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Public Health Wales Annual Report 2011-2012

Rising to the challenge

The year 2011 to 2012 was a challenging one for all of NHS Wales with much to deliver at a time of economic difficulty. Public Health Wales rose to the challenge, making significant progress against the priorities identified for action.

Early years pathfinder project

This programme was set up as a 'pathfinder' to explore how Public Health Wales can add value to public health activity in Wales by bringing focus and leadership to an important area of health gain. The project draws upon and helps coordinate existing expertise and functions across Wales including Public Health Wales, academia and other health partners and agencies. The goal is to improve the life course of children for the next generation. Children need a healthy start, parental nurturing and the right social environment in which to grow.

This pathfinder phase of the project started in December 2010 and will end in October 2012. Key areas of activity stimulated by this pathfinder include development of an early years surveillance system to provide regular reporting on maternity and early years indicators. Pilot work has started in Aneurin Bevan and Cwm Taf to be completed in December 2012. Pilot projects have also been established to address different models for delivering smoking cessation interventions to pregnant women in four Health Boards.

Reducing smoking prevalence

Public Health Wales continues to focus on pre-operative smoking cessation, achieving a smoke-free NHS Wales, smoking cessation in pregnancy and brief interventions with all smokers. Across Wales, the number of smokers contacting Stop Smoking Wales continued to rise during the year. Locally, public health teams have continued to implement tobacco control plans.

Dr Peter Bradley, Director of Public Health Development, said: "Tobacco control remains a major priority for Public Health Wales and it is good news that Stop Smoking Wales has seen an increase in the number of clients it has dealt with this year. We are now looking at how we can target the service's resources



more effectively, for example by focusing on areas where smoking is most prevalent."

Implementation and reconfiguration of screening programmes

The year saw some substantial changes in the way in which screening programmes are delivered in Wales. The Bowel Screening Wales Programme was successfully rolled out to cover a wider age group of 60 to 74. In Breast Test Wales, the replacement of analogue mammography equipment with digital equipment is complete in West and South East Wales, with plans in place to complete the works in North Wales.

Work continues on the planning of the new Abdominal Aortic Aneurysm and Newborn Bloodspot screening programmes for Wales. In Cervical Screening Wales, a reconfiguration of cytology services means that work is now centred in four laboratories to better manage workflow.

Sustainable Communities Pathfinder Project

Public Health Wales continues to develop the Sustainable Communities Pathfinder, focusing on how this can be used to further a health assets approach across Wales.

Bob Hudson, Chief Executive, said: "The next stage is to improve professional knowledge of the approach, to highlight that there are

examples to be drawn from across Wales. We then look forward to formally promoting the Pathfinder with local government colleagues, learning from the Healthy Cities experience in Abertawe Bro Morgannwg University Health Board and Cardiff and Vale University Health Board."

Reconfiguration of microbiology services

Services reviews began in three areas of Wales during the year, to ensure the development of a modern microbiology service. The North Wales review has produced a final report being considered by the Boards of Public Health Wales and Betsi Cadwaladr University Health Board. A review in Abertawe Bro Morgannwg is still underway after commencing in September 2011, and in South East Wales work commenced in November 2011.

Support to Directors of Public Health

Public Health Wales has contributed significantly to the ongoing development of the public health system, including the development of new working arrangements and local public health strategic frameworks with the Directors of Public Health. Significant investment has been made into local public health teams, including increased consultant, practitioner and administrative support.

Public Health Wales Board appointments complete

Appointments to the Public Health Wales Board are complete with the appointment of Terry Rose as Non Executive Director and Dr Peter Bradley as Executive Director of Public Health Development.

Terry Rose CBE is the former Director of Wales and the South West for the Health and Safety Executive. He joined the Public Health Wales Board in November 2011.

Dr Peter Bradley joined Public Health Wales in November 2011 from Suffolk where he was Director of Public Health.

IN BRIEF

Population health: This document reports on Public Health Wales' significant activities in making Wales healthier, happier and fairer. It does not report on population health. The Chief Medical Officer and Directors of Public Health produce annual reports on the health of the populations of Wales and each of the health boards respectively.

Emergency response plan tested: Public Health Wales has, and will continue to, test robustly its emergency response plan, to ensure it is able to appropriately respond to outbreaks/emergencies. This included playing a key role in Exercise Cambria Guard, an emergency planning training exercise undertaken in January 2012. Following the exercise, Public Health Wales learned useful lessons and made amendments to the Emergency Response Plan.

An emergency response training day was held on 14 March 2012, which involved approx 200 staff from across the organisation and focused on preparation for the response to the Olympic Games.

The Welsh Government, emergency services, local authorities, health authorities and other emergency planning organisations work together in partnership to strengthen the resilience of services in Wales.

Concerns

Public Health Wales takes all concerns seriously and views them as a way to learn how to improve the services it provides. On 1 April 2011, new regulations came into force for all Health Boards and Trusts in Wales and replace the current two-stage complaints process of local resolution and independent review with a simpler one-stage process for looking at all concerns.

1 complaints and concerns performance for 2011/12 is detailed below:

Total number of complaints/concerns	57
Total number of formal complaints/concerns	57
Total number of complaints that reached the second stage*	0
Total number of complaints received from children	0
Total number of complaints received from MPs and AMs	0

*If the complaint went to the Ombudsman or independent secretariat review

Public Health Wales' performance in relation to the Putting Things Right – Handling Concerns (complaints/concerns/incidents) is detailed below:

Number of formal complaints	57
Acknowledged within 2 working days	87%
Responded within 20 working days	92%
Concluded after 4 weeks	92%
Complaints still ongoing	2
Average time to respond	20.5 days

During 2011/12 the following lessons were learnt and improvements identified:

- ▶ The information on the Breast Test Wales website and the information leaflet on screening for older women was updated;
- ▶ Turnaround times of test results are being monitored and the information is fed back to the Head of Laboratory Services for the Screening Division;
- ▶ Steps have been put in place to address the handling of telephone calls in relation to outstanding screening results;
- ▶ Staff training in relation to communication has been provided;
- ▶ A Bowel Screening Wales colonoscopy checklist is to be implemented;
- ▶ Brief intervention training is required for pre-op staff (some has been undertaken but there are gaps);
- ▶ For Stop Smoking Wales client handover, there is a need to ensure that a handover process is given consideration, including the possible development of a database to enable notes to be inserted

A year to be proud of

I find the Annual Report provides a welcome opportunity to pause and take a look at the achievements of Public Health Wales over the past year. It is easy to get caught up in the day to day work and not stop and appreciate our accomplishments.

I said in last year's report that 2011/12 was going to be a challenging year and I am proud to say that we have met that challenge. At a time of economic stringency we are doing our best to provide our services in the most efficient way and support the health boards as they face their financial challenges. The advent of digital mammography breast screening has also been a major achievement to improve the health of the women in Wales.

This report covers our main achievements and the principal issues we have addressed during the year. Like any report it cannot pretend to represent all the work being carried out by the teams across the organisation each and every day. I wish we could include everything here but it is simply not possible

and that is no reflection on the quality of the work that has been omitted.

Looking to the future, we are coming up to an exciting period in the development of Public Health Wales. We are approaching a new era which sees the organisation move to a more lifespan approach to public health. The Early Years and Sustainable Communities Pathfinders are leading the way in this type of approach. We remain committed to changing the way we work both locally and nationally to achieve the aims set out in Together for Health. Not many public health systems in the world are working this way and I am immensely proud that Public Health Wales is leading the way.

I would like to thank my colleagues on the Public Health Wales Board. I am pleased with the way we have tackled issues facing the organisation and I thank them and all our staff for their commitment to making Wales a healthier, happier and fairer place to live.

Looking ahead to the next year, the



Professor
Sir Mansel Aylward

challenges continue for Public Health Wales. The ongoing review of health improvement is hugely important and will change the way in which we promote good health and wellbeing to the people of Wales. Likewise, the launch of the new abdominal aortic aneurysm screening programme is an exciting opportunity to reduce the impact of a condition that proves fatal for a large number of men in Wales.

I hope you all enjoy, as I did, taking a moment to look back on the many achievements of Public Health Wales as you read our report.

Professor Sir Mansel Aylward
CB MD FFPM FFOM FRCP HonFFPH
Chair, Public Health Wales

Public Health Wales Board



L-R Mark Dickinson, Huw George, Carl Clowes, Ruth Davies and Chris Lines at a Public Health Wales Board meeting

As of 31 March 2012 membership of the Public Health Wales Board was as follows:

Name	Position	Specific Responsibilities
Professor Sir Mansel Aylward CB	Chair	Champion for Veterans
Mr John Spence	Non Executive Director and Vice Chair	Member: Audit, Information Governance and Quality and Safety Committees Champion for Violence and Aggression Champion for Complaints
Dr Carl Clowes OBE	Non Executive Director	Member: Audit, Information Governance and Quality and Safety Committees
Dr Jo Farrar	Non Executive Director	Chair: Audit and Information Governance Committees
Mr Terry Rose CBE	Non Executive Director	Joined November 2011
Professor Simon Smail CBE	Non Executive Director	Chair: Quality and Safety Committee Champion for Child Protection
Professor Gareth Williams	Non Executive Director	Member: Quality and Safety Committee, Research and Development Committee
Mr Bob Hudson	Chief Executive	
Dr Peter Bradley	Executive Director of Public Health Development	
Mr Mark Dickinson	Executive Director of Planning and Performance	
Mr Huw George	Executive Director of Finance	
Dr Hilary Fielder	Executive Director of Public Health Services	

IN BRIEF

Public Health Wales monitors sickness absence target:

In October 2011, Public Health Wales was set a revised sickness target of 3.25 per cent by Welsh Government. The previous target, which had been achieved, was 3.4 per cent.

In 2011/12, overall sickness absence for Public Health Wales was 3.3 per cent. Public Health Wales continued to have the lowest sickness absence rate amongst NHS organisations in Wales.

