18
3.1.5	Board Activity .....	20
3.2	Committees of the Board .....	26
3.2.1	Audit and Corporate Governance Committee.....	28
3.2.2	Quality, Safety and Improvement Committee .....	32
3.2.3	People and Organisational Development Committee .	37
3.2.4	Knowledge, Research and Information Board Committee .....	40
3.2.5	Remuneration and Terms of Service Committee .....	42
3.3	Executive Governance .....	43
3.3.1	Business Executive Team .....	43
3.3.2	Gold Group.....	44
3.4	Improvements to the Governance Framework .....	46
3.4.1	Review of the Board Committee Terms of Reference .	46
3.4.2	Performance and Effectiveness Cycle .....	47
3.4.3	Protocol for Reserving Matters to Private Session .....	51
3.5	Board and Executive Team Membership.....	52
3.5.1	Departure and appointment of Non-Executive Directors .....	52
3.5.2	Board Succession Planning .....	52
3.5.3	Senior Staff Appointments and Departures .....	53
3.5.4	Staff Representation at Board and Committee Meetings .....	54
3.5.5	Board Diversity and Inclusion .....	54
4.	The Purpose of the System of Internal Control.....	56
4.1	Capacity to Handle Risk .....	56
5.	Quality Governance Arrangements .....	60
5.1	Quality, Nursing and Allied Health Professionals Directorate ..	60
5.2	Information Governance .....	62
5.3	Duty of Candour .....	63
6.	Health and Care Standards.....	65
7.	Health and Safety .....	67



## Annual Governance Statement 2021/22

8.	Long Term Strategy: Working to Achieve a Healthier Future for Wales (2030).....	70
9.	Our Strategic Plan (Integrated Medium Term Plan).....	72
10.	Mandatory Disclosures.....	74
10.1	Equality, Diversity and Human Rights.....	74
10.2	Welsh Language .....	75
10.3	Handling Complaints and Concerns .....	76
10.4	Freedom of Information Requests .....	76
10.5	Subject Access Requests.....	76
10.6	Sustainability and Carbon Reduction Delivery Plan .....	77
10.7	Emergency Planning/Civil Contingencies .....	78
10.8	Business Continuity.....	81
10.9	Data Breaches.....	83
10.10	UK Corporate Governance Code.....	83
10.11	NHS Pensions Scheme.....	84
10.12	Ministerial Directions .....	84
11.	Hosted Bodies .....	90
11.1	NHS Wales Health Collaborative.....	90
11.2	Finance Delivery Unit .....	91
12.	Staff and Staff Engagement .....	92
13.	Review of Effectiveness .....	94
13.1	Internal Audit.....	94
13.2	Counter Fraud .....	97
13.3	External Audit – Audit Wales .....	98
14.	Conclusion .....	99
	Annex 1: Board and Committee Membership/Attendance 2021/2022 ....	92
	Board Champions .....	97

### 1. Introduction

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which forms part of the Annual Report and Accounts for 2021/22.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2021/2022 and the extent to which we complied with our own governance requirements.

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

The Audit and Corporate Governance Committee (ACGC) considered the draft for submission at its meeting on the 5 May 2022. This final version was presented to the Committee on the 14 June 2022 for recommendation to the Board for approval on the 14 June 2022. The Board approved this Statement for submission to Welsh Government at a Board meeting on the 14 June 2022.

### 2. Scope of Responsibility

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

Over the last two years, Public Health Wales has mounted an unprecedented response to the Coronavirus pandemic. This has been part of a system-wide effort to respond effectively to the challenges we have faced as the pandemic has evolved. Whilst much has been progressed this year, we still face extreme pressures in our system leadership role responding to the pandemic, in the reactivation and returning to full delivery of our services and in building the momentum for the pressing focus on the substantial direct and indirect population health harms from COVID-19.

I have personal overall responsibility for the management and staffing of the organisation and I am required to assure myself, and therefore the Board,

## **Annual Governance Statement 2021/22**

that the organisation's Executive management arrangements are fit for purpose and enable effective leadership.

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

### 3. Governance Framework

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

In particular, the Board has responsibility for

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

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board as a unitary Board. In addition to their role as Board Members, Executive Directors also have responsibility for discharging Public Health Wales' corporate and public health functions.

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

In accordance with regulation 12 of the Regulations, Public Health Wales must agree Standing Orders (SOs) for the regulation of proceedings and business. We have adopted the model Standing Orders and Reservation and Delegation of Powers for the regulation of proceedings and business.<sup>1</sup> They are designed to translate the statutory requirements set out in the *Public Health Wales NHS Trust (Membership and Procedures) Regulations 2009* (as amended) into day-to-day operating practice. Together with the adoption of a scheme of decisions reserved for the Board, a scheme of delegations to officers and others, and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the organisation. These documents, together with the range of corporate policies set by the Board, contribute to the Governance Framework.

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

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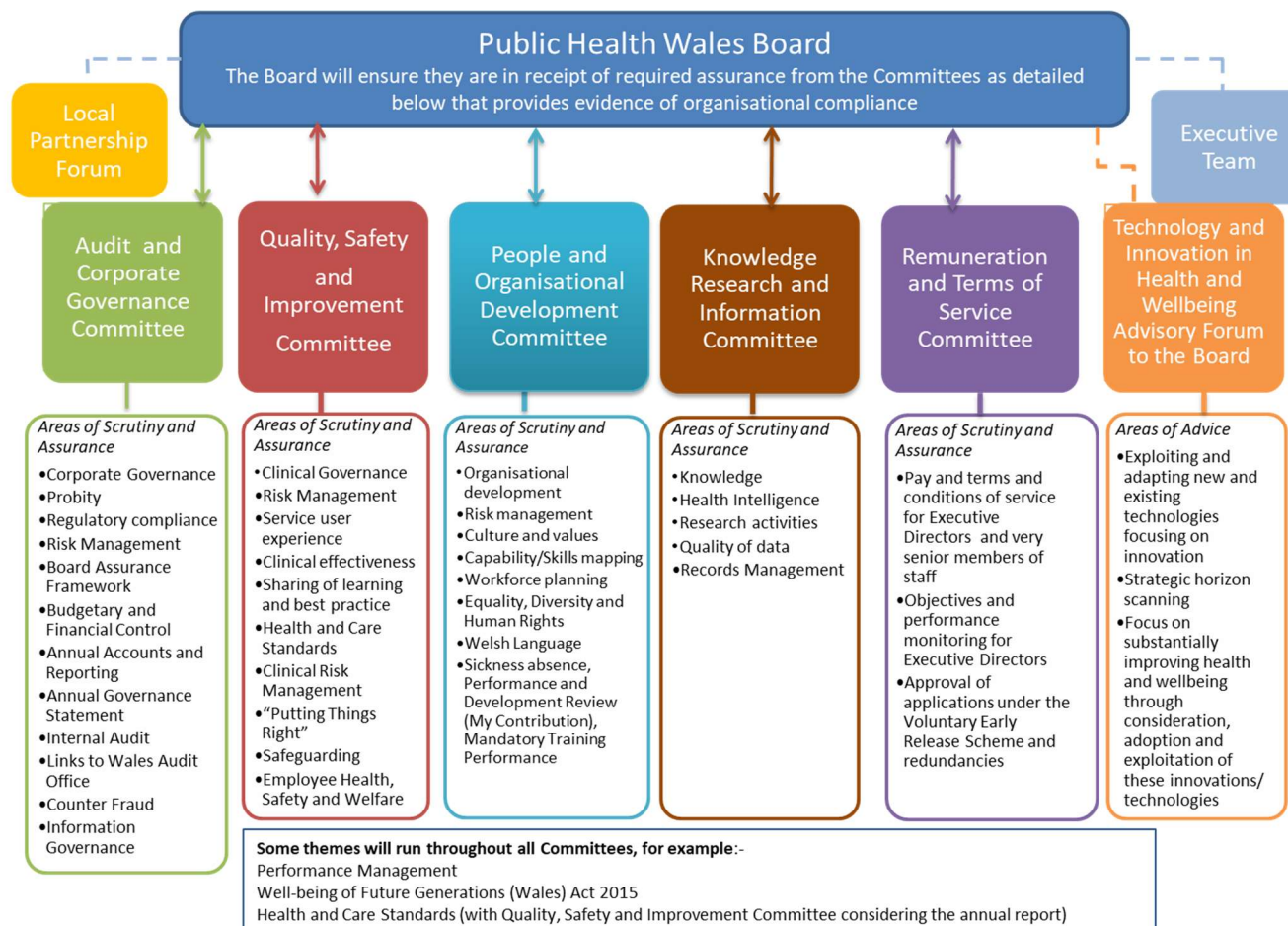
<sup>1</sup> Public Health Wales has fully adopted the model Standing Orders, with one amendment to Section 6.4.3: changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.

promoting the values and standards of conduct for the organisation and its staff.

The Board is committed to operating in as transparent, open, and accountable way as is possible. The [Protocol for Reserving Matters to a Private Board \(or Committee\) was](#) approved by the Board in May 2021, to help identify the reasons which are most likely to apply to material considered by the Board (or Committee) in Private Session. (See [Section 3.4.3](#) for further details).

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

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



<sup>2</sup> Between March 2020 to April 2021, the People and Organisational Committee did not operate due to COVID-19. Between March 2020 to November 2021 the Knowledge, Research and Information Committee did not operate due to COVID-19 (See [section 3.1.1](#) for further information).

## **3.1 The Board**

The key business and risk matters considered by the Board during 2021/22 are outlined in this statement and further information can be obtained from the published meeting papers on our [website pages](#).

Figure 2 outlines the dates of Board and Committee meetings held during 2021/2022.

All the meetings of the Board in 2021/22 were appropriately constituted and quorate. Escalation arrangements are in place to ensure that, in the event of a committee not being quorate, any matters of significant concern are brought to the attention of the Chair of the Board.

The Board held its Annual General Meeting on Thursday 28 July 2021. This was held via Microsoft Teams and livestreamed on our website providing members of the public with the opportunity to access and engage in the meeting as it happened.

### **3.1.1 Variation to Committee Structure during the Pandemic.**

The table below provides a summary of the changes that were in place response to the pandemic:

<b>Committee</b>	<b>Changes</b>
Audit and Corporate Governance Committee (ACGC)	<ul style="list-style-type: none"> <li>❖ Remained active, met approximately eight weekly during 2020/21(increased from five meetings per year)</li> <li>❖ As of 1 April 2021, the Committee has resumed its usual schedule of meetings (5 per year)</li> <li>❖ Information Governance considered in this committee while KRIC was suspended. This change was made permanent in May 2021</li> </ul>
Quality, Safety and Improvement Committee (QSIC)	<ul style="list-style-type: none"> <li>❖ Remained active, met approximately eight weekly (increased from four meetings per year)</li> <li>❖ During 2021/22, the Committee has retained this increased frequency of meetings.</li> <li>❖ Health and Safety considered in this Committee while PODC was suspended. This change was made permanent in May 2021</li> </ul>
Knowledge, Research and Information Committee (KRIC)	Committee was suspended for all of 2020/21, the Committee was reactivated as of December 2021.

People and Organisational Development Committee (PODC)	Committee was suspended for all of 2020/21, has been reactivated from 1 April 2021.
Remuneration and Terms of Service Committee	Remained active, met as and when required.

### 3.1.2 Variations to the Standing Orders

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. The Board paper, with full details of the approved variations, is available on the Public Health Wales [website](#).

We have returned to our core Standing Orders now, Board meetings continue to be held virtually although we do envisage some change to this in during 2022/23. The future of Board meetings will likely be a blend of virtual and in person meetings.