Development of a Single Equality Scheme continues:

Work to develop Public Health Wales' Single Equality Scheme continued, led by Ruth Davies, Director of Workforce and Organisational Development. The plan will set out the principles of the organisation's commitment to equality and diversity and provide a focus of work for protecting the health and wellbeing of the people of Wales.

The plan identifies seven broad areas of work where Public Health Wales has the

greatest opportunity to advance equality, eliminate discrimination and foster good relations:

- ▶ Services delivered to the public
- ▶ Public health information and intelligence
- ▶ Emergency preparedness
- ▶ Employment
- ▶ Equality impact assessments
- ▶ Consultation and engagement
- ▶ Policy advice to Welsh Government.

Pathfinder approach adopted to tackle early years health

Public Health Wales adopted a pathfinder approach for a Public Health Reproductive and Early Years programme that will support the strategic vision for maternity services in Wales, the National Service Framework for Children and Our Healthy Future.

There are two main work packages for the pathfinder:

- ▶ Collating and making accessible the research evidence base for interventions to improve birth and early years outcomes
- ▶ Mapping programmes currently in place and their impact within localities in Wales.

Following a stakeholder workshop in April 2011, the need for regular monitoring of reproductive and early years indicators was identified and a list of indicators was developed. During the early stages, the availability and quality of data required to develop indicators were assessed which showed gaps in the data available across each local health board.

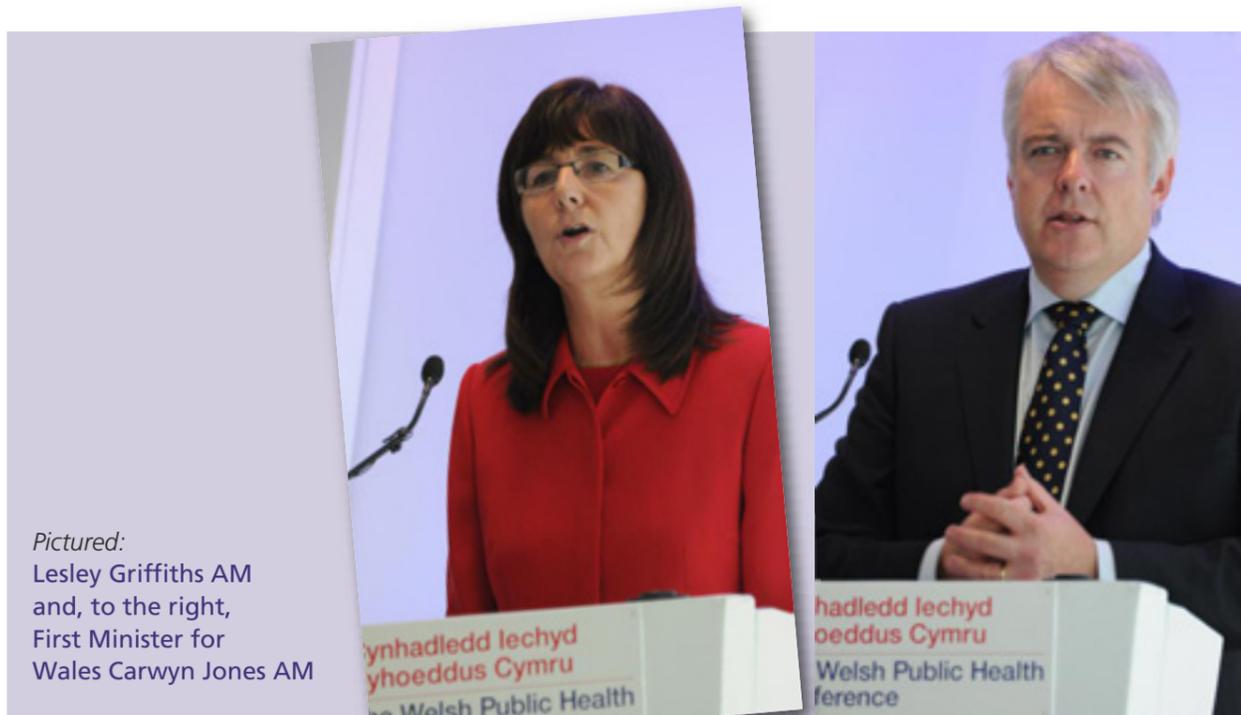
Dr Shantini Paranjothy, Programme Manager for the Reproductive and Early Years Pathfinder Programme said, "This pathfinder brings together all the hard work carried out under the project since it started, bringing together key decision makers from across the NHS to work together and focus on improving the health and wellbeing of children in Wales."

Local Welsh Pharmacies provide vital service in deprived areas

Research carried out by the Pharmaceutical Public Health Team in January 2012 reveals that within Wales, community pharmacies are more likely to be located in areas of higher deprivation than areas of lower deprivation.

The Pharmaceutical Public Health Team carried out the work on distribution of pharmacies and deprivation in response to suggestions that offering more services from community pharmacies could contribute to reducing inequalities by virtue of community pharmacies' locations.

The work looked at the distribution of community pharmacies by deprivation quintile for Wales and for each of the health boards.



Pictured:
Lesley Griffiths AM
and, to the right,
First Minister for
Wales Carwyn Jones AM

Conference brings together stakeholders

More than 230 policy makers, leaders and public health professionals from across the public sector attended the first Welsh Public Health Conference, 'Fairer Health Outcomes for All' in September 2011.

The conference theme was taken from the Welsh Government's health inequities action plan. The conference was jointly run by Public Health Wales with the Welsh Government, in partnership with the Welsh Local Government Association (WLGA) and Wales Council for Voluntary Action (WCVA), and Welsh NHS Confederation.

The conference aimed to:

- ▶ Develop understanding and learning on health inequities in Wales
- ▶ Take forward action on tackling health inequities in Wales
- ▶ Inform policy making and practice
- ▶ Raise the profile of public health in Wales

Delegates from across the public and voluntary sectors heard from the First Minister for Wales Carwyn Jones AM, Lesley Griffiths AM, Minister for Health and Social Services, Sir Muir Gray, Director of the Oxford Centre for Healthcare Transformation, Dr Tony Jewell, Chief Medical Officer for Wales, Dr Jessica Allen, Project Director for Strategic Review into Health Inequalities, Clive Needle, Director of EuroHealth Net and Professor Sir Mansel Aylward, Chair of Public Health Wales.

Dr Tony Jewell said: "I am proud to be involved in the first Welsh Public Health Conference. The conference has attracted delegates from a broad range of roles with a stake in public health and produced some useful discussions on tackling health inequalities in Wales."

Work continues on Sustainable Communities Pathfinder

Public Health Wales has continued to plan the work of the Sustainable Communities Pathfinder, which involves colleagues from academia, local authorities, health boards and other partners to apply knowledge for the mobilisation of communities to improve their health.

Homelessness and Learning Exchange Events in North, South and Mid Wales held

Public Health Wales, in partnership with Cymorth Cymru and Welsh Government, hosted three Health and Homelessness Learning Exchange Events in North, South and Mid Wales in November and December 2011.

The regional events aimed to bring together people working in health, homelessness and partner sectors to share information on policy, guidance and best practice to improve and enhance the health needs of people who are vulnerably housed, homeless or sleeping rough. More than 100 delegates attended and feedback was positive.

Stop Smoking Wales has another successful year

Figures show that 16,000 people were given an appointment to attend the Stop Smoking Wales six-week behavioural support programme during 2011/12, and more than half of these went on to take part in local six-week support programmes to help them stop smoking.

Since Stop Smoking Wales installed a new telephone system in August 2011, almost 28,000 calls have been received by the Stop Smoking Wales's freephone number. This is almost double the amount of calls received during 2008/09.

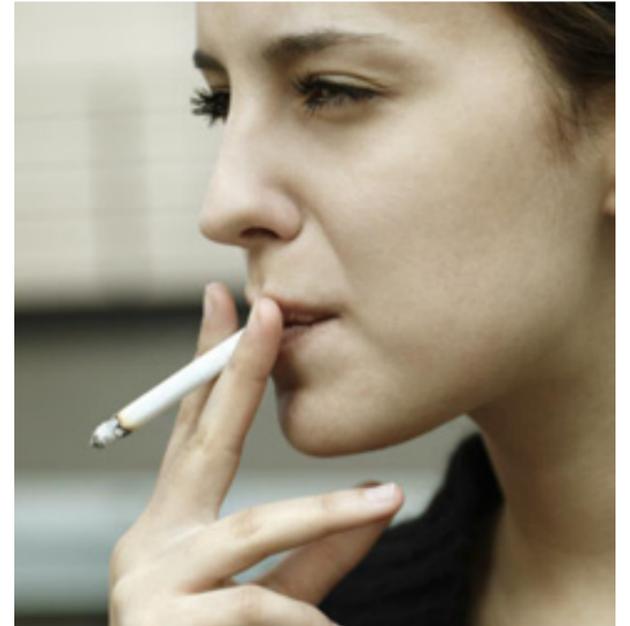
Delivery of training courses for health and community workers continued as another key feature of the Stop Smoking Wales service. From undertaking a short training course, health and community workers learn how to encourage smokers that they come into regular contact with to kick the habit.

During 2011/12, almost 700 professionals were trained across Wales. An e-learning module was also launched in January. This has been promoted widely to increase and widen

access to knowledge and skills in helping smokers to quit across Wales.

Stop Smoking Wales has continued to work in partnership with hospitals to highlight the fact that smoking increases the risk of developing complications after surgery, including breathing and lung problems, risk of infection and poorer healing of wounds. Building on the success of work introduced during 2009/10, Stop Smoking Wales is also working closely with midwives to help support pregnant women to quit smoking.

The Stop Smoking Wales website was re-launched in January 2012. Improvements include new material such as case studies, quitting tips, a smoking calculator and health advice.



Stubbing out smoking in Health Boards

Betsi Cadwaladr University Health Board and Aneurin Bevan Health Board launched their Smoke Free Policies between January and March 2012. The policies aim to create a smoke free environment for everyone who visits its properties across the health boards.