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. On the basis it was acknowledged that the Board was unlikely to meet in person for the foreseeable future, it was agreed it would meet through electronic means. As a result, members of the public were unable to attend or observe any Board meetings from March 2020 to June 2020

We were pleased to reinstate the livestreaming of Board meetings as of 28 July 2020 to allow the public to access Board meetings, and have continued to livestream all Board meetings during 2021/22. The video recording of the meeting is uploaded to the website as soon as possible following the meeting. We are planning to livestream our committee meetings during 2022/23.

### 3.1.3 Variations to Ways of Working

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

Throughout the year, the following principles continued unchanged:-

- ❖ The construct of Board and Committee meeting agendas to reflect and agile and risk- based approach to the selection of agenda items
- ❖ The use of means other than formal papers to assist flexibility and ease the administrative burden. These means included the use of



## Annual Governance Statement 2021/22

briefing papers and presentations where appropriate, and circulation of relevant material outside meetings. All presentations given during open Board and Committee meetings are available through the website

- ❖ The Committee Chair, Lead Executive and Board Secretary considered the attendance needed at each meeting, mindful both of pressures on executives and the need to provide development opportunities for deputies or equivalent senior personnel
- ❖ The Chair and Chief Executive continued to call urgent meetings outside the regular schedule, as required.

In [February 2021](#), the Board agreed to the following for 2021/22:

- ❖ Formal Board meetings for 2021/22 returned to being held bi-monthly
- ❖ Board Development sessions were reintroduced bi-monthly, Board briefings reverted to paper based briefings where required
- ❖ The People and Organisational Development Committee was reinstated, holding its first meeting in April 2021
- ❖ The Knowledge, Research and Information Committee remained suspended until later in the year.

The Board also agreed to continue to ensure the following as part of its governance arrangements during 2021/22:

- ❖ To continue to facilitate effective Board leadership, oversight and assurance in the most effective manner possible
- ❖ That the Executive team has 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 included 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
- ❖ 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.

On the [29 July 2021](#), the Board approved the resumption of the Knowledge, Research and Information Committee (KRIC) in quarter three of 2021/22. The Knowledge, Research and Information Committee resumed its meetings on 9 December 2021.

### 3.1.4 Board Development and Briefing sessions

In February 2021, the Board reinstated its previous governance arrangements, which includes the reinstatement of Board Development sessions as of April 2021 on a Bi monthly basis.

The topics discussed at these sessions during 2021/22 included:

- ❖ Long Term Strategy Review
- ❖ Strategic Risk Refresh
- ❖ Learning from the Pandemic
- ❖ The Burden of Disease
- ❖ Digital, Data and Research – Our Ambitions
- ❖ Board Development and Board priorities 2022/23
- ❖ Draft Strategic Plan Review.

### 3.1.5 Deviations from Standing Orders

In 2020, 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.

We recognise legal restrictions varied throughout the financial year, to support continuity of business, legal compliance and the health and safety of our people, the Board and its Committees continued to meet virtually.

We are currently reviewing how we can provide public access to Committee meetings during 2022/23.

## Annual Governance Statement 2021/22

### Committee Meetings 2021/2022

un 29 Jul 11 Aug\* 30 Sep 28 Oct\* 25 Nov 27 Jan 31 Mar

### Development:

ne 19 Aug 10 Nov 15 Feb

### Governance:

p 20 Jan 16 Mar

### al Development

t 16 Feb

### s of Service:

### d Information

### 3.1.5 Board Activity

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

<b>Board Assurance Framework</b>	
Chief Executive's Report	<p>The Board received regular reports from the Chief Executive at each Board meeting, providing a summary of key organisational activity to update the Board. This included:</p> <ul style="list-style-type: none"> <li>❖ Changes to the Executive Team</li> <li>❖ European Union Transition Preparedness Process Closure Report for Public Health Wales</li> <li>❖ Summary of meetings such as Joint Executive Team (JET), meetings with Welsh Government Ministers and submissions to the Senedd (Welsh Parliament) Committees, meetings with partner organisations such as Health Education and Improvement Wales and Local Authority Partners</li> <li>❖ International meetings and engagement with the International Association of National Public Health Institutes (IANPHI) and the World Health Organization (WHO)</li> <li>❖ Updates on current organisational initiatives such as future ways of working, changes to the Cervical Cancer Screening Programme, an update on Pathogen Genomics programme, and investment in our Breast Test Wales Screening Programmes</li> <li>❖ Updates on key Organisational work such as Review of our Long Term Strategy, the Launch of our new Improvement Cymru Strategy and Developing a Sustainable Health Protection Response Model for COVID-19, update on the Review of Tuberculosis in Llwynhendy, and 'Together for a Safer Future: Wales' long-term COVID-19 transition from pandemic to endemic</li> <li>❖ Update on publication of relevant reports such as Cost of Inequality to the NHS in Wales', the Draft Terms of Reference of the UK COVID-19 Inquiry, and the Stonewall Workplace Equality Index.</li> </ul>

<p>Integrated Performance Report and Financial Report</p>	<p>The Board received the Integrated Performance Report at each Board meeting, providing a summary of key information including performance highlights, trends, and issues. This was read in conjunction with the Performance and Assurance Dashboard, which highlighted the latest available performance in an interactive format. The presentation at Board meetings included updates from each of the Executive Leads to highlight any specific issues including Workforce, Finance, Operational Plan, Service Delivery and Quality.</p> <p>The Financial Report outlined the revenue and capital position for Public Health Wales on a monthly basis together with year-end forecasts where appropriate.</p>
<p>Novel Coronavirus (COVID-19) General Update</p>	<p>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.</p>
<p>Risk</p>	<p>The Board regularly considered the Strategic and Corporate Risk Registers, and approved variations to the Strategic Risks following a review of the risk process.</p> <p>(See <a href="#">Section 4</a> for Further details)</p>
<p>Research and Evaluation Update</p>	<p>An overview of the research activities underway in the Research and Evaluation Division for assurance.</p>
<p><b>Board and Committee Governance</b></p>	
<p>Standing Orders and Scheme of Delegation</p>	<p>The Board approved to incorporate and adopt the proposed amendments following a review of the model Standing Orders and Reservations and Delegations of Powers issued by Welsh Government. (See <a href="#">Section 3.1.1</a> for further details)</p>
<p>Standing Financial Instructions</p>	<p>The Board approved the incorporation and adoption of the proposed amendments following a review of the Model Standing Financial Instructions into Public Health Wales's Standing Financial Instructions.</p>

## Annual Governance Statement 2021/22

Chair's Action and Affixing of the Common Seal	Where applicable, the Board received reports advising of any of agreements that have required the affixing of the Public Health Wales NHS Trusts' seal, and also identifying any Chair's Actions that had been taken by the Chair of the Board, for ratification.
Protocol – Private Session	The Board approved The <a href="#">Protocol for Reserving Matters to a Private Board (or Committee)</a> . (See Section 3.4.3 for further details).
Board and Committee Governance	The Board considered reports outlining variations to the Board and Committee governance structure in the organisation, including any amendments to ways of working. (See <a href="#">Section 3.1.2</a> for further details)
Committees of the Board: Report from Committee Chairs	At each meeting, the Board received a report from the Chairs of the Board Committees for assurance, summarising the activity of the Committees within that period. (See <a href="#">Section 3.2</a> for further details)
Committees of the Board Annual Reports 2020/21	The Board considered Annual Reports from the two Committee's in operation during 2020/21, and took assurance that the Committees were fulfilling their terms of reference. <i>(Note: the Annual Reports for 2021/22 will be presented to the Board for assurance in May 2022)</i> (See <a href="#">Section 3.2</a> for further details)
Committee Terms of Reference Annual Review	The Board considered a review of the Committee's terms of reference and approved the proposed revisions. (See <a href="#">Section 3.2</a> for further details)
<b>Plans and Strategies</b>	
Operational Plan	The Board considered and approved the Operational Plan 2021-22 prior to submission to Welsh Government.
Quality and Improvement Strategy	The Board considered and approved the Quality and Improvement Strategy. (See <a href="#">Section 5</a> for Further details)
Strategic Plan (Integrated Medium Term Plan)	The Board considered and approved the Strategic Plan (Integrated Medium Term Plan) 2022/23. (See <a href="#">Section 9</a> for further details)
<b>Topical / emerging issues</b>	

## Annual Governance Statement 2021/22

Winter Planning Update	The Board considered a summary briefing on planning, preparation and progress for Winter 2021/22 from a Health Protection and Microbiology service perspective (See <a href="#">Section 3.2.2</a> for further details)
Approval of Annual Report and Accounts	The Board approved the Annual Report and Accounts for 2020/21 for submission to the Welsh Government, following review by the Audit and Corporate Governance Committee and auditing by Audit Wales.
Staff Networks Update Report	The Board considered an update on the requests to date that the Staff Networks have made to the Board within presentations during 2021/22.
Tuberculosis (TB) Outbreak (Llwynhendy) - Commissioning of an External Review	The Board considered the progress on the commissioning, jointly with Hywel Dda University Health Board (HDUHB), of an external review of the management of the TB outbreak in Llwynhendy, Carmarthenshire, and approved the terms of reference, timeline for the project, and the proposed governance arrangements.
Zero Racism Pledge	The Board approved the digital signing the Zero Racism Pledge and therefore agreed to the statement of intent of this initiative.
<b>Strategic Partnerships and Joint working</b>	
Health Inspectorate Wales (HIW) Annual Report	The Board noted the Health Inspectorate Wales (HIW) Annual Report. Although HIW did not undertake any direct review or inspection work in Public Health Wales during 2020/2021, it was noted that it included a short section on the organisation within the report which referenced a wide range of the work that the organisation has undertaken in managing and support Wales through the Coronavirus pandemic.
NHS Wales Shared Services Partnership (NWSSP) Committee	The Board considered update on NWSSP Committee 2020/21 activities.
Nursing Now Cymru Wales	The Board considered and endorsed the final Nursing Now Cymru Wales Report 2021, which celebrated the work of Nurses and Midwives in Wales in supporting the Nursing Now Global Campaign.
Improvement Strategy Cymru	The Board considered and endorsed the approval of the <a href="#">Improvement Cymru Strategy</a> .

Welsh Health Equity Status – WHESRI	The Board received a <a href="#">presentation</a> that summarised the ground-breaking work of the WHESRI report, which placed health equity at the heart of the COVID-19 sustainable response and recovery: to build prosperous lives for all in Wales. The report reinforced understanding of how interdependent individual and societal well-being and the wider economy were, towards achieving prosperity for all. The report also contributed to strengthening the leading role of Wales at the forefront of the health equity and sustainable development agenda in Europe and globally. (Full Report <a href="#">Placing Health Equity at the Heart of the COVID-19 Sustainable Response and Recovery: Building Prosperous Lives for All in Wales. The Welsh Health Equity Status Report initiative (WHESRI)</a> )
<b>Hosted Bodies</b>	
Finance Delivery Unit Hosting Agreement for approval	The Board approved the extension to the Hosting Agreement for the Finance Delivery Unit for the period 1 April 2021 to 31 March 2024.
NHS Collaborative Hosting Agreement Extension	The Board approved the extension to the Hosting Agreement for the NHS Collaborative for the period 1 April 2021 to 31 March 2023.

### Private Board Sessions

The Board held a Private Board session alongside every public session in 2021/22 to consider business of a confidential nature, considering aspects of significant issues including:

Topic	Reason for private session
<b>COVID-19 updates</b>	To supplement the update provided to the Board in open session by providing sensitive information including emerging outbreak issues, financial and supply chain information, the development of the new laboratory in Imperial Park 5, Newport, and contractual approvals.



<b>Health protection reports (non-COVID-19) –</b>	To update the Board on sensitive information about non COVID-19 health protection matters
<b>Health Protection Business Case</b>	To provide updates and allow for consideration of the Health Protection Business Case in draft form prior to submission.
<b>Strategic risk Four (Cyber Security)</b>	To provide updates and allow for consideration of the Strategic risk four (Cyber Security) in private session due to the sensitive nature of the risk.
<b>Financial Positions and Supply chain</b>	To provide relevant updates on the Financial Positions and Supply chains, seek approval for procurement contracts which contained commercially sensitive information.