The Public Health Teams for Aneurin Bevan and Betsi Cadwaladr worked on the development and implementation of the new Smoke Free Policies. The teams were involved in the development of key messages and promotional material to ensure staff and visitors were provided with guidance and assistance on how to improve their health and wellbeing by quitting smoking.



The new policies mean that all staff, contractors, patients and visitors are not permitted to smoke within buildings or on grounds owned by either health board. All health boards in Wales are working towards putting smoke-free policies in place.

Families encouraged to take a step in the right direction

In May 2011, Hywel Dda Public Health Team launched a county-wide programme 'Am Dro am Glonc Sir Gâr' (Walk and Talk Carmarthenshire) to encourage local families to walk together as a regular activity in order to improve their health and wellbeing.

Cwm Taf Public Health Team supports breastfeeding scheme

In June 2011, work started across the Cwm Taf area to increase the number of premises where mothers feel they are welcome to breastfeed. To mark National Breastfeeding Week, the public health team hosted an event to raise awareness of the Welsh Government's Breastfeeding Welcome Scheme.

The scheme encourages public premises like cafes, libraries, schools and community centres to support the needs of breastfeeding mothers and their babies by creating an atmosphere where breastfeeding is welcomed.

Success for suicide prevention skills training

Public Health Wales worked with the charity MIND Cymru on the Positive Choices Project, which included the delivery of suicide prevention skills training.

The ASIST (Applied Suicide Intervention Skills Training) course aims to help people to recognise the signs that someone may be contemplating suicide, and equips them with the skills to discuss the issue.

Research conducted by Public Health Wales in February found that 97 per cent of people attending the course felt better equipped to help someone considering suicide, and that 73 per cent went on to use the skills they had learned.

New project makes access to fresh, healthy food easy

The Aneurin Bevan Public Health Team worked with a range of partners from the public and voluntary sectors to develop and launch the Healthy Retail Scheme which aims to improve the supply of fresh fruit and vegetables to local residents.

The Healthy Retail Scheme will see three shops stock fresh fruit and vegetables sold at competitive prices. The Healthy Retail Scheme is being run by a partnership of organisations including St Illtyds Communities First, Public Health Wales, Blaenau Gwent County Borough Council, Brynithel Flying Start, and the Rural Regeneration Unit and Appetite for Life from the Welsh Government.

Welsh pharmacy pilots prove a success in rural communities

Following a successful combined pharmacy bid to the Welsh Government's Rural Health Innovation Fund in August 2010, three health boards (Betsi Cadwaladr University Health Board, Hywel Dda Health Board and Powys teaching Health Board) undertook the pilots which were evaluated by the Pharmaceutical Public Health Team.

Gareth Holyfield, Principal Pharmacist in Public Health for Public Health Wales, who led the projects' evaluation, said: "The overall pilot evaluations have shown how community pharmacy can contribute to improved patient care within rural areas of Wales. They have demonstrated how healthcare services can be integrated with, accessed to and delivered from rural community pharmacies.

"The evaluations also highlight positive patient feedback for each of the pilot projects and recognise the contribution of community pharmacy to the key themes of the Rural Health Plan in Wales."

Early years focus for mental health conference

Delegates at the All Wales Mental Health Promotion Network annual conference discussed the importance of early years development on mental health and wellbeing.

The conference, held in January, heard from Huw Lewis AM, Minister for Housing, Regeneration and Heritage, as well as Robin Balbernie who discussed the impact of social and environmental factors on child development and mental health in later life.

Sexual health in the over 50s a key discussion point at conference

The All Wales Sexual Health Network Annual Conference 'The Fairer Sex: Addressing Sexual Health Inequalities in Wales' focused on reducing sexual health inequalities. Topics covered include:

- ▶ Responding to the sexual health needs of sex workers in Wales.
- ▶ Women In Hostels Into Sexual Health: The WHISH Project.



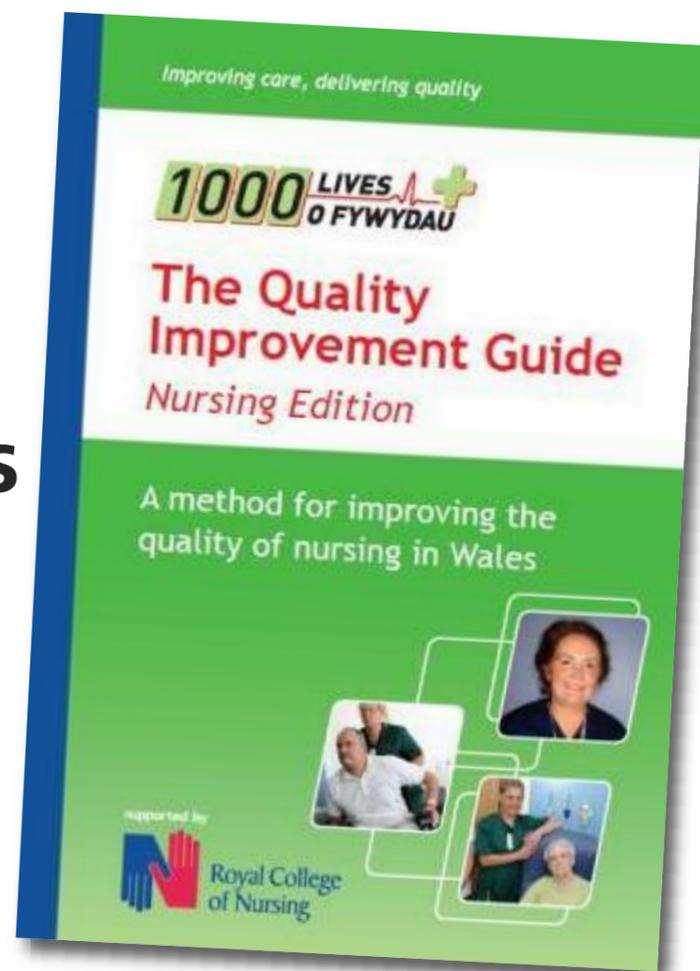
1000 Lives Plus

1000 Lives Plus is the national service improvement programme for Wales and is delivered in partnership by the Welsh Government, NLIH and Public Health Wales.

Working to ensure improvement is integral to clinical practice, several new areas have been taken forward using a standardised improvement methodology, including transforming Maternity Services and reducing infections through appropriate use of medical services. Public health input in the development of these areas supports evidence-based, reliable care.

1000 Lives Plus has developed a series of improvement guides, tailoring the programme's methodology for specific target audiences including nurses, pharmacists and educators and students. How to Guides, white papers, major seminars and learning events across Wales and further afield are enabling the spread of better practice in embedded and sustainable ways.

To support local quality improvement capacity building, 1000 Lives Plus facilitated a study tour to Jonkoping, Sweden. Health boards and trusts observed the value in linking organisation objectives to clinical work and energising the pace of change. The white paper *Quality, Development and Leadership - Lessons to learn from Jonkoping* captured this learning and provide recommendations for the future direction of 1000 Lives Plus.



Stories for Improvement training has supported NHS Wales organisations to develop their use of stories as a tool to support service improvement. Equally, the launch of the Life after Stroke project has supported the development of a public and patient driven NHS, aiming to improve the coordination and accessibility of support available for stroke survivors.

1000 Lives Plus continues to support the academic community in Wales to integrate and develop quality improvement into the curriculum of healthcare professionals. The 1000 Lives Plus Student Chapter has reached a membership of over 1500, providing a communication hub, informal teaching and improvement opportunities to support student volunteers across universities and professions in Wales.

New web pages for National Prevention and Promotion Programme

In February, new web pages were launched for the final report and recommendations of the National Prevention and Promotion Programme.

Public Health Wales worked with the Welsh Government, Health Boards and Welsh Local Government Association (WLGA) in 2011 to develop the programme, which aims to reduce waste, harm and variation within the NHS in Wales.

The final report highlights a number of evidence based interventions which have the potential to make a positive impact on health and reduce health and social care costs in a

relatively short timeframe.

Public Health Wales has been asked to consider how implementation of these recommendations and progress towards achieving the outcomes identified can be monitored.

Priority has been given to those interventions which can impact on health and health and public sector service use in the short to medium term, three to five years.

They are focused on reducing the burden of tobacco and alcohol use, vascular risk, reducing the impact of falls in older people and improving workplace health.

Blood Borne Viral Hepatitis Action Plan highlighted to mark World Hepatitis Day



Public Health Wales marked World Hepatitis Day in July 2011 by highlighting a successful first year for the Blood Borne Viral Hepatitis Action Plan for Wales.

The plan was agreed by the Welsh Government and Public Health Wales in April 2010. It aims to reduce the transmission of hepatitis in Wales, increase the diagnosis of current infection and improve treatment and support for infected individuals.

In this first year of implementation a number of actions were achieved and the building blocks for many more were put in place.

These included the introduction of dried blood spot testing within selected substance misuse services in Wales, the appointment of a blood borne virus prison nurse specialist to Public Health Wales and the introduction of a new Harm Reduction Database in all statutory and voluntary needle and syringe programs services across Wales

Public Health Wales to carry out development of European Hepatitis B database

Public Health Wales has been contracted by the European Centre for Disease Control (ECDC) to carry out development work on a proposed Hepatitis B (HBV) database for all of Europe.

Wales participates in Europe-wide survey of healthcare associated infections

Public Health Wales co-ordinated Wales's participation in a European study to collect data on healthcare associated infections and antimicrobial usage in hospitals. The Welsh Antimicrobial Resistance Programme and Welsh Healthcare Associated Infection Programmes of Public Health Wales, together with 1000 Lives Plus, supported NHS Wales in running the Point Prevalence Survey 2011 during November.

Increase in whooping cough highlights the importance of vaccination

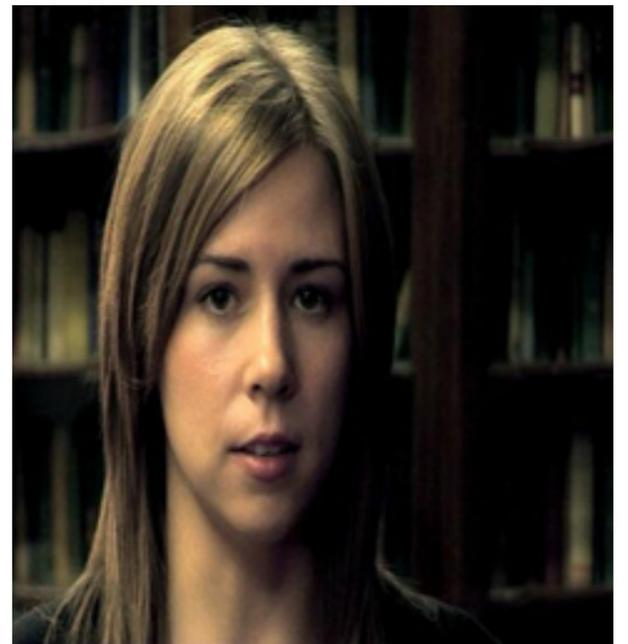
Public Health Wales urged parents to ensure their children were vaccinated against whooping cough after the number of cases in Wales more than doubled. Between January and October 2011, there were 37 confirmed cases compared with 14 during the whole of 2010.

Children are offered the vaccine at two, three and four months of age as part of the combined 5 in 1 vaccine.

Latest annual vaccine uptake for children in Wales published

Public Health Wales released its annual COVER (Coverage of Vaccination Evaluation Rapidly) report in June 2011, which detailed the uptake of childhood vaccinations in Wales between 1 April 2010 and 31 March 2011. Among the highlights were uptake

of all routine immunisations in one-year-old children exceeding the 95 per cent uptake target, and uptake of the second dose of MMR (measles, mumps and rubella) vaccine by five years of age reaching 86.9 per cent, the highest ever uptake



Film helps teenagers detect signs of Meningitis

In April 2011, Public Health Wales teamed up with Cardiff University student Laura Vines to produce a film raising awareness of the symptoms of meningitis. The film was uploaded to YouTube and also distributed on a DVD to all schools and colleges in Wales.

Report on antibacterial resistance and usage in Wales published

The Welsh Antimicrobial Resistance Programme published a new report in November 2011 to coincide with European Antibiotic Awareness Day. The report covered 2005 to 2010 and looked at how many serious and common infections were resistant to antibiotics and antimicrobial drugs prescribed to patients in Wales.

Legionnaires' Disease Outbreak Report published

Public Health Wales released the outbreak control team's report on the outbreak of Legionnaires' disease in South Wales between September and October 2010. A multi-agency team was set up to investigate the outbreak, which led to 22 cases of the disease and two deaths. No single source was identified but investigations suggested a number of different possible sources accounted for the cases.

Successful first two years for Bowel Screening Wales

Bowel Screening Wales published a report in December 2011 highlighting a successful first two years for the programme.

The report revealed that from the start of the programme in October 2008 to November 2010, there was a 55.2 per cent uptake rate and more than 400,000 people aged between 60 and 69 were invited to take part in the screening programme by completing a home testing kit sent in the post.

The age range covered by the programme has now been extended to 74 years of age.

Wales first to adopt new cervical screening technology

Cervical Screening Wales will become the first screening programme in the UK to adopt new automated technology.

The programme implemented the technology across Wales from 1 January 2012 following the publication of National Health Service Cancer Screening Programmes guidelines for its use.

BD FocalPoint technology is the only automated technology for cervical cancer screening approved for use by the NHS. It can analyse and identify up to 25 per cent of screening samples that can be reported as "all clear", requiring no manual examination.

Newborn Hearing Screening Wales publishes annual report

The Newborn Hearing Screening Wales programme published its annual report for 2011, highlighting a successful year.

The report shows that in 2010/11, screening was offered to 99.9 per cent of eligible babies in Wales, and 99.7 per cent were screened, with very few parents declining the screen.

Breast Test Wales modernisation work well underway



Amanda Davies, Radiographer for Breast Test Wales shows new equipment to Lesley Griffiths AM, Professor Sir Mansel Aylward and Rosemary Johnson, Head of Programme, Breast Test Wales

During the year, work to modernise Breast Test Wales equipment was completed in two areas of Wales.

With £10 million of Welsh Government funding awarded in 2010, Public Health Wales is replacing all of its analogue mammography equipment with state-of-the-art digital equipment. This will ensure a more sustainable service to the screening population as the analogue equipment can no longer be repaired or replaced should it fail.

Work in the South East Wales and West Wales areas was completed, and plans are ongoing to complete the works in North Wales.

In November 2011, The Minister for Health and Social Services, Lesley Griffiths AM, visited the Breast Test Wales screening centre in Swansea in November 2011 to see how the new equipment was being put to use.

Dr Rosemary Fox, Director of the Screening Division said: "Thanks to this £10 million investment by the Welsh Government, Breast Test Wales can deliver even higher quality screening for breast cancer in all eligible women living in Wales, resulting in Wales' detection rate standing as the best in the UK."

AAA Screening programme planning continues

Public Health Wales is working towards implementing a high quality screening programme for Wales for abdominal aortic aneurysm (AAA) during 2013.

A project team has been established at the request of the Welsh Government to plan a screening programme offering 65 year-old men a one-off ultrasound scan to check the diameter of the main aorta supplying blood to the body.

In some people, the aorta will swell to a size at which it could rupture, causing internal bleeding that is likely to cause death before reaching hospital.

In men over 65 in Wales, ruptured AAA causes more than two per cent of deaths. It is estimated that a screening programme allowing large aneurysms to be detected and repaired before they rupture could save up to 100 lives a year.

Breast screening audit highlights Wales successes

Breast Test Wales has the highest cancer detection rate of all the breast screening programmes in the UK according to data released in May 2011.

Results from an annual audit of breast screening in the UK were presented at a national conference by The Association of Breast Surgery.

The annual report covered the period from April 2009 to March 2010 and showed Wales to have the highest cancer detection rate of all UK countries per 1,000 women screened for the third year running.

Screening in Wales detected 7.2 invasive cancers per 1,000 women compared with a UK average of 6.4 per 1,000, 3.9 small invasive cancers compared with a UK average of 3.4, and 1.9 micro or non-invasive cancers compared with a UK average of 1.6.

Large differences in life expectancy in Wales found

An all-Wales report and local authority profiles report published by the Public Health Wales Observatory in December 2011 showed that there were large differences in healthy life expectancy for people living in the same local authority area.

The data shows that local authorities with the widest disparities in levels of deprivation have the biggest inequality gaps, reaching 22 years in Cardiff and Swansea.

Nationally, the inequality gap in overall life expectancy has slightly widened over time. The gap between those living in the most and least deprived areas has risen to 9.2 years for men (previously 8.6) and 7.1 for women (previously 6.5).



The report also looks at trends in mortality due to alcohol and smoking and from circulatory disease, respiratory disease and cancer in the most and least deprived areas. The report found that inequality gaps for mortality from alcohol and smoking are particularly wide in Wales.

Child measurement programme for Wales begins in Wales

A programme designed to help health professionals and local authorities understand patterns of child growth across Wales was introduced in September 2011.

The Child Measurement Programme, a national programme run by Public Health Wales, will collect information on the heights and weights of all reception aged children in Wales.

The results will be analysed by health professionals on a local and national level to try and identify trends and monitor the health of children in Wales.

Dr Judith Greenacre, Director of Health Intelligence for Public Health Wales, said: "This programme is very important because it will allow us to compare results at health board and local authority level.

"For the first time, we will have consistent data on childhood obesity at a local level to measure our progress against this important



public health issue.

"By identifying key trends in each area, we will also be able to plan our health services better."

Wales has one of the highest rates of obesity among secondary school children in Europe. Public Health Wales is working with its stakeholders to standardise the way every reception class aged child is measured across the country.

Cancer in Wales report published

In September 2011, The Welsh Cancer Intelligence and Surveillance Unit (WCISU) unveiled a comprehensive new report detailing cancer statistics from 1995 to 2009.

The report, published by WCISU every three years, details cancer incidence, mortality, prevalence and survival for the whole of Wales and individual Health Board areas, and draws comparisons between Wales and other World countries.

Dr John Steward, then Director of WCISU said: "I am delighted to be able to present this report, which shows evidence that real progress is being made in developing cancer services in Wales, resulting in improved outcomes for people diagnosed with cancer."

International Cancer Benchmarking Partnership

The Welsh Cancer Intelligence and Surveillance Unit has contributed to the International Cancer Benchmarking Partnership (ICBP), a unique international partnership of clinicians, academics and policymakers.

The partnership seeks to understand how and why cancer survival varies between countries and jurisdictions. It aims to generate insight and understanding that will help all partners improve cancer survival outcomes by optimising cancer policies and services.

IN BRIEF

Detailed analysis of Welsh Health Survey produced:

The Public Health Wales Observatory collaborated with the Welsh Government in March 2012 to produce a report which presents findings from the Welsh Health Survey at a more detailed local level than was previously available.

CARIS Review 2011 published: CARIS, the Congenital Anomaly Register and Information Service for Wales, published its annual review in December 2011.

The 13th review since CARIS was founded 1998, the report is based on data reported for pregnancies from 1998 to 2010.

The report includes overall information on congenital anomalies in Wales and a more detailed review of anomalies of the respiratory system and cardiac outflow tract.

Observatory uses SAIL to inform GP locality working:

The Public Health Wales Observatory, working in collaboration with the Health Information and Research Unit at Swansea University, has published a report looking at the patterns of Chronic Obstructive Pulmonary Disease in the Abertawe Bro Morgannwg Health Board area.

Directors of Public Health annual reports:

The Public Health Wales Observatory produced local chart books to support the writing of the annual reports published by each of the seven health board Directors of Public Health. The chart books included detailed local data for a variety of public health topics.

Cwm Taf eye health equity report uncovers issues in area:

The Public Health Wales Observatory published a profile on eye health equity in Cwm Taf in January 2012 to

inform a community engagement project which is being developed by the Royal National Institute of Blind People (RNIB). The profile looked at which area in Cwm Taf could benefit from the RNIB's project and took into account levels of deprivation and the number of older people in the area.