### 3.2 Committees of the Board

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

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

During 2021/22 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

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. Business taken in private session is kept to a minimum.

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

Each Committee produces an annual report, which provides a summary of business undertaken during the year. The Committee Annual Reports provide the Board with assurance that they are working effectively and contribute to the overall assessment of Board effectiveness. They also provide an additional opportunity to raise any areas or issues that require the Board's attention.

## **Annual Governance Statement 2021/22**

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

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

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

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

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

### 3.2.1 Audit and Corporate Governance Committee

During 2021/22, the Committee met five 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. 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.

<b>Internal Audit</b>	
Quarterly Progress Update	Update reports from internal audit function for assurance that these functions were efficient and cost effective.
Internal Audit Reports	Presentation of all Internal Audits listed in <a href="#">section 13.1</a> .
Limited Assurance – Additional Hours	For assurance of the progress to address the recommendations outlined within the limited assurance report.
Head of Internal Audit Opinion 2020/21	For assurance of the overall assessment and Opinion from the Head of Internal Audit for the 2020/21 year.
Advisory Report 2020/21	For assurance of the Management and governance of the Implementation Groups’ funding allocations NHS Wales Health Collaborative.
<b>External Audit</b>	
Progress Reports	Audit Wales (AW) provided the Committee with regular progress reports on external audits.
Structured Assessment	Considered the report summarising the audit work undertaken during 2021. (see <a href="#">section 13.3</a> for further details)
AW Annual Report for 2021	Considered the report summarising the audit work undertaken during 2021, and noted that it was a positive report.
Taking Care of the Carers	Considered the Report and noted that it had been presented to PODC.

## Annual Governance Statement 2021/22

Audit (internal and external) Action Log	Progress on the implementation of actions and to approve any closure of actions or amendments to timescales.
<b>Counter Fraud</b>	
Counter Fraud Updates	For assurance on the effective management of Counter Fraud issues within the organisation.
<b>Finance and Procurement</b>	
Quarterly Losses and Special Payments Report	To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs).
Quarterly Procurement Reports	To assure the Committee that these were taken in line with the requirements of the Standing Financial Instructions (SFIs).
Annual Review of Debt Right offs	Approval of the annual bad debts and claims abandoned for 2020/21.
<b>Corporate Governance</b>	
Standards of Behaviour Policy	For assurance on the implementation of the Standards of Behaviour Policy.
Welsh Health Circulars (WHC)	For assurance that process for recording and monitoring the organisations compliance with WHC was being managed effectively.
Integrated Governance Updates	For assurance on progress with the implementation the model.
Self-Assessment 2021/22 – Code of Practice Compliance	For assurance that the Organisation complied with the Self-Assessment 2020/21 – Compliance against the Governance in Central Government Departments: Code of Practice 2017.
Bi-annual Policies Status	For assurance of the prioritisation and progress being made to review policies and procedures within the remit of the Committee.
Policies	Approved the All Wales Information Governance Policy, the All Wales Information Security Policy, and the All Wales Internet Use Policy.

<b>Information Governance</b>	
Information Governance Performance Report	For assurance that the Information Governance Management System was working effectively
Data Breach Action plan	For assurance on the progress made against the action plan.
<b>Cyber Security</b>	
Bi Annual Updates	For assurance of the organisations management of Cyber Security issues.
<b>Committee Governance</b>	
Annual Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board's Performance and Effectiveness review planned for Quarter 1 of 2022/23.
Terms of Reference Review	Annual review of the Committee's terms of reference for a recommendation to the Board for any changes required.
Committee Work Planning.	To plan the Committee focus for the following year, and to approve a work programme.
<b>Annual Reporting</b>	
Annual Accounts Plan for 2020/21	For assurance of the arrangements in place to produce the Annual Report in line with requirements.
Draft Accountability Report 2020/21	Draft Annual Accountability Report for 2020/21 for approval prior to submission to Audit Wales and Welsh Government.
<b>Hosted Bodies</b>	
Finance Delivery Unit: Annual Assurance Statement	For assurance that the collaborative have complied with the hosting arrangements.

<b>Risk</b>	
Corporate Risk	Received the corporate risk register to enable them to gain assurance that operational risks were being appropriately managed
Strategic Risk	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. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.
Annual Review of Risk	For assurance of the appropriate plan in place to manage risk within the organisation.

**3.2.2 Quality, Safety and Improvement Committee**

The Quality, Safety, and Improvement Committee met five times during 2021/22 and was quorate on all five occasions.

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

In May 2020, the Committee increased the frequency of meetings during this period to one meeting approximately every eight weeks (where it was possible to do so) to allow for appropriate and timely activity. An increased frequency continued into 2021/22 to ensure appropriate time allocated to consider quality and safety matters.

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 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 2021/22:

<b>Safeguarding</b>			
Safeguarding Deep Dive		For assurance from a deep dive into the National Safeguarding Team (NST), on the delivery of a quality service. The deep dive covered an overview of NST’s role and function, the impact of COVID-19 on service delivery and the planned next steps and future direction for the service.	
Safeguarding 2020/2021	Annual Report	For assurance on how the organisation has discharged its Safeguarding responsibilities.	



## Annual Governance Statement 2021/22

Safeguarding Group Term of Reference	For Approval of the revised terms of reference for the Safeguarding Group.
<b>Quality</b>	
Quality Indicators	For assurance on the development of quality indicators as part of the ongoing work with the Performance Assurance Dashboard.
Annual Quality Statement	Consideration of the update on the reporting requirements for the Annual Quality Statement 2020/21
Health and Social Care (Quality and Engagement) (Wales) Act 2020	For assurance on the approach to implement the Health and Social Care (Quality and Engagement) (Wales) Act 2020 within Public Health Wales.
Draft Quality and Improvement Strategy	For consideration and to recommend to the Board for approval, noting the comments from the Committee would be considered and incorporated in the final draft document as appropriate.
Quality and Improvement Strategy Implementation Plan (Year1)	For approval, noting how the plan would build in years 2 and 3, and for consideration how staged improvement in future years was planned.
<b>Clinical Governance</b>	
Medical Devices	For assurance that the organisation had taken account of the impact of changes in applicable legislation, and for assurance on the work already undertaken and plans to further strengthen organisational arrangements for Medical Devices as part of the broader integrated governance arrangements.
Medical Revalidation and Job Planning	For assurance that process were in place to support the dental and medical staff as required by the Medical and Dental contract.
Infection, Prevention and Control	Approved the Public Health Wales Infection Prevention and Control Annual Report for 2019/20.
	Approved the Public Health Wales Infection Prevention and Control Annual Report for 2020/21.
Internal Flu Vaccine	For assurance that the Internal Flu Vaccine Campaign Report that the Campaign had been effectively managed; and for assurance on arrangements in place to deliver the staff flu campaign

## Annual Governance Statement 2021/22

<b>Clinical Audit</b>	
Quality and Clinical Audit Plan 2021/22	Approved the Quality and Clinical Audit Plan for 2021/22; and for assurance on the progress of the Quality and Clinical Audit Plan for 2021/22, noting the proposed improvement initiatives.
Quality and Clinical Audit Plan 2020/21	Took assurance on progress against the Annual Quality and Clinical Audit Plan 2020/21
<b>Putting Things Right and Alerts</b>	
Alerts Report	For assurance on the management of alerts received by Public Health Wales.
Putting Things Right Quarterly Update Report	For assurance the effectiveness of the management of concerns (incidents, complaints and claims).
Putting Things Right Annual Report 2020/21	For approval of the Putting Things Right Annual Report 2020/21.
Health and Care Standards	For assurance on the Health and Care Standards Self-Assessment 2020/21.
	For assurance on the approach to review the Health and Care Standards Plan for 2021-22, noting that the outcome of the self-assessment will be reported at Committee in the first quarter of 2022-23.
Once for Wales Concerns Management System (Datix)	For assurance that Public Health Wales had implemented effective project management and control over the implementation of the Once for Wales Concerns Management System (Datix).
Claims and redress	For assurance that claims were being managed in line with Claims Management Policy and Procedure
<b>Engagement</b>	
Our Approach to Engagement Update	For assurance on the progress of delivering the implementation plan of 'Our Approach to Engagement'.
Our Approach to Engagement Implementation Plan	For assurance that plans to implement ' <i>Our Approach to Engagement</i> ' were progressing and to approve the proposed refocus and actions for Year 2 of implementation. The Committee noted the planned approach to improve the quality assurance of public information following a concern regarding the British Sign Language (BSL).

## Annual Governance Statement 2021/22

<b>Health and Safety</b>	
Health and Safety Quarterly Reports	For assurance on the quarterly Health and Safety report, and that appropriate governance and operational measures were in place to monitor compliance.
Health and Safety Group Terms of Reference	for approval of the revised Terms of Reference for the Health and Safety Group.
<b>Health Protection and Screening Services</b>	
Screening Recovery deep dive	For assurance on the impact of COVID-19 on service provision; and the estimated recovery times for the service; the Committee was assured the recovery was well structured, and noted the planned next steps.
Screening Recovery updates	For assurance that the recovery of the screening programmes was progressing and that there was continued development of the programmes as required.
Winter Planning	For assurance on the winter planning within the Health Protection and microbiology services for 2021-22.
Breast Test Wales (HIW) Action Plan	For assurance on the progress made against the Breast Test Wales (HIW) Action Plan.
Health Inspectorate Wales	For assurance from the Health Inspectorate Wales Annual report 2020-21 findings.
Emergency Planning and Business Continuity – Annual Report 2020/21	For assurance in relation to the organisations compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015].
<b>Committee Governance</b>	
Terms of Reference Review	Annual review of the Committee’s terms of reference for a recommendation to the Board for any changes required.
Committee Work Planning.	To plan the Committee’s focus for the following year, and to approve a work programme.
Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to

## Annual Governance Statement 2021/22

	the Board as part of the Board’s Performance and Effectiveness review planned for Quarter 1 of 2022/23.
Internal Audit Final Reports	For consideration of the recommendations made within the Internal Audit Final reports on the Reactivation of Screening Services and the IP5 Lab, and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee.
Policies	Approval of: <ul style="list-style-type: none"> <li>❖ Outbreak Management Policy and Procedure</li> <li>❖ Exposure Injury (including needle stick injury) and Safe Management of Sharps Policy and Procedure</li> <li>❖ the revised Outbreak Incident Management Policy and Procedure</li> <li>❖ Safeguarding Policy</li> <li>❖ Adults at Risk Procedure</li> <li>❖ Children and Risk Procedure</li> <li>❖ Domestic Abuse Procedure.</li> </ul>
<b>Risk</b>	
Corporate Risk	Received the corporate risk register to enable them to gain assurance that operational risks were being appropriately managed
Strategic Risk	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. The Committee’s role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

### 3.2.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2021/22 and was quorate on all four occasions.

The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction; with particular reference to Equality, diversity and human rights; and Welsh language provision.

The Committee undertook further scrutiny of the following areas during 2021/22:

<b>People</b>	
Resilience, Wellbeing and Recruitment;	For assurance on recruitment in the organisation, including the Health Protection Case.
Recruitment Update – Integrated Health Protection Service Business Case	For assurance on the progress of the recruitment, the use of the tracker in the recruitment process, ensuring that timelines were complied with.
Workforces Data on the Performance Assurance Dashboard	For assurance, and consideration of the live data from the Performance and Assurance Dashboard focusing on sickness absences, staff vaccinations, recruitment and turnover.
Welsh Language	For assurance that the organisation had the appropriate plans in place to meet the Welsh Language statutory requirements, to reinvigorate the organisations’ bilingual culture and to consolidate awareness across the organisation of each teams’ compliance obligations.
People Strategy	For consideration and understanding of the People Strategy, which highlighted the interdependencies with other Strategies and Plans within Public Health Wales;
Workforce Equality Analysis	A presentation on Workforce Equality Analysis for discussion: a Gap Analysis had been undertaken using in-house expertise. This work was an analysis of the Diversity and Inclusion work for the organisation and it identified a number of actions for

## Annual Governance Statement 2021/22

	improvement including Diversity and Inclusion training, improvement to recruitment practices.
Our Conversation – Principles for the Future of	For assurance that work on the 'Our Conversation' was progressing well, noting that the Principles for the Future of Work was on course to commence immediately once the Welsh Government relaxed the legal requirement for staff to work from home.
Workforce Annual Reporting	Approval of: <ul style="list-style-type: none"> <li>❖ Annual Equality Report 2020-21</li> <li>❖ Workforce Report Annual Report 2020-21</li> <li>❖ Gender Pay Gap report 2020-21.</li> </ul>
Diversity and Inclusion	For assurance on the extensive work had been undertaken to progress the Diversity and Inclusion agenda in Public Health Wales.
Gender Pay Gap	The Committee considered and approved the Gender Pay Gap Report.
Partnership working	For consideration of topical discussions with the local partnership forum and the inclusion of four new trade union representatives for the Committees.
Wellbeing PHW Survey	To note the ongoing work in relation to the survey results with staff networks and trade union colleagues, and next steps to support the workforce.
Disciplinary Cases	(Private session) for assurance that appropriate arrangements were in place to manage the requirements under the Disciplinary Policy.
<b>Committee Governance</b>	
Committee Work Planning.	To plan the Committee's focus for the following year, and to approve a work programme.
Committee Effectiveness	The Committee considered a presentation on Committee Effectiveness and Performance following the completion of an online survey by Committee Members and attendees. A full report from this discussion will be provided to the Board as part of the Board's Performance and Effectiveness review planned for Quarter 1 of 2022/23.
Policies	Approval of the All Wales Respect and Resolution Policy and the All Wales Raising Concerns Policy.

## Annual Governance Statement 2021/22

Policies Update	For assurance from an update on the register of policies and written control documents on the prioritisation and progress being made to review policies, procedures and other written control documents within the remit of the Committee.
Internal Audit	The Committee considered the recommendations made within the Internal Audit Final reports for Recruitment, Additional Hours and Overtime and Staff Wellbeing and took assurance that the monitoring of any actions from these reports would be undertaken through the Audit and Corporate Governance Committee.
External Audit	For assurance on the planned next steps identified in the management response to the 'Taking Care of the Carers' Audit Wales Report
<b>Risk</b>	
Corporate Risk	Received the corporate risk register to enable them to gain assurance that operational risks were being appropriately managed.
Strategic Risk	Received the Strategic Risk Register (SRR) for oversight of those elements of the SRR that apply to the risks falling under the remit of the Committee. The Committee's role is to seek assurance from the Executive on the management of the risks, in particular to test the efficacy of the controls and to make recommendations to strengthen the control environment where necessary.

### 3.2.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met twice during 2021/22 and was quorate on all occasions.

The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to relation to the overseeing quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation and cross sector where applicable.

The Committee undertook further scrutiny of the following areas during 2021/22:

Workshop	<p>The first session of the KRIC Committee held in December 2021, was held as a workshop as part of the development of the areas of priority and focus for the Committee.</p> <p>The Committee discussed the following:</p> <ul style="list-style-type: none"> <li>• Areas of strength and weakness across wider Welsh system</li> <li>• Engagement of Public Health Wales in research and evaluation and its unique strengths</li> <li>• Areas for improvement and opportunities for development</li> <li>• Priorities for research, evaluation and analysis</li> <li>• Key principles for Research in Public Health Wales</li> </ul>
Work Planning	<p>The Committee also considered the focus of its work plan for the next year and agreed to focus on:</p> <ul style="list-style-type: none"> <li>• The development of the Research and Evaluation strategy.</li> <li>• The development of an approach to partnering.</li> </ul>



## Annual Governance Statement 2021/22

	<ul style="list-style-type: none"> <li>• The development of a Digital and Data Strategy that aligned with the developing All-Wales NHS Digital Strategy.</li> <li>• The right governance in place to enable delivery against each of the strategies.</li> <li>• Deep dives on areas of focus (mainly cross-cutting).</li> </ul>
Research and Evaluation Strategy	The Committee considered an update detailing the work undertaken within the Knowledge Directorate following the discussions at the previous Committee Workshop discussions including next steps and progress with the specific elements.
COVID-19 Vaccine Trials	The Committee received a presentation to the Committee detailing the role of the Organisation in providing strategic oversight for COVID-19 vaccine trials in Wales
Digital and Data Strategy	An update of the development by the Welsh Government of the Digital and Data Strategy for the Health and Care system in Wales.
Managing Risk	The Committee received a verbal update that confirmed that that in line with current practice, any relevant risks were reported to each of the Board Committees. Currently there are no pertinent strategic risks to report to this Committee and all corporate risks were included in the accompanying meeting paper.
Living with COVID-19 Dashboard	The Committee considered a live presentation of the various aspects of the dashboard, noting that this was in development.

### 3.2.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met three times during 2021/2022 and was quorate on all three 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 2021/2022.

### 3.3 Executive Governance

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

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

The Executive Team comprises the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation.

**Figure 3** shows the Executive Team and Directorate Structure in operation during 2021/22.

#### 3.3.1 Business Executive Team

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

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

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

On average, the Business Executive Team meets twice a month..

In addition, the Chief Executive has established a Strategic Business Executive Team which meets on average twice a month. This is chaired by the Deputy Chief Executive and is dedicated specifically to strategic and pan-organisational items.

### 3.3.2 Gold Group

The Gold group was stood up in March 2020 in response to the emergency situation that the COVID-19 presented.

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. The Gold Groups focus was the command and control structure for the pandemic. The Gold Group was chaired by the lead Strategic Director and reported to the Business Executive team.

In 2021/22, the Gold Group continued to meet on the second and fourth week of each month up to the end of August 2021.

A decision was taken at the Gold meeting on the 12 August 2021, and supported by the Business Executive Team, to plan for a move to a 'Normal Response' to COVID-19 from the 31 August 2021, following an assessment of the response level using the Joint Emergency Service Interoperability Programme (JESIP) decision-making framework and Public Health Wales' Emergency Response Plan.

In the move from 'Enhanced' to 'Normal' response, as of the 28 August 2021, GOLD group and the national Incident Management Team (IMT) was disestablished. In its place, a COVID-19 Co-ordination Group (CCG) was established to maintain situational awareness and co-ordinate operational activity. The CCG reports to a COVID-19 Exec Group (COVID-Ex), which is comprised of members from the Health Protection and Screening Services Directorate Leadership Team (HPSS DLT) and other key leaders across the organisation, to take strategic decisions and report to the Business Executive Team and the Board as required.

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



### **3.4 Improvements to the Governance Framework**

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

#### **3.4.1 Review of the Board Committee Terms of Reference**

The Committees are reviewed annually to ensure compliance with Standing Orders. A review of the Terms of Reference took place in May 2021 and suggested amendments were presented to the Board for approval.

The Board considered a review of the Terms of Reference for the Committees in operation in May 2021 (QSIC, and ACGC) and approved revised versions.

<b>Standard Terms of Reference and Operating Arrangements</b>	A review of the Standard Terms of Reference took place in April 2021, and no changes were recommended to Board. This was approved by the Board on 27 May 2021.
<b>Quality, Safety and Improvement Committee</b>	A review of the QSIC Terms of Reference took place in April 2021, and proposed changes were recommended to the Board for approval. The proposed changes was Committee to retain the Health and Safety elements, which were temporarily remitted to it whilst the People and Organisational Development Committee was suspended.  The Board approved this on the 27 May 2021, and relevant changes were also made to the KRIC Terms of Reference.
<b>Audit and Corporate Governance Committee</b>	A review of the ACGC Terms of Reference took place in April 2021, and proposed changes were recommended to the Board for approval. The proposed changes were for the Committee to retain the cyber security and information governance compliance which were temporarily remitted to it whilst KRIC had been suspended.  The Board approved this on the 27 May 2021, and relevant changes were also made to the KRIC Terms of Reference.
<b>People and Organisational Development Committee</b>	Following the approval by the Board of the move of Health and Safety matters to QSIC, the relevant changes were made to the People and Organisational

	<p>Development Committee Terms of Reference in May 2021.</p> <p>A full review of the PODC Terms of Reference took place in July 2021, were recommended to the Board for approval in July 2021.</p>
<p><b>Knowledge, Research and Information Committee</b></p>	<p>Following the approval by the Board of the move of Cyber Security and compliance with Information Governance to ACGC, this change was made to the KRIC terms of reference in May 2021.</p> <p>The KRIC was suspended during 2020/21 and resumed meetings in December 2021. The Committee’s Terms of Reference were reviewed and updated prior to the Committees commencement in December 2021, and changes made to ensure the appropriate focus of the Committee.</p> <p>The Board approved this updated version in November 2021.</p>

**3.4.2 Performance and Effectiveness Cycle**

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

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

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

- ❖ Audit Wales has completed the **Structured Assessment Review in 2021/22**, 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 organisation is generally well led and well governed and the Board continues to operate effectively, and seek opportunities to improve. There was one recommendation in the Structured Assessment relating to the uploading of the livestream recording of the Board meeting onto the Website following the meetings, which has been addressed.

- ❖ We have completed an assessment against the Corporate Governance in Central Government 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 2022](#) who took **assurance** of our compliance with the Corporate Governance in Central Government Departments – Code of Practice 2017. *(Further information is provided in [section 10.10 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
- ❖ Committee Effectiveness Workshop
- ❖ Annual Committees Report of Activity to the Board
- ❖ Feedback session at the end of each meeting.

In February 2022, an online questionnaire was completed by members of the Audit and Corporate Governance, the Quality, Safety and Improvement Committees and the People and Organisational Development Committee. 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.

A workshop was held on the 21 March 2022, with Committee Members and the Executive Leads to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting will be provided to each Committee, and to the Board.

The results of the respective questionnaires were provided to each Committee for discussion in April / May 2022 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 2022 as part of the wider Board effectiveness review.

As Knowledge, Research and Information was not in operation until the 3<sup>rd</sup> quarter of 2021/22, the effectiveness review was not undertaken for this Committee, but will be in 2022/23.



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

A Board review of performance and effectiveness will take place in 2022/23, and will incorporate learning from the Committee reviews outlined in b) above.

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

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

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

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

Between November and December 2021, 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.

### 3.4.3 Protocol for Reserving Matters to Private Session

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

In May 2021, the Board approved a [Protocol for the matters considered in private session](#), outlining the commitment of the Board to operate in as transparent, open and accountable a way as possible. The document was developed to help identify the reasons that are most likely to apply to material considered by the Board in private meetings.

A number of improvement actions were agreed and implemented to improve the transparency:

- ❖ That all private Board meetings would include the relevant rationales,
- ❖ That an annual review on the matters taken in private session would take place, for reflection and review purposes.
- ❖ From January 2022, a report was presented to each open Board session concerning the matters considered in the previous Board's private meeting.

### 3.5 Board and Executive Team Membership

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

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

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

Judi Rhys, Non-Executive Director (Third Sector) Non-Executive Director completed her second term of office on the 31 March 2022. Following a public recruitment exercise for a Non-Executive Director (Third Sector) in December 2021/January 2022, Kate Young was appointed to this role from 1 April 2022 to the 31 March 2026.

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

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

#### 3.5.2 Board Succession Planning

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

We have a clear timetable of appointment terms and actively monitor this on an ongoing basis to ensure the Board has the appropriate skills and appointments in place as required to meet the needs of the strategic

direction of the organisation as well as comply with our Standing Orders and Regulations.