The profile also looked at the number of people with vision impairment, diabetic retinopathy, glaucoma, cataracts and age-related macular degeneration.

Oral Health Profiles: In collaboration with Cardiff University, the Dental Public Health Team published oral health profiles for each Health Board area which highlighted variations in the level of preventable dental decay.

Sustainability Report

2011/12

Overview

Public Health Wales recognises that sustainable development and public health are intrinsically linked and that complementary actions are necessary to address the key challenges facing Wales in relation to both. Therefore, Public Health Wales is committed to establishing and developing a cohesive, effective and sustainable organisation and ensuring its programmes and services are delivered effectively to achieve the most sustainable outcomes for the people of Wales. In seeking to achieve this, and our ambition to make Wales a healthier, happier and fairer country, we will be embedding sustainable development as our central organising principle.

During 2011/12, Public Health Wales has worked on the development of a Sustainable Development Strategy, which aims to reflect the commitment outlined above. The strategy, which will be implemented from 2012/13, will cover sustainable development in its broadest sense and include information on the work undertaken by Public Health Wales in relation to sustainable communities, international health and the wider determinants of health. The strategy will be underpinned by a series of policies and action plans, including a Carbon Reduction Action Plan. Through this approach Public Health Wales aims to act as an exemplar organisation and good corporate citizen.

Key achievements during 2011/12

- ▶ Development of a draft Sustainable Development Strategy, including engagement with staff
- ▶ Development of an Accommodation Strategy that embeds sustainable development as a key principle
- ▶ Scoping and collection of available performance information
- ▶ Investment of £50,000 in technological improvements, such as videoconferencing, which will reduce staff travel
- ▶ Development of a draft Waste Management Policy
- ▶ Development of a draft Environmental Policy
- ▶ Work at a national and local level to support various sustainability projects and initiatives

Overview of performance

The purpose of this section is to provide a summary of Public Health Wales' performance during 2011/12 in relation to emissions and waste. The information provided aims to conform to the requirements for public sector bodies in reporting on sustainability. However, Public Health Wales recognises that further work is necessary to develop appropriate reporting arrangements and baseline information within the organisation.

As an all Wales organisation, Public Health Wales has a presence in over 40 locations, which includes accommodation that is owned, leased or provided by/shared with other NHS

organisations. Currently, financial and non-financial information on emissions, waste and finite resources is not available for all of these premises. Therefore, a key action for 2012/13 will be to undertake further work to develop and refine performance measures and establish an accurate baseline to support improvements in future years. This work will be informed by the South East Wales Accommodation Review, which is being undertaken by Public Health Wales during 2012/13. The review will consider the rationalisation of accommodation and has identified sustainable development as a key principle in taking forward the review.

Summary of 2011/12 performance

Area	2011/12 Performance		
	Financial Indicator	Amount	Consumption (CO ₂ Emissions)
Official business travel (excluding rail and air)	£663,487.14	1,560,254 (total business mileage)	513.71 tonnes CO ₂ ¹
Estate Energy - electricity	£125,240.81 ²	371,067kWh ³	193.10kg CO ₂ ⁴
Estate Energy - gas	£43,169.57 ⁵	576,551kWh ⁶	299.89kg CO ₂ ⁷
Estate Water	£10,131.00 ⁸	2,628Cu.metres ⁹	N/A
Estate Waste	£45,386.47 ¹⁰	N/A	N/A
Total	£887,414.99	N/A	N/A

1. Using Carbon Footprint Calculator and based on an average car <http://www.carbonfootprint.com/calculator.aspx>
2. Information included on the following sites - 14 Cathedral Rd; 18 Cathedral Rd; 24 Alexandra Rd; 4th Floor, Churchill House; Bodnant Unit; Chestnut Court; Nantgarw; Temple of Peace; Orchard Street; Unit 4, 5 and 6 Magden Park; North East Wales Breast Screening Centre Wrexham; North Wales Breast Screening Centre Llandudno
3. Information included on the following sites - 14 Cathedral Rd; St David's Park; Temple of Peace; Wrexham Technology Park; North Wales Breast Screening Centre Llandudno; 24 Alexandra Rd
4. Using Carbon Footprint Calculator <http://www.carbonfootprint.com/calculator.aspx>
5. Information included on the following sites - 18 Cathedral Rd; 24 Alexandra Rd; Bodnant Unit; Nantgarw; Temple of Peace; Orchard Street; Wrexham; North Wales Breast Screening Centre Llandudno
6. Information included on the following sites - 14 Cathedral Rd; St David's Park; Temple of Peace; Wrexham Technology Park
7. Using Carbon Footprint Calculator <http://www.carbonfootprint.com/calculator.aspx>
8. Information included on the following sites - 18 Cathedral Rd; 24 Alexandra Rd; Bodnant Unit; Chestnut Court; Clwydian House; Nantgarw; Temple of Peace; Microbiology UHW; 36 Orchard Street; ; Wrexham; North Wales Breast Screening Centre Llandudno
9. Information included on the following sites - 14 Cathedral Rd; St David's Park; Temple of Peace; 24 Alexandra Rd; Wrexham Technology Park
10. Information included on the following sites - 14 Cathedral Rd; 16 Cathedral Rd; 18 Cathedral Rd; 24 Alexandra Rd; 4th Floor, Churchill House; Bodnant Unit; Brunel House; Chestnut Court; Nantgarw; Oldway House; Temple of Peace; Microbiology UHW; Unit 4, 5 and 6 Magden Park; Microbiology Rhyl; Wrexham; North Wales Breast Screening Centre Llandudno

Key deliverables for 2012/13

- ▶ Approval and commencement of implementation of a Sustainable Development Strategy
- ▶ Further development of sustainable development performance measures and establishment of agreed baselines
- ▶ South East Wales Accommodation Review
- ▶ Development of a Carbon Reduction Action Plan
- ▶ Development of a revised Lease Car Policy, including a more environmentally efficient base car

Section 2

Operating and Financial Review

All financial targets achieved

Public Health Wales has again achieved all its financial targets in 2011/12.

With an income of £85,510 million, the organisation successfully broke even and recorded a small surplus of £0.024 million.

Executive Director of Finance, Huw George, said: "This was particularly rewarding in a year when the organisation faced considerable financial pressures without any inflationary or growth funding. In order to achieve this we made financial savings of more than £2.8 million.

"We know we will be facing financial pressures for several years to come and it is satisfying that staff across the organisation continue to strive for future efficiencies."

The successful delivery of a capital programme of £4.8 million ensured that Public Health Wales met its target to achieve its external financing limit.

The organisation also achieved its target of creditor payment compliance with 95.6 per cent of non NHS invoices being paid within 30 days, which was a further improvement in performance.

The Public Health Wales Board agreed that in the medium term it would establish a budget principle that it needed to 'invest for change' and 'save to invest'. Over the next three years the organisation has agreed that it will aim for investment each year of 0.8 – 1 per cent and that it would expect, as a matter of course budget holders to produce housekeeping savings of 1.5 per cent.

For 2012/13 a funding gap of £1.6 million was identified, which was closed in order to balance the budget.

Summary of Financial Statements for 2011-12

The following tables set out the financial statements for Public Health Wales for the period 1 April 2011 to 31 March 2012. The Summary Financial Statements (SFSs) are a

summary of and consistent with the full financial accounts for Public Health Wales on which an unqualified opinion has been issued. For a full understanding of Public

Health Wales' financial position and performance, the full annual accounts for 2011/12 can be provided on request.

Statement of changes in taxpayers' equity

	Public dividend capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total £000
Balance at 1 April 2011 restated	14,141	446	45	0	14,632
Changes in taxpayers' equity for 2011-12					
Retained surplus/(deficit) for the year		12			12
Net gain on revaluation of property, plant and equipment		0	142	0	142
Net gain on revaluation of intangible assets		0	0	0	0
Net gain on revaluation of financial assets					
Net gain on revaluation of assets held for sale		0	0	0	0
Impairments and reversals		0	0	0	0
Movements in other reserves		0	0	0	0
Receipt of donated/government granted assets		0	0	0	0
Disposal of donated/government granted assets		0	0	0	0
Transfers between reserves		0	0	0	0
Net gain/loss on other reserve (specify)		0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0	0
Reserves eliminated on dissolution	0				0
New Public Dividend Capital received	1,706				1,706
Public Dividend Capital repaid in year	0				0
Public Dividend Capital extinguished/written off	0				0
Other movements in Public Dividend Capital in year	(251)				(251)
Balance at 31 March 2012	15,596	458	187	0	16,241

**Statement of Comprehensive Income
for the period ended 31 March 2012**

	2011-12 £000s	2010-11 £000s
Revenue from patient care activities	66,008	63,765
Other operating revenue	19,502	18,015
Operating expenses	(85,491)	(81,819)
Operating surplus/(deficit)	19	39
Investment revenue	25	14
Other gains and losses	(20)	1
Finance costs	(12)	0
Retained surplus/(deficit)	12	(24)

**Statement of cash flows for the period
ended March 31 2012**

	2011-12 £000s	2010-11 £000s
Cash flows from operating activities		
Operating surplus/(deficit)	19	(39)
Depreciation and amortisation	1,599	1,233
Impairments and reversals	85	0
Interest paid	(12)	0
(Increase)/decrease in inventories	311	38
(Increase)/decrease in trade and other receivables	(1,741)	1,664
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	920	(2,540)
Increase/(decrease) in other current liabilities	2,113	0
Increase/(decrease) in provisions	1,521	745
Net cash inflow/(outflow) from operating activities	4,815	1,101
Cash flows from investing activities		
Interest received	25	14
(Payments) for property, plant and equipment	(4,811)	(6,843)
Proceeds from disposal of property, plant and equipment	(4)	1
Net cash inflow/(outflow) from investing activities	(4,790)	(6,828)
Net cash inflow/(outflow) before financing	25	(5,727)
Cash flows from financing activities		
Public Dividend Capital received	1,455	5,749
Net cash inflow/(outflow) from financing activities	1,455	5,749
Net increase/(decrease) in cash and cash equivalents	1,480	22
Cash [and] cash equivalents [and bank overdrafts] at the beginning of the financial year	2,488	2,466
Cash [and] cash equivalents [and bank overdrafts] at the end of the financial year	3,968	2,488