### 3.5.3 Senior Staff Appointments and Departures

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

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

Jyoti Atri was appointed as Interim Executive Director of Health and Well-being from the 25 February 2019 and continued to fulfil this role since then on an interim basis. Jyoti left Public Health Wales on the 11 June 2021.

Sally Attwood was appointed as Transitional Director of Health and Well-being on the 1 July 2021.

From the 12 June 2021, the role of Director of Policy and International Health, WHO Collaborating Centre on Investment for Health and Well-being became an Executive Director role on the Board.

#### Transition Director of Knowledge

Sian Bolton was appointed Transition Director of Knowledge in April 2019 and continued to fulfil this role on an interim basis, until her departure on the 2 May 2021.

Iain Bell was appointed as the substantive National Director of Public Health Knowledge and Research on the 12 July 2021.

For the period of the 3 May 2021 until a substantive appointment was made on 12 July 2021, John Boulton, covered the roles and functions of the Transition Director of Knowledge.

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

Helen Bushell was on maternity leave from the 10 July 2021 to 12 September 2021. During this time Elizabeth Blayney was appointed as Acting Board Secretary and Head of Board Business Unit.

#### Director of People and Organisational Development

Neil Lewis was appointed Acting Director of People and Organisational Development on the 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 place in April 2021. On the 31 April 2021, Neil Lewis

was appointed to the substantive post of Director of People and Organisational Development.

### **National Director Health Protection and Screening Services, Executive Medical Director**

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

Andrew Jones was appointed Interim Executive Director of Public Health from the 1 December 2020 to the 31 May 2021, pending the recruitment of a permanent replacement.

Dr Eleri Davies was appointed Interim Medical Director from 1 December 2020 to the 31 May 2021, pending the recruitment of a permanent replacement.

The title of the directorate was amended to Health Protection and Screening Services and Dr Fu-Meng Khaw was appointed to the role National Director of Health Protection and Screening Services and Executive Medical Director the 1 June 2021.

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

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

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

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

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

For the 2021/2022 period, the Board had a gender balance of 56.3% (9) female, 43.75% (7) male, 12.5% (2) 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.

## **Annual Governance Statement 2021/22**

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

## 4. 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 2022 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.

### 4.1 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 Strategic Risk Register in December 2019). During 2021, these were reviewed and updated to four strategic risks and eight corporate risks.

In addition to the risk registers, given the substantial changes in the organisation during the COVID-19 pandemic, a significant piece of work was completed to reframe the system of risk management and introduce a Risk Management Development Plan. The plan consolidates the good work that has been done over the past five years including the reports received



from internal audit, to learn lessons from the way risk has been managed throughout the pandemic and to take Public Health Wales further along the journey to becoming a high performing organisation in terms of its risk management arrangements. The plan includes work on risk appetite, training and development at all levels, and the introduction of the Risk module from the Once for Wales Concerns Management System.

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

The statement for risk appetite was reviewed by the Board in April 2021 with regards to the strategic theme '*protecting the public from infection and environmental threats to health*' on the basis our response to the COVID-19 pandemic was our organisational priority. Following the development of our Intermediate Medium Term Plan for 2022-25, the Board did a full review of the risk appetite for all strategic themes in April 2022, this was formally approved at the Board on [26 May 2022](#).

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

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

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

**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 2022.

**Figure 5: Public Health Wales Key Strategic Risks 2021/22**

Strategic Risk	Risk Score* Max Score 20
Inability to sustain the COVID-19 response	16
Fail to deliver effective and timely system leadership	20
Suffer a cyber-attack on IT systems.	16

## Annual Governance Statement 2021/22

Fail to support and protect the health, well-being, welfare, and resilience of our staff.	20
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\*Note: these risk were revised and updated in early 2022/23 (approved by the Board on [26 May 2022](#))

**Figure 6:** Outlines the key corporate risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2022.

Corporate risk	Risk Score* Max Score 20
Failure in service delivery in Diabetic Eye Screening	20
Fail to recruit and retain workforce	16
Fail to implement an effective quality management system which reflects the requirements of the Quality and Engagement Act.	16
Failure to recruit and retain sufficient medical microbiologists	16
Fail to exploit data	15
Fail to adequately prepare for the forthcoming Public Inquiry	15

\*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 during 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 SRR, 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

## **Annual Governance Statement 2021/22**

ensuring that effective controls and action plans are in place and monitoring progress.

The Executive Team reviews the Strategic Risk Register and the Corporate Risk Register at its regular business meeting.

Board Committees have a key role in seeking assurance against both the Corporate Risk Register and the Strategic Risk Register. These papers are published on our website with the relevant Committee papers.

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

## 5. Quality Governance Arrangements

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

### 5.1 Quality, Nursing and Allied Health Professionals Directorate

The Quality, Nursing, and Allied Health Professionals (AHP) Directorate is responsible for ensuring arrangements are in place for quality assurance and integrated governance. 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 is responsible for the following functions:

- ❖ Quality/Clinical governance and Health and Care Standards
- ❖ Risk Management and Information Governance
- ❖ Putting Things Right (incidents, complaints and claims)
- ❖ Organisational coordination for Quality and Clinical Audit
- ❖ Integrated governance
- ❖ Quality and Improvement Strategy development and approval
- ❖ 'Our Approach to Engagement' including Service User Engagement
- ❖ 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 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 National Director of Health Protection and

## Annual Governance Statement 2021/22

Screening Services, Executive Medical Director for clinical governance arrangements across the organisation.

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

- ❖ Service User Experience and Learning Panel
- ❖ Safeguarding Group
- ❖ Infection, Prevention and Control Group
- ❖ Medical Devices Steering 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 3.2](#) of this report.)*

In previous years, an Annual Quality Statement (AQS) has been produced for the public and provides information about the work, function, and progress of Public Health Wales. In recognition of the challenges faced by NHS Wales during 2021/22, 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 2021/22, there was no requirement to prepare a separate Annual Quality Statement. The Introduction of the Health and Social Care (Quality and Engagement) (Wales) Act (2020) Quality Act requires NHS bodies to report on their Duty of Candour and Duty of Quality annually. This will be introduced for 2022-23.

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

The introduction of an Integrated Governance Model supports the High Performing Board work which had commenced in 2019/20. *Integrated* governance provides a holistic and joined-up approach to our systems and procedures, reporting and outcomes. By piloting the model during 2021, we have translated it from concept to reality to establish a baseline assessment of integrated governance. An implementation plan has been developed to be taken forward in 2022-23.

### 5.2 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, due to the ongoing pressures from the COVID-19 response that Committee was stood down in March 2020 and responsibility for oversight was transferred to the Audit and Corporate Governance Committee. The Committee began operating again in December 2021 and responsibility and oversight of information governance reverted back to the Knowledge, Research and Information Committee. The Information Governance Working Group supports the Committee in monitoring and providing oversight of Information Governance arrangements across the organisation.

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

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

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

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

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

### 5.3 Duty of Candour

The Duty of Candour comes into force in April 2023 with the expectation of being in Shadow from by October 2022. It builds on and strengthens the fundamental principles of 'Putting Things Right' frameworks, which have been in place for a number of years. This provides a robust process to support 'Being Open',

Key intention is to promote the ethos of openness, learning and improving, which must be owned at organisational level. The candour procedure and reporting framework encourages reflective learning and prevention of incidents occurring again. The duty applies when a person who is in receipt of health care suffers an adverse outcome (a person suffers an adverse outcome if they experience, or could experience, any unintended or unexpected harm that is more than minimal) and the health care provided was or may have been a factor.

The duty will apply to NHS bodies and to primary care providers in Wales (in respect of services they provide under arrangements with a Health Board).

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

The key points within the Duty of Candour are that:

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

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

A series of Welsh Government Duty of Candour workshops were scheduled between October to November 2021, of which Public Health Wales have been represented in the process of establishing internal arrangements to support the implementation of Duty of Candour and some initial sessions have been commenced to inform and socialise the duty of candour within the organisation.

Duty of Candour link: <https://gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary-html>



### 6. 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.

In 2020-21 we made the decision to frame the assessments for the Health and Care Standards around the six priority areas as outlined within the Operational Plan. This gave a broader view of the organisational arrangements at the time, and reflected that directorates were not operating as per normal arrangements during this period. However, in 2021-22 the priority areas were stood down, and it was agreed that self-assessments for the Health and Care Standards returned to being completed at a directorate level.

Directorates are required to develop and lead arrangements to cascade and embed the Health and Care Standards and to improve compliance against each of the standards (relevant to their area of work). To achieve this, Directorates were required to support their identified coordinator to ensure that the Health and Care Standards self-assessment was completed within the identified timeline. The Directorate coordinator had the responsibility for coordinating a Directorate response based on the evidence provided agreed by the Directorate Executive and to identify any areas for improvement.

There are 23 Health and Care Standards grouped around seven themes, some of which are not applicable at this time to Public Health Wales, such as Blood Management and Nutrition and Hydration. Furthermore, Pressure and Tissue Management and Falls Prevention were deemed non-applicable to all directorates except Health Protection and Screening, and Medicines Management was deemed non applicable to all directorates except Health Protection and Screening and Quality, Nursing and Allied Health Professionals. Hence, directorates reviewed a varied number of standards in their self-assessments.

In order to provide greater scrutiny of the self-assessments, a peer review day was held on the 27 January 2022. The reviewers comprised of staff from each Directorate who were either the nominated coordinators for that Directorate, or were familiar with the Health and Care Standards and have been previously involved in the self-assessment process. The peer review day involved representatives from each Directorate working in small teams to scrutinise selected Directorate’s self-assessment and associated

## Annual Governance Statement 2021/22

supporting evidence. Feedback was provided to each Directorate on the findings of the peer review. Directorates were then given a period of time to make formal changes to their final self-assessment report, based on the feedback from the peer review day.

### Organisational Scoring 2021-22

The scoring were determined by a self-assessment against the following scoring matrix:

1	2	3	4	5
We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from

The overall scores for each directorate ranged from 3.26 to 4.64. The overall organisational score was 3.86.

Where directorates had an overall score of three (We are developing plans and processes and can demonstrate progress with some of key areas for improvement), the supporting narrative demonstrated that these scores reflected how the directorates had continued to be affected by the COVID-19 response, including staff mobilisation, in 2021-22. As a result, key pieces of work were delayed or the progress of this work impacted. All of these directorates demonstrated improvement objectives for 2022-23 that would overcome these issues and advance key programmes of work.

A report detailing the outcomes of this process will be reported to the Quality, Safety, and Improvement Committee in May 2022.

## 7. Health and Safety

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

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, the 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. During the first half of 2021/22, the Health and Safety group met monthly. In September 2021, following a review of the frequency of the meetings, it was agreed that the Health and Safety Group will revert back to quarterly meetings. An informal meeting of Health and Safety leads continues on a monthly basis in between each formal meeting. The revised terms of reference was agreed in April 2021 and approved by the Quality, Safety and Improvement Committee in June 2021.

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 and reviewed risk assessments for our premises 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. Thorough

investigations of all COVID-19 related incidents have also been undertaken and reported as required.

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.

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 was 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.

Internal webpages for the Estates and Health and Safety Team have been published which includes all the latest information for our estate and is regularly updated. As COVID-19 restrictions begin to be eased, regular communications have been issued to staff following announcements from Welsh Government and we are currently working to ensure the safe return

## **Annual Governance Statement 2021/22**

of staff to the workplace, in line with Welsh Government guidance and our 'Work how it works best' pilot.

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.

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

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

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

To begin the process a Board workshop was held in June 2021, this provided an opportunity for the Board to discuss the strategic opportunities and challenges facing us as we continue through and beyond the pandemic and the potential impact these have on Wales and our existing strategy. This was further informed by a number of key drivers including a review of evidence, feedback from stakeholders and engagement with our staff.