**Statement of financial position
as at 31 March 2012**

	31 March 2012 £000s	31 March 2011 £000s
Non-current assets		
Property, plant and equipment	17,590	8,576
Intangible assets	0	0
Trade and other receivables	0	0
Other financial assets	0	0
Other assets	0	0
Total non-current assets	17,590	8,576
Current assets		
Inventories	111	422
Trade and other receivables	5,493	3,752
Other financial assets	0	0
Other assets	0	0
Cash and cash equivalents	3,968	2,488
Total current assets	9,572	6,662
Total assets	27,162	21,143
Current liabilities		
Trade and other payables	(5,413)	(4,637)
Borrowings	0	0
Other financial liabilities	(450)	0
Provisions	(2,268)	(729)
Other liabilities	0	0
Total current liabilities	(8,131)	(5,366)
Net current assets/(liabilities)	1,441	1,296
Total assets less current liabilities	19,031	15,777
Non-current liabilities		
Trade and other payables	0	0
Borrowings	0	0
Other financial liabilities	(1,663)	0
Provisions	(1,127)	(1,145)
Other liabilities	0	0
Total non-current liabilities	(2,790)	(1,145)
Total assets employed	16,241	14,632
Financed by taxpayers' equity:		
Public dividend capital	15,596	14,141
Retained earnings	458	446
Revaluation reserve	187	45
Donated asset reserve		
Government grant reserve		
Other reserves	0	0
Total taxpayers' equity	16,241	14,632

Section 3

Annual Governance Statement of the Chief Executive

Scope of Responsibility

The Board is accountable for governance and internal control. As Accountable Officer and Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets, for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales.

As Chief Executive and Accountable Officer, I have personal overall responsibility for the management and staffing of the organisation. I am required to assure myself, and therefore the Board, that the organisational executive level management arrangements are fit for purpose and provide effective executive level leadership.

Governance Framework

The Welsh Government require that NHS Trusts operate within the wider governance framework set for the NHS in Wales and incorporate the standards of good governance set for the NHS in Wales (as defined within the Citizen Centred Governance principles and Standards for Health Services in Wales), together with its planning and performance management frameworks.

The principles of the Code of Conduct and Accountability for the NHS in Wales are fully endorsed by the Trust. Its governance policies have been reviewed in line with both the specific guidance and the spirit of the codes of practice applying to its delivery of healthcare services.

NHS Trusts in Wales must agree Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the Public Health Wales NHS Trust (Membership and Procedures) Regulations 2009 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 Trust.

These documents, together with the range of corporate policies set by the Board and the adoption of the Values and Standards of Behaviour framework, make up the Governance Framework.

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board.

In particular, the Board has responsibility for the strategic direction, governance framework, organisational culture and development, developing strong relationships with key

stakeholders and partners and delivery of Public Health Wales' aims and objectives. In addition, Executive Directors have Board level responsibility for discharging Public Health Wales' corporate and public health functions.

The Board is supported by the Board Secretary, who acts as principal advisor on all aspects of governance within Public Health Wales.

The Board has established a Committee structure, which, it has determined, best meets the needs of the organisation whilst taking account of any regulatory or Welsh Government requirements. The Committees established include:

- ▶ Audit
- ▶ Quality and Safety
- ▶ Information Governance
- ▶ Remuneration

In addition, Public Health Wales has established a Charitable Funds Committee. This Committee has not met, as charitable funds are currently administered by Velindre NHS Trust on Public Health Wales' behalf. In the interest of cost effectiveness, discussions are ongoing with Velindre NHS Trust on how charitable funds can continue to be jointly managed by both Trusts.

Board Committees are chaired by Non-Executive Directors and Committee Chairs provide reports of each meeting directly to the Board.

Board members' attendance at Board meetings

	Board	Audit	Quality & Safety	Information Governance	Remuneration
Non Executive Directors					
Professor Sir Mansel Aylward CB	3*				1*
Mr John Spence	5	3	4	2	4
Dr Carl Clowes	5	5	4	3	4
Mr Terry Rose	2**				1**
Professor Simon Smail	6		4		5
Professor Gareth Williams	5		4		5
Dr Jo Farrar	4	5		3	2
Executive Directors					
Mr Bob Hudson	6	5	2	2	
Mr Huw George	6	5			
Dr Hilary Fielder	5		4	3	
Dr Peter Bradley	2**				
Mr Mark Dickinson	5		3	3	
Total	6	5	4	3	5

*Professor Sir Mansel Aylward was on sabbatical for a three month period during 2011/12 which means he could only have attended a total of four Board meetings and three Remuneration Committee meetings. John Spence adopted the role of Chair during this period.

** Dr Peter Bradley and Terry Rose were appointed to the Public Health Wales Board in November 2011, so could only have attended a total of two Board meetings. Terence Rose could only have attended a total of one Remuneration Committee meeting.

The Audit Committee

The Audit Committee comprises of three Non-Executive Directors, including the Chair, and meets on a quarterly basis.

The Audit Committee's Terms of Reference state that it is responsible for providing advice and assurance to the Board and the Accountable Officer on whether effective arrangements are in place through the design and operation of the Trust's assurance framework and to support the Board in its decision making and in discharging its accountabilities for securing the achievement of the Trust's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

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

The Audit Committee met five times during 2011/12 and was quorate on each occasion. The Chair of the Audit Committee provided a report to the Board at the formal Board meeting following each Committee meeting. The Audit Committee also produced an Annual Report of business, which was presented to the Board in October 2011. A copy of the report is available on the Public Health Wales website (www.wales.nhs.uk/sitesplus/888/page/46705). It has been agreed that Committee agendas and papers will be made public during 2012/13.

The Quality and Safety Committee

The Quality and Safety Committee comprises of four Non-Executive Directors, including the Chair, and meets quarterly.

The Quality and Safety Committee is responsible for seeking assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare, public health provision and services across the whole of the Trust's activities.

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

The Quality and Safety Committee met four times during 2011/12 and was quorate on each occasion. The Chair of the Quality and Safety Committee provided a report to the Board at the formal Board meeting following each Committee meeting. The Quality and Safety Committee also produced an Annual Report of business, which was presented to the Board in August 2011. A copy of the report is available on the Public Health Wales website (www.wales.nhs.uk/sitesplus/888/page/46705). It has been agreed that Committee agendas and papers will be made public during 2012/13.

No settlements were made under the NHS

Wales redress scheme during 2011/12.

The Information Governance Committee

The Information Governance Committee comprises three Non-Executive Directors, including the Chair, and meets on a quarterly basis.

Public Health Wales has well established arrangements for Information Governance to ensure that information is managed in line with the relevant Information Governance law, regulations and Information Commissioners Office guidance. The arrangements include a Trust wide Information Governance Committee, Trust and Divisional Caldicott Guardians, a Caldicott Guardian for the National Databases and Divisional Information Governance leads.

The Information Governance Committee is responsible for ensuring these arrangements are maintained and adhered to.

The Information Governance Committee met three times during 2011/12 and was quorate on each occasion. The Chair of the Information Governance Committee provides a report to the Board at the formal Board meeting following each Committee meeting. Copies of the reports are available on the Public Health Wales website (www.wales.nhs.uk/sitesplus/888/page/46705). It has been agreed that Committee agendas and papers will be made public during 2012/13.

The Information Governance Committee receives summaries and reports on all Information Governance incidents and near misses reported through the Trust's incident management system. All significant incidents are reported fully to the Committee. During 2011/12, Public Health Wales experienced two data security lapses; one involving patient information and the other involving disclosure of information. Both of these were managed through Public Health Wales' internal processes.

The Remuneration Committee

The Remuneration Committee comprises of all the Non-Executive Directors, including the Board Chair, and meets on a regular basis. The committee considers the pay and terms and conditions of service for Executive Directors and other senior members of staff and considers other pay costs related matters such as applications under the voluntary early release scheme.

The Remuneration Committee met five times during 2011/12 and was quorate on each occasion.

System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of its effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational 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 in the Trust for the year ending 31 March 2012, and up to the date of approval of the Annual Report and Accounts.

Risk Management

The current System of Internal Control is designed to identify and prioritise the risks of the organisation, 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 Board Secretary leads on Risk Management and on developing and maintaining a sound system for risk management processes. Heads of Divisions manage risk within their respective areas and identified senior staff within each service area have a remit for risk management.

A Risk Management Group, chaired by the Board Secretary, was established in 2010 to oversee risk management matters within the organisation. The Group consists of representatives from all parts of Public Health Wales and meets regularly to discuss and assess all aspects of risk within the organisation. These include the risk register, incidents, complaints and claims. The Group is able to escalate risk to the Executive Team and to the various Board Committees, as appropriate, and is able to make recommendations on new and existing risks. The Group also develops and implements risk related policies and procedures.

The reporting of risks is encouraged and the Risk Management Group has a key role in communicating emerging significant team/departmental risks. Risk management is a standard element within all Public Health Wales job descriptions and states that all staff have a responsibility to fulfil a proactive role towards the management of risk in all their actions. This entails the risk assessment of all situations and taking appropriate actions.

Public Health Wales has developed an organisational Risk Register, which details both operational and management level risks for the organisation. Risks are scored and mitigating actions detailed. Risks are allocated to Executive leads and are reviewed at each meeting of the Risk Management Group. The Risk Register is regularly reviewed by the Executive Team and also reviewed at each meeting of the Quality and Safety Committee, and will be reported at least annually to the Audit Committee and Board.

The Public Health Wales corporate risk register is a log of risks that have the potential to threaten the Trust's delivery of its strategic goals and could have a negative impact on the organisation. The register describes the risk, risk rating and highlights the existing controls. Time is allocated, and the Executive Team is convened to identify strategic risks and appropriate action to mitigate against the risk.