As a result of the significant challenges that Wales has faced over the last two years, it was agreed by the Board in December 2021 that the timeline for our review of our long-term strategy be extended into be completed in Autumn 2022/23

This will see us develop a small number of new strategic priorities, which will also act as our well-being objectives. It will ensure that our Strategy is fit for purpose to meet future public health challenges and opportunities that Wales will face as we move from pandemic to endemic.

Our ambition to 'recover new', rather than return to a pre-COVID-19 position has highlighted the importance of identifying the learning and opportunities presented in in the last 18 months as enablers to future development and transformation.

Undertaking a strategy review will allow 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.

The review will ensure that:

- ❖ Our strategy is fit for purpose to meet the future public health challenges and opportunities that Wales will face
- ❖ We are delivering maximum value and only what we can, including identifying new opportunities and innovative approaches

- ❖ We provide clarity to our staff and stakeholders on our future direction and commitment to long-term prevention

Alongside our strategy refresh, we will also complete the work to develop and agree a Public Health Wales Outcomes Framework. Aligned to the proposed whole system values set out in A Healthier Wales, this will ensure we measure the health and wellbeing outcomes, which matter to people and use that information to support improvement and better collaborative decision making. These will guide and inform our future activity and allow us to assess progress in the delivery of our strategy.

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

Work commenced in October 2021 to develop our Strategic Plan (Integrated Medium Term Plan – IMTP) for 2022/23. We have adopted an integrated planning approach. On the 31 March 2022, the Board approved the Strategic Plan 2022-25 that was subsequently submitted to the Minister for Health and Social Services in April 2022 for approval.

The purpose of this Strategic Plan) is to set out the key actions that Public Health Wales will deliver in 2022/23 against a five strategic themes that provide a targeted focus in underpinning the existing strategic priorities. In delivering our strategic themes, we will provide system leadership to support others where appropriate, work collaboratively to mobilise the collective efforts of partners, and aim to influence policy and legislation to achieve measurable improvements to population health.

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

Over the last two years, Public Health Wales has mounted an unprecedented response to the Coronavirus pandemic. This has been part of a system-wide effort to respond effectively to the challenges we have faced as the pandemic has evolved. This Strategic Plan for 2022/23 is our response to these challenges and it aims to support Wales as we gradually move from pandemic to endemic, as set out in the recently published Welsh Government strategy, 'Together for a Safer Future'.

As the National Public Health Institute for Wales, we provide data and science-based leadership, expertise, coordination, advice and delivery of key public health services. We must consider our role in the key public health elements of Together for a Safer Future, particularly around our key system-leadership, policy advice, evidence provision and service delivery attributes, in order to support its successful implementation.

A number of key drivers have informed the specific focus of our Strategic Plan for 2022/23, including our ongoing response to COVID-19, tackling the burden of disease, the broader population harms, our need to focus on the recovery and transformation of our key public health services/functions and developments in our approaches and ways of working, particularly around digital transformation and data science.



These drivers have informed the identification of five strategic themes that we will focus on during 2022/23 in delivering the current strategic priorities. These are:

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

The development and coordination of the refreshed Strategic Plan was 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.

The nature of the pandemic means that the plan must remain flexible and adapted throughout the year. The Plan will act as a transitional plan for Public Health Wales as Wales begins to gradually transition from pandemic to endemic. This includes setting out our role in supporting the delivery of Welsh Government's 'Together for a Safer Wales Plan', and drawing on our learning from COVID-19 and an assessment of the population health challenges facing Wales.

During 2022/23, we will also undertake a review of our existing Long Term Strategy, which will come into effect from April 2023. This will allow us to formally assess our existing strategic priorities, including engaging with our key partners and stakeholders, to ensure that our future focus and action is having the biggest impact and delivering maximum value for the people of Wales.

### 10. Mandatory Disclosures

#### 10.1 Equality, Diversity and Human Rights

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

We launched our Strategic Equality Plan for 2020–2024 in July 2020, following a consultation with members of staff and the public, and continue to work towards achieving the targets and objectives we set out in the plan.

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

In line with the Public Sector Equality Duties, we have recently published our [2020-2021 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 were awarded Silver status in the Diverse Cymru Cultural Competence Certification Scheme, following a robust assessment of our inclusion for Black, Asian and Minority Ethnic (BAME) staff. We are now striving to achieve Gold level in the scheme. We are also a member of the Stonewall Diversity Champion Scheme, and are proud to be placed 64th in the Top 100 UK Employers for LGBT+ inclusion, sixth in the Healthcare sector across the UK, and to be awarded Stonewall Gold Employer Status.

We have set up a Task and Finish Group to assist with the work to embed the requirements of the Socio-economic Duty into the work of the organisation. This group continues to identify areas to influence, policies, and processes to update and to upskill our staff in this area.

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

### 10.2 Welsh Language

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

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

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

### 10.3 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 Committee's consideration of complaints can be found in [section 2.6.2](#) of this report.)*

In 2021/22, five Nationally Reportable Incidents and five No Surprises were reported to the Welsh Government. In addition, 80 formal complaints were received for the period, of which 81% (65) were responded to within 30 working days. It should be noted however as at the 31 March 2022, three formal complaints are not yet due for a response and are currently being investigated.

In addition, 110 informal complaints were received during the reporting period.

### 10.4 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 2021/22, we received 314 requests for information which were handled under the FOIA. A slight decline from the previous year but still an increase in requests from 2019 of more than 200%. This was almost entirely made up of requests for COVID-19 related information.

274 of the total number received (87%) were answered within the 20-day target, with 40 being responded to outside of the deadline. 6 requests received in March 2022 are still being processed.

### 10.5 Subject Access Requests

In 2021/22, we received 34 subject access requests, 29 of these were answered within the target of one calendar month.

### 10.6 Sustainability and Carbon Reduction Delivery Plan

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

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

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

As set out in the NHS Wales Decarbonisation Strategic Delivery Plan, Public Health Wales has developed an implementation plan that will demonstrate how the organisation will contribute to the 46 initiatives. This plan will commence implementation in 2022/23.

We have already begun to undertake significant work across the organisation to reduce our carbon footprint and this will continue through the life of this Plan. We signed the Cardiff Public Service Board Healthy Travel Charter in April 2019. This commits the organisation, and 14 other Cardiff based public sector organisations, to both reduce unnecessary travel and promoting healthy travel. Through future ways of working we will be emphasising the use of sustainable transport and supporting staff to work flexibly, taking advantage of new and improved technology to support making these sustainable travel choices more appealing. This will support the Welsh Government's commitment to have 30% of public workforce working remotely and reducing the carbon emissions arising from commuting to offices.

We will also work towards the internationally recognised BS EN ISO 14001:2015 during 2022/23 which will help us build confidence and trust with stakeholders that we are compliant with our legal obligations, drive

sustainable development through the adoption of environmentally sound processes and contribute to our corporate social responsibility agenda.

The Health and Sustainability Hub has developed various e-guides and resources to support staff embedding sustainable behaviour to help reduce their emissions in work and at home, including the 'Be the Change - Sustainable Home and Agile Working' e-guide and the 'Well-being Goals Challenge'. We have also developed the 'SIFT Healthy Environment Workshop' to enable teams and individuals to identify their environmental impacts and plan to reduce them. We have established Green Advocates, an internal sustainable development network for staff to enable discussion, learning and action at an individual level.

As a result of COVID-19 pandemic response, the work of the Environmental Sustainability programme was put on hold for 2020/21. In 2021/22 a new group has been established to take forward this work. The Public Health Wales Decarbonisation, Environmental Sustainability and Climate Change Collaborative (DESCCC) aims to provide a mechanism for central teams to come together to share knowledge and work collaboratively to take forward our decarbonisation, environmental sustainability and climate change agendas. It will also provide a means to inform the Executive Team of the breadth of work happening across the organisation.

### 10.7 Emergency Planning/Civil Contingencies

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation 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. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the organisation, although I am confident that all appropriate action is being taken.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

The Emergency Planning and Business Continuity (EPRR) Team are responsible for providing public health emergency preparedness, resilience and response leadership at all levels across the organisation, which includes working in partnership with other organisations and Local Resilience Forum's. The Civil Contingencies Act [2004] places a number of legal duties on Public Health Wales as a Category 1 responder, in respect of:

- ❖ Risk assessment
- ❖ Emergency plans
- ❖ Business continuity
- ❖ Warning and Informing
- ❖ Sharing of information
- ❖ Cooperation with local responders

In fulfilling these duties, Public Health Wales will:

- ❖ Assess the impact on population health to inform the multi-agency response
- ❖ Liaise with stakeholders to gather detailed information on the type of incident
- ❖ Liaise with other expert agencies, as appropriate, to ensure the provision of proportionate and timely evidence-based advice and support to partners
- ❖ Recommend measures to protect public health and mitigate the effects of an incident
- ❖ Attend Strategic, Tactical and Operational groups as required
- ❖ Provide representation at the Emergency Coordination Centre Wales (ECCW)
- ❖ Contribute to a range of multi-agency partnerships such as the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC) and Media cell Advise on the effective communications of public health risks
- ❖ Analyse and evaluate the response proposed by other agencies in terms of the likely impact on public health
- ❖ Facilitate epidemiological follow-up of affected populations and communities as necessary
- ❖ Provide an integrated approach to the protection of public health in Wales and supporting partner agencies in the provision of scientific and technical advice in infectious disease and outbreak surveillance of Chemical, biological and radiation hazards.

### Emergency Planning and Business Continuity Group

To ensure Public Health Wales fulfils its duties under the Civil Contingencies Act (2004), the Emergency Planning and Business Continuity Work Plan, adopts the principles of Integrated Emergency Management, to make certain lessons identified are learned and promoting multiagency collaboration. Progress is reported through the Emergency Planning and Business Continuity Group who are responsible for the coordination and delivery of Emergency Planning and Business Continuity activity across the organisation. The Group includes representation from all our services in Public Health Wales and reports to the Business Executive Team.

The Emergency Planning and Business Continuity Group has continued to meet quarterly throughout 2021/2022. Recent activity of the Group has given focus to improving organisational preparedness and business continuity response in the likely event of business disruption following the panic buying of fuel in September 2021, Storm Eunice in February 2022 and the Ukraine War in March 2022.

### Emergency Response Plans and Procedures

The Public Health Wales Emergency Response Plan details the organisation's response arrangements to any emergency, incident, or outbreak that impacts on or requires the mobilisation of public health resources and capabilities beyond normal operations.

A working interim draft (Version 2a) of the Public Health Wales Emergency Response Plan was adopted in February 2022 to incorporate lessons and improvements from the COVID-19 response. Specifically the amendments added 'decision controls' as detailed in the Joint Doctrine: Interoperability Framework (2021) which have been adopted and used to assist Our decision makers in continuing the organisations COVID-19 response.

In 2022, a comprehensive review of the Emergency Response Plan will be undertaken, as a key objective of the organisations IMTP. Specific areas of focus will include review of Command and Control arrangements, recovery coordination, and staff mobilisation.

In February 2022, a Threat Response Procedure was developed and approved by the Emergency Planning and Business Continuity Group which details the specific arrangements for a considered and proportionate response by Public Health Wales following change to the UK threat level.

Further developments have included:

- ❖ Revision of the Emergency Response Telephone Directory in February 2022



- ❖ Revised activation arrangements for countermeasures (for use in the event of a deliberate or accidental release of chemical, biological, radioactive or nuclear materials)
- ❖ Development and implementation of a revised standard operating procedure for Major Incident Declaration following identified learning.

We will continue to review our emergency plans and procedures following the identification of learning from COVID-19, participation in exercises and the response to emergencies. To inform our learning the Emergency Planning and Business Continuity Team has undertaken a number of debriefs in relation to COVID-19 in 2021/2022 to capture identified learning, recommendations, and observations. Recommendations are monitored on the Emergency Planning and Business Continuity Database and progress reported through the Emergency Planning and Business Continuity Group.

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

### 10.8 Business Continuity

In 2021, a review of the Organisations Business Continuity Management System was undertaken aiming to build organisational resilience with the capability for an effective response to safeguard the organisations staff, stakeholder, reputation, and activities.

The Business Continuity Strategy seeks to promote a culture of Business Continuity Management across the organisation to:

- ❖ Enable the organisation to continue to perform its functions, particularly 'prioritised activities', in the event of an emergency or business disruption
- ❖ Effectively manage a response through to resolution and subsequent recovery
- ❖ Improve resilience
- ❖ Safeguard employees, service users and stakeholders
- ❖ Ensure the organisation can meet statutory obligations and policy objectives.

The Business Continuity Strategy sits alongside a Business Continuity Incident Management Process and is underpinned by individual Business Continuity Directorate/Divisional plans. These outline the specific actions and processes for invoking plans, roles and responsibilities and how the impact of the risks will be managed. This is to ensure that critical activities

can be recovered in appropriate time scales. The plans take direction from risk assessment to identify hazards and threats in which the organisation needs to plan, within the context of critical activities.

To support services to exercise their Business Continuity Plans, an 'off the shelf exercise' was developed in March 2022 designed to form the basis for a facilitated discussion on Business Continuity preparedness.

### **Training and Exercising**

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

In 2021, we participated in seven communication exercises and six table-top exercises coordinated through the Emergency Planning and Business Continuity Team. Within the last three years the organisation has conducted two major live / simulated exercises alongside multi-agency partners.

In 2021/2022, the Emergency Planning and Business Continuity Team delivered Introduction to Emergencies Training to 217 staff in the organisation. The team has further been responsible for the development of the NHS Major Incident ELearning package on behalf of the Emergency Planning Advisory Group due for release in Quarter 1 of 2022.

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 emergency.

Public Health Wales further provides representation on national groups including Wales Learning and Development Group, PREPARE Delivery Group, Emergency Planning Advisory Group and the Wales Risk Group. Under the directions of the Wales Risk Group in 2021, the Emergency Planning and Business Continuity Team supported the development of a Wales Risk Assessment for winter pressure as well as new and emerging risks in the context of the COVID-19, Brexit, and the National Security Risk Assessment.

The establishment of a 4 Nations Public Health Emergency Preparedness, Resilience and Response Group, chaired by Public Health Wales, in 2021 provides further opportunity to maintain strategic oversight of

arrangements relating to the planning for and response to emergencies across the 4 Nations.

### Workforce

During 2021, the EPRR workforce has been reviewed, resulting in the advertisement and successful recruitment to a new 12 month fixed term post for Head of EPRR and a 12 month fixed term post for a senior Emergency Planning Officer (EPO), replacing the existing EPO post. The EPRR workforce for us will be further reviewed in 2022.

## 10.9 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 2021/22, 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.

## 10.10 UK Corporate Governance Code

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

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

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

A [report](#) was provided to the Audit and Corporate Governance Committee at its meeting on 16 March 2022 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

### 10.11 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.

### 10.12 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](#).

The following Ministerial Direction (Non-Statutory Instruments) issued by the Welsh Government were reviewed, one required action from Public Health Wales during 2021/22 as shown in the table below.

Ministerial Directions (MDs)	Date/Year of Adoption	Compliance
<b>2021. No.41 –</b> Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2021	April 2021	Assessed and not applicable to PHW
<b>2021. No.59 –</b> The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	July 2021	Assessed as applicable. Relevant actions being taken.
<b>2021. No.65 –</b> The Primary Care (PfizerBioNTech Vaccine COVID-19 Immunisation Scheme) Directions 2021	July 2021	Assessed and not applicable to PHW

## Annual Governance Statement 2021/22

<b>2021. No.70 –</b> The Primary Care (Contracted Services: Immunisations) Directions 2021	August 2021	Assessed and not applicable to PHW
<b>2021. No.75 –</b> Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2021	September 2021	Assessed and not applicable to PHW
<b>2021. No.77 –</b> The National Health Service (General Medical Services – Recurring Premises Costs during the COVID-19 Pandemic) (Wales) (Revocation) Directions 2021	September 2021	Assessed and not applicable to PHW
<b>2021. No.83 –</b> The Pharmaceutical Services (Fees for Applications) (Wales) Directions 2021	October 2021	Assessed and not applicable to PHW
<b>2021. No.84 –</b> The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2021	October 2021	Assessed and not applicable to PHW
<b>2021. No.85 –</b> The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2021	October 2021	Assessed and not applicable to PHW
<b>2021. No.88 –</b> The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No. 3) Directions 2021	October 2021	Assessed and not applicable to PHW
<b>2021. No.89 –</b> The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No. 3) Directions 2021	October 2021	Assessed and not applicable to PHW
<b>2021. No.90 –</b> The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2) (Amendment) Directions 2021	November 2021	Assessed and not applicable to PHW
<b>2021. No.93 –</b> Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2021	December 2021	Assessed and not applicable to PHW

## Annual Governance Statement 2021/22

<b>2021. No.97 –</b> The Primary Care (Contracted Services: Immunisations) (Amendment) Directions 2021	December 2021	Assessed and not applicable to PHW
<b>2022. No.06 –</b> The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022	March 2022	Assessed and not applicable to PHW
<b>2022. No.13 –</b> The Wales Infected Blood Support Scheme (Amendment) Directions 2022	March 2022	Assessed and not applicable to PHW

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

A list of WHC's issued by Welsh Government during 2021/22 is available at: <https://gov.wales/health-circulars>

We have acted upon, and responded to, all Welsh Health Circulars (WHCs) issued during 2021/2022 which were applicable to Public Health Wales.

Of the 24 issued, 13 of these were applicable to Public Health Wales. 11 required action, 1 was for information and 1 was were for compliance.

## Annual Governance Statement 2021/22

The following (13) WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Compliance
WHC 2021/012	Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales	Action	The WHC has been enacted. These will be reported for assurance through Health and Safety Report Quarterly Report, which is considered by our Quality, Safety and Improvement Committee on a quarterly basis.
WHC 2021/011	2021/22 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	Action	The WHC has been enacted. The guidance has been reviewed and internal timetable amended to take account for changes in deadlines.
WHC 2021/014	List of Welsh Health Circulars – 1 Feb 2020 to 30 April 2021	Information	The WHC has been enacted. List of WHCs was cross referenced with our records.
WHC 2021/015	NHS Pay Bonus for Primary Care	Action	The WHC has been enacted. All eligible staff have received the bonus.
WHC 2021/019	The National Influenza Vaccination Programme 2021-22	Action	The WHC has been enacted. We have been supporting implementation of the flu vaccination programme this winter and implemented the recommendations in the circular.
WHC 2021/024	NHS Wales' contribution towards a net-zero Public Sector by 2030: NHS Wales Decarbonisation Strategic Delivery Plan	Action	The WHC has been enacted. The Decarbonisation Strategic Delivery Plan has been shared within various networks and a consultancy organisation has been commissioned to support the development of a Public Health Wales action plan that will be finalised by the end of March 2022.
WHC 2021/010	Amendments to Model Standing Orders, Reservation and Delegation of Powers and	Action	The WHC has been enacted. The Organisations Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of

## Annual Governance Statement 2021/22

WHC No.	Title	Status	Compliance
	Model Standing Financial Instructions – NHS Wales		the Standing Orders) were amended and then approved by the Board on the 27 May 2021.
WHC 2021/022	Publication of the Quality and Safety Framework	Action	The WHC has been enacted. The Framework has been distributed to the Executive team with a request to disseminate to all staff in their Directorate, the Leadership Team and the Business Leads Team.
WHC 2021/031	NHS Wales Planning Framework 2022-2025	Action	The WHC has been enacted. The Intermediate Medium Term Plan was developed in line with this framework, and approved by the Board in March 2022.
WHC 2021/032	Role and Provision of Dental Public Health in Wales	Action	The WHC has been enacted. A review of our compliance against the 14 points covered within this WHC has taken place to ensure compliance.
WHC 2021/028	AMR & HCAI Improvement Goals for 2021-22	Action	The WHC has been enacted. The role of Public Health Wales is to deliver the surveillance of Healthcare associated Infections, antimicrobial resistance and usage and through this we provide the underpinning monitoring data against which the improvement goals are set. PHW also provides expert Infection Prevention & Control advice and Antimicrobial Stewardship / prescribing advice to assist NHS Wales and partners with their delivery of the improvement goals. Public Health Wales has continued to deliver these surveillance programmes and advice throughout the pandemic.
WHC/2022/005	Welsh Value in Health Centre – data requirements	Action	The WHC has been enacted. Relevant action has been incorporated in to the planning for the 2022/23 Flu Vaccine Programme, which is reported to



## Annual Governance Statement 2021/22

WHC No.	Title	Status	Compliance
			our Quality, Safety and Improvement committee for assurance.
WHC/2022/010	Reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza (flu) Vaccination Programme	Action	The requirements of this WHC are currently being reviewed and will be enacted this year. The requirements for the clinical audit/registry data will be incorporated into our quality and clinical Audit Plan for 2022/23, which is currently being developed. This will be reported to our Quality, Safety and Improvement committee for approval and assurance in July 2022.

### 11. Hosted Bodies

We have continued to host two bodies during 2021/22:

#### 11.1 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 2021/22 was received by the Audit and Corporate Governance Committee and Board in 16 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.

### 11.2 Finance Delivery Unit

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

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

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

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

The Board receives assurance on compliance with the terms of the hosting agreement through the production of an Annual Assurance Statement and Report from the Unit. The [Report](#) for 2021/22 was received by the Audit and Corporate Governance Committee and Board on 5 May 2022.

### 12. Staff and Staff Engagement

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

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

The Local Partnership Forum has met 9 times during 2021/22 and has considered the following matters:

- ❖ Wellbeing Survey
- ❖ Organisational Change
- ❖ Pay Progression
- ❖ Overtime/Toil
- ❖ Annual Leave Year
- ❖ Performance and Assurance Dashboards
- ❖ Organisation Response (COVID-19)
- ❖ Facilities Time
- ❖ National Contact Centre and National Health Protection Regional Response
- ❖ Gender Pay Gap
- ❖ Sickness Absence

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 2021/22, 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 had planned to participate in the All-Wales NHS Staff Survey, but the decision was taken at national level to delay this until later in 2022.

We undertook an internal wellbeing survey, in order to gain further information on how staff are doing, what has worked well and where we need to improve.

The survey ran from the 8 November until the 10 December and drew 946 responses, equating to a 40.5% response rate. Colleagues in People and Organisational Development analysed the results, producing dashboards and thematic qualitative data and the Employee Experience team have been interrogating the data.

Directorate results were shared with the Wellbeing and Engagement Partnership Group and the Leadership Team, and a joint planning session was held between the two groups, to consider themes to be taken forward.

In 2021, we ran the Medical Engagement Scale survey, the purpose of which is to assess the level of engagement of medical staff with the goals of the organisation. Following the survey, we met with the British Medical Association (BMA) for an initial discussion about the results and are now considering next steps. This will include how we ensure collaborative working with all medical staff to improve our understanding of the findings, with a view to jointly developing a solution-focussed action plan.

## 13. 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 three Committees in operation for the whole of the year undertook a self-assessment during 2021/22 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will feed into the wider review of Board effectiveness scheduled for Quarter 1 2021.