The corporate risk register is supported by an operational risk profile. The risks on the operational risk profile arise from activities and processes undertaken within Divisions to

achieve the organisation’s objectives. The risks are identified during the normal course of work and are considered as they arise. They are managed at the time that they arise and reported by staff.

The Public Health Wales Quality and Safety Committee and the Audit Committee meet quarterly and are responsible for reviewing the Risk Register in detail. It also provides an opportunity for the identification of any new/raised risks to be discussed. The Information Governance Committee also receives risks associated with the management of Information Governance. The Risk Register is a live document and therefore subject to changes throughout the year.

Public Health Wales staff adhere to risk management policies, which outline the risk assessment process and include the documentary requirements. This is supported by appropriate strategies and policies that are

designed to identify, analyse, evaluate, treat and monitor those risks that could prevent Public Health Wales from achieving its objectives. Staff are made aware of how to escalate risks and report incidents through statutory and mandatory training. As part of the implementation of the Datix Risk Management system, which Public Health Wales share with Velindre NHS Trust, key senior staff have received training. This education programme will continue to be rolled out as additional Datix modules are implemented.

The NHS Wales Shared Services Partnership, Audit and Assurance Services provide an internal audit function to Public Health Wales. Their programme of reviews provides an independent and objective opinion on the adequacy of the systems of risk management, control and governance by measuring and evaluating effectiveness.

Doing Well, Doing Better: Standards for Health Services in Wales

Public Health Wales uses the Doing Well, Doing Better: Standards for Health Services in Wales as its framework for gaining assurance on its ability to fulfil its aims and objectives for the delivery of safe, high quality health services. This involves self assessment of performance against the standards across all activities and at all levels throughout the organisation. An evaluation of this self assessment is undertaken by the Audit and Assurance Service and a plan for improvement is developed, which is considered by the Quality and Safety Committee.

As part of this process, the organisation has completed the Governance & Accountability assessment module and achieved the following level of performance for 2012.

Governance and Accountability Module	Public Health Wales NHS Trust				
	Do not yet have a clear, agreed understanding of where they are (or how they are doing) and what / where they need to improve.	Are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.	Are developing plans and processes and can demonstrate progress with some of their key areas for improvement.	Have well developed plans and processes and can demonstrate sustainable improvement throughout the organisation / business.	Can demonstrate sustained good practice and innovation that is shared throughout the organisation/ business, and which others can learn from.
Setting the Direction			X		
Enabling Delivery			X		
Delivering results achieving excellence			X		
Overall Maturity Level			X		

This process has been subject to independent internal assurance by the organisation’s Head of Internal Audit. The organisation has plans in place to achieve the improvement actions identified and within clearly defined timescales proportionate to the risk. The Quality and Safety Committee will be responsible for the monitoring of progress against the HealthCare Standards Improvement Plan. Public Health Wales is represented at the Healthcare Standards Self Assessment Tool User Group.

Public Health Wales embeds the Standards for Health Services within its activities and structures as they develop. In addition, the revised Healthcare Standards are built into relevant Public Health Policies and Procedures as appropriate.

Continuing the self-assessment approach, Public Health Wales also undertakes a self-assessment of the governance arrangements within the organisation. Using the Governance Accountability Module as a guide, assessments are made against a wide range of governance functions and activities. The assessment is completed with the full involvement of the Board. The Board has concluded that, overall, the governance arrangements in place for Public Health Wales are sound and that ‘we

are developing plans and processes and can demonstrate progress with some of our key areas for improvement’.

Strategic and Corporate Performance

Board Performance/Assessment

Public Health Wales has robust arrangements in place to assess the performance of the Board and individual Board members. During 2011/12, the Chair undertook a series of mid and end of year appraisals with Board members, which assessed their performance against a series of national, organisational and personal objectives. These discussions informed a series of informal Board meetings and away days, which provided an opportunity to address development needs and to reflect on the Board and organisation’s strategic direction and performance since it was established in 2009.

Ministerial Directives

Public Health Wales’ programmes and services undertake action at a local, national and global level that significantly contributes to the five year vision for NHS Wales detailed in Together for Health, which was published by the Minister for Health and Social Services in

2011. Public Health Wales contributes to this vision through; the Reproductive and Early Years Pathfinder Project, supporting the delivery of actions detailed in Our Healthy Future and Fairer Health Outcomes for All: Reducing Inequities in Health Strategic Action Plan, maximising the benefits of the Realignment of Delivery Arrangements Project, the 1000 Lives Plus programme and improving health literacy and public knowledge.

Public Health Strategic Framework

The Public Health Wales Board approved a Public Health Strategic Framework in August 2011. The framework sets out a number of specific priorities for Public Health Wales, including, to implement the Reproductive and Early Years Pathfinder, strengthen support given to the Directors of Public Health, implement and reconfigure screening programmes and reconfigure microbiology services. An updated framework will be developed and considered by the Board in 2012.

1,000 Lives Plus

The 1,000 Lives Plus Programme continues to play a significant role in supporting organisations and individuals to deliver the highest quality and safest healthcare for the

people of Wales. The programme is focused on building capacity and sustaining and spreading improvements. It supports frontline staff across Wales through evidence-based 'programme areas' and provides clinical leadership through its Faculty. It is committed to engaging patients and students in improvement work and promotes an internationally recognised quality improvement methodology.

Public Health Wales' Chair is co-chair of the 1,000 Lives Plus Programme Board, which also includes Public Health Wales representatives. It is a formal undertaking by Public Health Wales to lead on two of the programme's work streams - ensure care is based on best evidence and ensure a focus on improved outcomes.

Civil Contingencies/Business Continuity

Public Health Wales' Emergency Response Plan details the organisation's response to a wide range of incidents and threats, including those resulting from climate change. The plan provides an overarching framework for the organisation's response to incidents and outbreaks, including the mobilisation of additional resources.

Work is currently underway to develop Public Health Wales' high level sustainable development strategy. The strategy will cover sustainable development in its broadest sense and include information on the work undertaken by Public Health Wales in relation to sustainable communities, international health and the wider determinants of health. The strategy will signpost relevant policies and action plans, including Public Health Wales' Carbon Reduction Action Plan, which is currently being developed.

Key divisions within Public Health Wales, such as Screening, Health Protection and Microbiology, have established business continuity arrangements in place. As part of these arrangements, relevant staff are aware of their duties as outlined within the plans. The IM&T installed infrastructure has been tested to ensure the network is available across multiple sites in the event of local emergencies or one or more buildings suffering unforeseen problems.

Public Health Wales' business continuity arrangements were reviewed by Internal Audit in November 2011 and the arrangements were given adequate assurance.

Equality

Significant work was undertaken during 2011/12 in relation to the development of a Single Equality Scheme for Public Health Wales. As part of this process, specific Board and Executive Team strategic sessions were held to consider the new legislation and the development of the scheme. The new Single Equality Plan has recently been introduced by Public Health Wales, which provided the opportunity to reinforce the organisation's commitment to equality and diversity. The strategic plan sets out the principles of our commitment and outlines practical steps we

are taking to put this commitment into practice. For example, all new and revised policies and strategies are now subject to an equality impact assessment.

Staff

Public Health Wales engages staff systematically in a number of ways. We have an Information Exchange, a staff conference, a senior management forum and a national forum which are all used to engage in conversations with staff in person. These are used in parallel with an open blog, a web forum and other virtual ways for staff to share their work and opinions.

On a project by project and issue by issue basis, Public Health Wales engages staff using workshops, briefings, the web, email and increasingly, versions of social media.

Past and present employees of Public Health Wales are covered by the provisions of the NHS Pension Scheme. Note 11 to the accounts provides details of the scheme, how it operates and the entitlement of employees.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the systems of internal control. My review of the system of internal control is informed by the work of the internal auditors and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework. My review will also consider comments made by external auditors in their audit letter and other reports.

The remit of the Audit and Assurance Service is to:

- ▶ provide an overview of the establishment of risk management and control and governance arrangements for the organisation;
- ▶ review of the Standards for Health Services arrangements for Public Health Wales, particularly those that underpin the Annual Governance Statement; and
- ▶ review processes for monitoring and managing the financial systems and the financial information, including those provided by Velindre NHS Trust

The Internal Audit Assurance Statement and Annual Report for 2011/12 concludes that

'The Board can take reasonable assurance that the arrangements upon which the organisation relies to manage risk, control and governance within those areas under review, and the organisational compliance noted, are suitably designed and applied effectively. However, some issues have been identified that, if not addressed, increase the likelihood of risks materialising.'

Cardiff and Vale Counter Fraud Service provides a service to Public Health Wales and their work plan for 2011/12 was fulfilled and covered all the requirements under Welsh Government Directions. They provide regular reports and updates to members of the Executive Team and directly to the Audit Committee. An annual report is provided to

the Audit Committee, which also receives the annual report of NHS Protect who undertake a Qualitative Assessment of the Trust. The latest assessment saw the Trust improve its rating.

The Executive Team also has a robust governance structure ensuring monitoring and control of the efficient and effective use of the Trust's resources. Financial monitoring, service performance, quality and workforce information is scrutinised at meetings of the Trust Board, and at various operational team meetings.

The Trust has a well developed annual planning process, including the Public Health Strategic Framework, which considers the resources required to deliver the organisation's service plans in support of the strategic objectives. These annual plans detail the workforce and financial resources required to deliver the service objectives and include the identification of cost improvements and areas for savings. The achievement of the Trust's financial plan is dependent upon the delivery of these cost improvement and savings measures. The Financial Plan ensures that statutory financial duties are fulfilled, but also strives to generate funds for the further development of services. As part of the annual accounts review, the Trust's efficiency and effectiveness of its use of resources in delivering its objectives is assessed by the Wales Audit Office.

Conclusion

The overall opinion is that no significant governance issues have been identified and therefore, reasonable assurance can be given that there is a sound governance framework, designed to meet the organisation's objectives and that the framework is generally being applied consistently.



Bob Hudson
Chief Executive,
Public Health Wales

Section 4

Remuneration Report

During 2011/12, the Public Health Wales Remuneration and Terms of Service Committee approved the starting salary and terms and conditions of employment for the Executive Director for Public Health Development and other key senior staff.

The Remuneration Committee also considered and approved applications relating to the voluntary early release scheme.

All Executive Director pay and terms and conditions have been, and will be, determined by the Remuneration Committee within the Framework set by the Welsh Government.

The Public Health Wales Remuneration and Terms of Service Committee consists of the following Members:

Chair of Remuneration Committee:
Professor Sir Mansel Aylward CB

Members:

Dr Carl Clowes

Dr Jo Farrar

Mr John Spence

Professor Simon Smail

Professor Gareth Williams

Mr Terry Rose*

**Mr Terry Rose was appointed as a Non-executive Director on 1 November 2011*

Existing public sector pay arrangements apply to all staff including executive Directors. On that basis, in 2011/2012, no 'cost of living' increases for executive directors were approved by the Remuneration Committee.

All of the Executive Directors are on pay points and not pay scales and have received no other additional increase in remuneration during 2011/12.

Performance of Executive Directors is assessed against personal objectives and the overall performance of Public Health Wales. Public Health Wales does not make bonus payments.

All Executive Directors have the option to have a lease car, under the terms of the Public Health Wales lease car agreement, but excluding the need to undertake the base business mileage per annum.

There is no compensation being paid to former senior managers. In addition, there were no payments to third parties for the services of a senior manager.

Due to the implementation of Agenda for Change, there were no local pay bargaining initiatives during the year and none are planned in the future.

Details of salaries and pension benefits for senior employees are shown at Annex 1 to the Remuneration Report.

NHS Bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Public Health Wales in the financial year 2011-12 was £144,822 (2010-11, £142,737). This was 4.75 times (2010-11, 4.84) the median remuneration of the workforce, which was £30,459 (2010-11, £29,464). The remuneration of the Chief Executive was £140,000 (2010-11, £140,000) which is 4.60 times (2010-11, 4.75) the median remuneration of the workforce.

In 2011-12, 4 (2010-11, 5) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £9,360 to £155,477 (2010-11, £9,360 to £166,474).

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

A new executive director was appointed to the Public Health Wales board during 2011/12, which resulted in the increase in value for the highest paid director (from £142,737 in 2010/11 to £144,833 in 2011/12).

During 2011/12, 14 staff received compensation totalling £356,000 under the early release scheme. See page 20 for further information.

Salary and pension entitlements of senior employees 2011/12

Annex 1 - Salary and Pension disclosure tables

Salaries and Allowances

Name and Title	2011-2012				2010-2011			
	Annual Salary (bands of £5,000) £'000	Other Remuneration (bands of £5,000) £'000	Bonus Payments (bands of £5,000) £'000	Benefits in kind £00	Salary (bands of £5,000) £'000	Other Remuneration (bands of £5,000) £'000	Bonus Payments (bands of £5,000) £'000	Benefits in kind £00
Mr Bob Hudson, Chief Executive	140-145			7	140-145			7
Dr Peter Bradley, Executive Director of Public Health Development ¹	60 - 65			0	0			0
Dr Hilary Fielder, Executive Director of Public Health Services ²	140-145			0	105-110			0
Mr Huw George, Executive Director of Finance	100-105			3	90 - 95			4
Mrs Ruth Davies, Executive Director of Workforce & Organisational Development ³	95-100			2	0			0
Mr Mark Dickinson, Executive Director of Planning & Performance	90-95			9	90-95			6
Mr Keith Cox, Board Secretary/ Director of Corporate Services	85-90			3	85-90			2
Mr Chris Lines, Director of Communications	85-90			0	75 - 80			3

Non Executive Directors:

Professor Sir Mansel Aylward, Chair	40-45			0	40-45			10
Dr Carl Clowes	5-10			1	5-10			2
Dr Jo Farrar	0			0	0			0
Professor Simon Smail	5-10			2	5-10			2
Mr John Spence	5-10			3	5-10			4
Mr Gareth Williams	0			0	0			0
Mr Terry Rose ⁴	0 -5			0	0			0

1. Dr Peter Bradley was appointed Executive Director of Public Health Development on 1 November 2011

2. Dr Hilary Fielder was appointed Executive Director of Public Health Services on 21 June 2010

3. Mrs Ruth Davies was appointed as Director of Workforce and Organisational Development on 4 April 2011

4. Mr Terry Rose was appointed as a Non Executive Director on 1 November 2011.

Remuneration Ratio

	2011-2012	2010-2011
Band of highest paid director's total remuneration £000s	140 - 145	140 -145
Median total remuneration £000s	30	29
Ratio	4.75	4.84

Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000) £000	Cash equivalent transfer value at 31 March 2012 £000	Cash equivalent transfer value at 31 March 2011 £000	Real increase/ in cash equivalent transfer value £000	Employer's contribution to stakeholder pension £000
Mr Bob Hudson,* Chief Executive	0 - 2.5	0 - 2.5	5 - 10	20 - 25	80	45	35	0
Dr Peter Bradley, Executive Director of Public Health Development	2.5 - 5	12.5 - 15	25 - 30	85 - 90	475	340	135	0
Dr Hilary Fielder, Executive Director of Public Health Services	0 - 2.5	5 - 10	30 - 35	90 - 95	696	596	99	0
Mr Huw George, Executive Director of Finance	0 - 2.5	0 - 2.5	20 - 25	65 - 70	372	314	58	0
Mrs Ruth Davies,* Director of Workforce & Organisational Development	10 - 12.5	0 - 2.5	10 - 15	0	157	0	157	0
Mr Mark Dickinson, Executive Director of Planning & Performance	0 - 2.5	0 - 2.5	25 - 30	75 - 80	397	332	67	0
Mr Keith Cox, Board Secretary/ Director of Corporate Services	0 - 2.5	0 - 2.5	35 - 40	110 - 115	753	705	49	0
Mr Chris Lines, Director of Communications	0 - 2.5	2.5 - 5	5 - 10	20 - 25	135	101	34	0

The above calculations are provided by the NHS Pensions Agency and are based on the standard pensionable age of 60. For Directors marked * figures relate to pensionable age of 65.

Declaration of significant interests

During 2011-12 the significant interests of the Public Health Wales Board were as follows:

Professor Sir Mansel Aylward CB

- ▶ Non Executive Director: Advisory Board to Minister for Health and Social Services Welsh Assembly Government
- ▶ Member – Industrial Injuries Advisory Council, London
- ▶ Member: Health Honours Committee
- ▶ Scientific Advisor: Health Claims Bureau
- ▶ Chair: Merthyr Tydfil County Borough Standards Committee
- ▶ Patron: Vocational Rehabilitation Association
- ▶ Vice President: The Shaw Trust
- ▶ Advisor: ATOS Healthcare Ltd Clinical Governance Committee
- ▶ Chair: HCML Ltd Medical Advisory Board
- ▶ Chair: Royal Mail Attendance Academy
- ▶ Chair: Academic Forum, Faculty of Occupational Medicine (RCP)
- ▶ Patron: TREAT Trust
- ▶ Medical Advisor: US Preventive Medicine, Nashville, TN, USA
- ▶ Member: Council of College of Medicine, UK
- ▶ Member: Academic Advisory Board for the Centre for Health Services Innovation at the Counties Manukau District Health Board, New Zealand
- ▶ Vice President: College of Occupational Therapists

Dr Carl Clowes

- ▶ Hon: Lesotho Consul in Wales
- ▶ Life President: Dolen Cymru
- ▶ Director of the Board: Dolen Cymru (charitable company)
- ▶ President Ymddiriedolaeth Nant Gwrtheyrn (charitable company)

Dr Jo Farrar

- ▶ Chief Executive, Bridgend County Borough Council
- ▶ Chair of SOLACE Wales
- ▶ Returning officer for Bridgend and Regional Returning officer for South Wales Central area in National Assembly Elections

Mr Terry Rose

- ▶ Employed part time by Health and Safety Executive – has no operational or regulatory responsibilities in Wales
- ▶ School Governor

Professor Simon Smail

- ▶ Trustee: Leonard Cheshire Disability
- ▶ Wife: Mrs June Smail OBE, Non Executive Director and Vice Chair of Velindre NHS Trust

Mr John Spence

- ▶ Non-executive Director UK Food Standards Agency until 2013
- ▶ Chair of the Welsh Food Advisory Committee

Professor Gareth Williams

- ▶ Chair: Board of Trustees and Management Group, Treganna Family Centre, Cardiff
- ▶ Co-chair: NIHR Doctoral Fellowship Programme, National Institutes for Health Research, Leeds
- ▶ Member: Welsh Office of Research and Development, Health and Social Care Grants Committees, Welsh Assembly Government

Annex 2 -
Reporting of other compensation schemes – exit packages

Exit package cost band	Total number of exit packages by cost by cost band Number 2011-2012	Total number of exit packages by cost band Number 2010-2011
<£10,000	4	3
£10,001 - £25,000	4	5
£25,001 - £50,000	5	5
£50,001 - 100,000	1	3
£100,001 - £150,000	0	0
£150,001 - £200,000	0	0
£200,001+	0	0
Total number of exit packages by type	14	16
Total resource cost £000	356	551

Statement of Assurance

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

Bob Hudson

Accountable Officer, Public Health Wales

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

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

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



Bob Hudson Chief Executive
30 July 2012

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

I have examined the summary financial statements contained in the Annual Report of Public Health Wales NHS Trust set out on pages 11-20.

Respective responsibilities of the Accounting Officer and auditor

The Accounting Officer is responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements and the remuneration report. I also read the other information contained in the Annual Report and consider the implications for my report if

I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

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

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements and the remuneration report of Public Health Wales NHS Trust for the

year ended 31 March 2012 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements, 27 June 2012 and the date of this statement.

Huw Vaughan Thomas

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

10 September 2012