*(Further information on the Effectiveness cycle can be found in [section 3.4.2](#) of this report.)*

### 13.1 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):

## Annual Governance Statement 2021/22

The overall opinion for 2021/22 is that:

<b>Reasonable assurance</b>		<p>The Board can take <b>Reasonable Assurance</b> 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.</p>
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### Summary of Audits 2021/22

Review Title	Assurance Rating	Objective of Review
Operational plan	Substantial Assurance	<p>To evaluate and determine the adequacy of the systems and controls in place within the Organisation to deliver the Operational Plan. This review did not test the integrity of data as this was reviewed as part of the previous data audit in March 2021.</p> <p>The review considered:</p> <ul style="list-style-type: none"> <li>• Governance arrangements;</li> <li>• Resources and scrutiny of changes to milestones; and</li> <li>• Risk management and reporting mechanisms.</li> </ul>
Data breach	Substantial Assurance	To determine the adequacy of systems and controls in place in relation to dealing with the breach recorded in August 2020.
Recruitment	Substantial Assurance	The recruitment arising from the Health Protection business case, and specifically considered risks, monitoring and reporting, and the process followed.
Screening – reactivation of service plans	Substantial Assurance	The adequacy of the systems and controls in place with a focus on governance arrangements, risk, staffing levels, monitoring and reporting, and learning from events.

## Annual Governance Statement 2021/22

Review Title	Assurance Rating	Objective of Review
Microbiology stock	Substantial Assurance	The procedures, management of stock and management information.
Staff wellbeing	Reasonable Assurance	The adequacy of the systems and controls in place within the organisation for staff wellbeing. Our particular focus was on the framework in place, engagement with staff, and monitoring and reporting.
New laboratory at IP5 (Imperial Park 5)	Reasonable Assurance	A post-completion review of the arrangements put in place to manage the delivery of Laboratory 2 at IP5. It determined the adequacy of the systems/controls in place and evaluated the overall delivery of the project.
Additional hours – follow up	Reasonable Assurance	Assessed the progress in implementing the recommendations arising from the 2020/21 limited assurance internal audit report.
Concerns and grievance	Reasonable Assurance	The systems and controls in place for training, capturing and investigating concerns and grievances, trends and themes, and reporting arrangements.
Welsh risk pool claim process	Reasonable Assurance	The reimbursement process and focused on: the completion of documents with the required timescales; evidence supporting the costs incurred; the authorisation process; and the accuracy of the information within Datix.
IG Toolkit [Draft]	Reasonable Assurance	To review the organisation’s processes for completion of the Information Governance Toolkit and the collation and submission of appropriate evidence to support the assessed score.
NIS directive – cyber security [Draft]	Reasonable Assurance	The arrangements in place for the implementation of the NIS Directive in PHW, including the Cyber Assessment Framework (CAF), improvement plan and overarching governance.



<b>Advisory/Non-Opinion</b>
None
<b>Limited Assurance</b>
None
<b>No Assurance</b>
None

The audit work undertaken during 2021/2022, 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 3.2.1](#) of this report.)

## **13.2 Counter Fraud**

From 1 April 2012, Public Health Wales has three accredited local counter fraud specialists to support the organisation developing a counter fraud culture by providing advice, awareness sessions, newsletters and if necessary conducting investigations.

The local counter fraud investigators regularly liaise with the Counter Fraud Service (Wales), Counter Fraud Authority and work with other agencies such as the police, and the Home Office Immigration and Enforcement teams regarding fraud investigations, and circulate any alerts in fraud methods. When it is necessary specialist fraud lawyers in the Crown Prosecution Service are consulted about appropriate criminal charges.

During 2021/22, there were two referrals from Public Health Wales that required further investigation:

- ❖ One case was referred in July 2021 and was closed following investigation in September 2021.

- ❖ One case is open and inquiries are continuing.

Counter Fraud reports and updates are provided to the [Audit and Corporate Governance Committee](#) throughout the year.

### 13.3 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 ([Phase 1](#) and [Phase 2](#)) is completed, for 2021, AW reported:

*'The Trust has strong operational planning arrangements, which continue to improve. Planning arrangements around the Trust's strategic priorities have improved integration and the performance and assurance dashboard is a useful tool for management and Board scrutiny.'*

*'The Trust's operational plans are based on financial and workforce modelling, effective engagement with stakeholders and input from its Board. The Trust has adapted its plans based on Welsh Government feedback and its own reviews of progress during the year. It adapted its Operational Plan 2020-22 to reflect its immediate and medium-term response to COVID-19 and similarly intends to review its long-term strategy. Planning structures and processes provide an integrated approach to operational planning. Good quality information and clear transparent reporting mechanisms ensure performance is reported effectively. In particular, the performance and assurance dashboard enables scrutiny by the Board and managers. Officers continue to give clear presentations explaining the context of performance information whilst Board members provide strong constructive challenge.'*

*'The Trust has good governance arrangements which adapted well to the pandemic. The Trust reviewed and adapted its approach regularly and has retained elements that worked well. Suspended committees are starting to reactivate and provide more detailed scrutiny of items previously postponed or remitted to other committees.'*

*Both Executives and non-Executives provide good scrutiny in meetings and the quality and presentation of information at Board and committees is good.*

*The Trust is working to improve its governance arrangements through its integrated governance model.*

*The Trust has good arrangements to manage its financial resources and continues year on year to meet its financial duties. Financial controls are effective and the Trust uses clear, timely financial information to monitor and report its performance'*

The report outlined one recommendation to Public Health Wales relating to public access to Board meeting recordings, this action has been completed and the process strengthened.

*'At the time of our review, one video recording of a Board meeting was missing from the Trust's website. The Trust should ensure that it strengthens the process for the timely publication of recordings of Board meetings'.*

## 14. 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 2022/2023 and beyond. 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.

## Annual Governance Statement 2021/22

**Signed: Dr Tracey Cooper**

**Date: 14 June 2022**

**Dr Tracey Cooper**

**Chief Executive and Accountable Officer, Public Health Wales**

**Annual Governance Statement 2021/22**  
**Appendix 1 – Board and Committee Membership**

**Annex 1: Board and Committee Membership/Attendance 2021/2022**

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2021/22***
Jan Williams OBE	Chair	<ul style="list-style-type: none"> <li>• (Chair) Board</li> <li>• (Chair) Remuneration and Terms of Service Committee</li> </ul> <p>Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee.</p> <p>Attendee:</p> <ul style="list-style-type: none"> <li>• Audit and Corporate Governance Committee**</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	<p>8/10 3/3</p> <p>2/5 2/6 1/4 0/2</p>
Dr Tracey Cooper	Chief Executive	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> </ul> <p>Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee.</p> <p>The CE has to attend one meeting of the Audit and Corporate Governance Committee per year.</p> <ul style="list-style-type: none"> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	<p>10/10 3/3</p> <p>3/5 1/4 1/6 2/2</p>
Sally Attwood	Transitional Director of Health and Well-being  (from 1 July 2021)	<ul style="list-style-type: none"> <li>• Board</li> </ul>	7/7

**Annual Governance Statement 2021/22**  
**Appendix 1 – Board and Committee Membership**

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2021/22***
Jyoti Atri	Interim Executive Director of Health and Well-being (until 11 June 2021)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> </ul>	1/1 0/0
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• People and Organisational Development Committee **</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	10/10 5/6 5/5 2/4 2/2
Professor Mark Bellis OBE	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being  (Executive Director status effective from 12 June 2021)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	5/10 1/2
Iain Bell	National Director of Public Health Knowledge and Research  (from 12 July 2021 )	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	7/7 2/2
Sian Bolton	Transition Director of Knowledge  (until 2 May 2021)	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	0/0 0/0
Dr John Boulton	National Director of NHS Quality Improvement and	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	8/10 5/6 1/2

**Annual Governance Statement 2021/22**  
**Appendix 1 – Board and Committee Membership**

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2021/22***
	<p>Patient Safety/Director Improvement Cymru</p> <p><i>(For the period 3 May 2021 until a substantive appointment was made on 12 July 2021, John Boulton, covered the roles and functions of the Transition Director of Knowledge.)</i></p>		
Helen Bushell	<p>Board Secretary and Head of Board Business Unit</p> <p><i>(on maternity leave between 10 July 2021 to 12 September 2021)</i></p>	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee **</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	<p>5/7</p> <p>3/3</p> <p>4/5</p> <p>4/5</p> <p>3/3</p> <p>2/2</p>
Elizabeth Blayney	<p>Acting Board Secretary and Head of Board Business Unit</p> <p><i>(between 10 July 2021 to 12 September 2021)</i></p>	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee **</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	<p>3/3</p> <p>0/0</p> <p>0/0</p> <p>1/1</p> <p>1/1</p> <p>0/0</p>
Kate Eden	<p>Vice Chair and Non-Executive Director</p>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• (Chair)Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	<p>10/10</p> <p>2/3</p> <p>5/6</p> <p>2/2</p>
Dyfed Edwards	<p>Non-Executive Director</p>	<ul style="list-style-type: none"> <li>• Board</li> <li>• (Chair) Audit and Corporate Governance Committee</li> <li>• Remuneration and Terms of Service Committee</li> <li>• People and Organisational Development Committee</li> </ul>	<p>10/10</p> <p>5/5</p> <p>3/3</p> <p>4/4</p>

**Annual Governance Statement 2021/22**  
**Appendix 1 – Board and Committee Membership**

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2021/22***
Mohammed Mehmet	Non-Executive Director (Local Authority)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Audit and Corporate Governance Committee</li> <li>• (Chair) People and Organisational Development Committee</li> </ul>	9/10 2/3 4/5 4/4
Professor Sian Griffiths	Non-Executive Director (Public Health)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• (Chair) Knowledge, Research and Information Committee</li> </ul>	9/10 0/3 4/6 2/2
Professor Diane Crone	Non-Executive Director (University)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Audit and Corporate Governance Committee</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• Knowledge, Research and Information Committee</li> </ul>	8/10 4/5 3/3 5/6 2/2
Andrew Jones	Interim Executive Director of Public Health  <i>(from 1 December 2020 to 31 May 2021)</i>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	1/1 2/2 0/1 0/0
Dr Eleri Davies	Interim Medical Director  <i>(from 1 December 2020 to 31 May 2021)</i>	<ul style="list-style-type: none"> <li>• Board*</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee**</li> </ul>	1/1 1/2 0/1 0/0
Huw George	Deputy Chief Executive and Executive Director of Operations and Finance	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee**</li> <li>• Audit and Corporate Governance Committee**</li> </ul>	10/10 2/3 5/5
Neil Lewis	Director of People and Organisational Development	<ul style="list-style-type: none"> <li>• Board*</li> <li>• People and Organisational Development Committee**</li> <li>• Remuneration and Terms of Service Committee</li> </ul>	10/10 4/4 3/3



## Annual Governance Statement 2021/22

### Appendix 1 – Board and Committee Membership

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2021/22***
	<i>(Acting Director between 17 August 2020 to 30 April 2021, appointed to the Director role from 30 April 2021 )</i>		
Judith Rhys MBE	Non-Executive Director (Third Sector)	<ul style="list-style-type: none"> <li>• Board</li> <li>• Remuneration and Terms of Service Committee</li> <li>• Quality, Safety and Improvement Committee</li> <li>• People and Organisational Development Committee</li> </ul>	9/10 0/3 6/6 4/4
Dr Fu-Meng Khaw	National Director Health Protection Services and Screening, Executive Medical Director  <i>(from 1 June 2021)</i>	<ul style="list-style-type: none"> <li>• Board</li> <li>• Quality, Safety and Improvement Committee**</li> <li>• People and Organisational Development Committee**</li> <li>• Knowledge, Research and Information Committee **</li> </ul>	9/9 3/4 1/3 2/2

\* 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 August 2021)**

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

**Annual Governance Statement 2021/22**  
**Appendix 1 – Board and Committee Membership**

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Socio-Economic Duty	Exec	Executive Director of Policy and International Health, WHO Collaborating Centre on Investment for Health & Well-being (Mark Bellis) and Board Secretary and Head of Board Business Unit (Helen Bushell)	

Key - E = Executive / NE – Non-Executive

\*NE also identified as Director of People and OD not a Board member