GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru
Public Health Wales

Annual Report 2024/25

Foreword

It is our pleasure and privilege to introduce our Annual Report for 2024/2025.

Our Annual Report this year reflects the breadth and depth of our work, structured around our six strategic priorities and underpinned by our long-term strategy, *Working Together for a Healthier Wales 2023–2035*.

The last year has been one of both challenge and progress for us with some significant achievements along the way. We have made substantial progress across the breadth of public health.

Against a backdrop of persistent health inequalities, the ongoing cost of living crisis, and the enduring impacts of the COVID-19 pandemic, we have remained steadfast in our mission to improve health and well-being and reduce inequalities across Wales. We have done this against the background of a cost of living crisis, the pressure on health services and the ongoing climate threat. To do this, we have led, delivered on and engaged with partners across all of our strategic priorities in the delivery of our Strategic Plan for this year and we would like to say a very big thank you to all the people who have supported and worked with us over the last year.

We advanced efforts to influence the wider determinants of health, including child poverty, housing conditions and workplace health, while supporting Local Authorities and Public Services Boards to implement evidence-informed well-being plans.

Our work to promote mental and social well-being included the expansion of the *Hapus* programme, the development of the Early Years Framework for Action, and continued support for a whole-school approach to mental and emotional health.

We also strengthened our focus on promoting healthy behaviours, with major initiatives in smoking cessation, diabetes prevention, substance misuse and healthy weight management.

We published our *Investing in a Healthier Wales: Prioritising Prevention* report which takes a life-course approach to the most impactful prevention interventions to support decision-making in shifting to prevention across Wales. In addition, our international health work continued with a particular focus on the Well-being Economy (putting health at the heart of a healthy, economically and fiscally stable society) for Wales, and we supported the Welsh Government in hosting a World Health Organization Policy Dialogue on the Wellbeing Economy in Cardiff, with representation from Iceland, Finland and Scotland.

Our national health protection and infection services and our national screening programmes all had an exceptionally busy year. Our health protection services delivered critical public health functions, including the launch of the Respiratory

Syncytial Virus (RSV) vaccine programme, strengthened emergency preparedness and enhancements to our screening and genomics services. This included the extension of our national Bowel Screening Programme age range to include 50 – 74 years. We also made strides in tackling the public health effects of climate change through surveillance, research and capacity-building, including the work of our Greener Primary Care Wales Framework and our Health and Sustainability Hub.

In supporting the development of a sustainable health and care system, we launched the *Prevention-Based Health and Care Framework*, expanded the All Wales Diabetes Prevention Programme and contributed to dental and cardiovascular disease prevention efforts.

These achievements were made possible by our enabling functions—our people, digital and data capabilities, quality and governance systems, financial robustness and our commitment to sustainability and innovation—all of which have played a pivotal role in delivering impact for the people of Wales.

Throughout the year, we have embraced the principles of the Well-being of Future Generations (Wales) Act 2015, embedding long-term thinking, prevention, integration, collaboration, and involvement into everything we do. Our route maps for each strategic priority have guided our actions and provided a clear pathway toward our 2035 vision.

As we look ahead, we remain focused on increasing healthy life expectancy and narrowing the gap between the most and least deprived communities in Wales. We recognise that achieving this ambition will require continued collaboration, adaptability and a relentless focus on prevention and equity. This report provides a comprehensive account of our performance, achievements, and learning over the past year. It also sets the stage for the next phase of our journey—one that is rooted in partnership, driven by evidence, and committed to creating a healthier, fairer, and more sustainable Wales for current and future generations.

Finally, we would like to personally thank each and every one of our extraordinary people across Public Health Wales, our Executive Team and our Non-Executive Directors for their hard work, passion and unrelenting commitment throughout the last year. Our people are at the heart of what we do and how we do it and, once again, our exceptionally dedicated people have gone above and beyond to deliver yet another extraordinary year of protecting and supporting the health and well-being of the people of Wales.

Pippa Britton OBE PLY

Chair of the Board

Public Health Wales

Tracey Cooper OBE

Chief Executive

Public Health Wales

Annual Report 2024/25

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Section 1:

Performance Report

Performance Report

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1. Introduction

We face significant challenges in Wales, particularly in relation to stark and persistent health inequalities. Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because the building blocks needed for good health are weak or absent in our communities. The legacy of the Coronavirus (COVID-19) pandemic and the ongoing rise in the cost of living continues to have profound effects on the people of Wales. This includes not only the direct health impacts, but also the broader and longer-term implications for our health and well-being.

Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health. This highlights the profound interdependence between population, societal, economic and environmental well-being. Although the threat from COVID-19 appears to have reduced over the past year, we have remained vigilant on threats to the people in Wales from communicable diseases and non-infectious hazards.

We have continued to learn from our response to the pandemic to build robust plans for response to future outbreaks. We also know the impact these challenges have had on the wider health and social care system. The pressure on the NHS and social care remains significant, but this is also true for all public services. We also know that the projected rise in risk factors related to health conditions, coupled with an ageing population will further increase the number of people living with long-term health conditions.

Most of the diseases which are increasing significantly have common key preventable drivers, include : smoking, an unhealthy diet, physical inactivity and high risk drinking. Low levels of mental well-being impact directly on an individuals' capacity for self-care and can lead to the adoption of health harming behaviours as a coping strategy. Now, more than ever, we require the collective efforts of a range of partners to address these issues over the coming years.

We have an opportunity through making a system-wide strategic shift to prevention to address these challenges and to harness the opportunities which are available to us in Wales. This is intended to deliver benefits across the short, medium and long term, including: reducing the financial burden of preventable disease on health and social care and employment, halting the rise in preventable disease and tackling the wider determinants of health to deliver measurable improvements in our population's health.

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

with our partners to deliver integrated solutions as we tackle the challenges that we will face today and will face tomorrow. We also recognise that we continue to operate within a volatile and changing environment, and will therefore continue to demonstrate an ability to dynamically respond to new and emerging threats and opportunities.

In developing our strategy, we focused on where we, as Public Health Wales, can add most value for the people of Wales. We have done this through the delivery of our six strategic priorities, which are underpinned by our commitment to reducing health inequalities. We have continued to demonstrate an unwavering focus on reducing health inequalities and ensuring that we deliver maximum value and impact for our population to create a healthy and sustainable Wales.

2. Our Strategic Plan

Following our Board's approval, we published our Long Term Strategy - *Working Together for a Healthier Wales, 2023-2035* in May 2023, which sets out the actions we will take to achieve a Wales where people live longer, healthier lives, and where all people have fair and equal access to the things that lead to good health and well-being.

The strategy sets out our six strategic priorities, and maps out in detail how we plan to address each priority, which are:

- Influencing the wider determinants of health
- Promoting mental and social well-being
- Promoting healthy behaviours
- Supporting the development of a sustainable health and care system focused on prevention and early intervention
- Delivering excellent public health services to protect the public and maximise population health outcomes
- Tackling the public health effects of climate change

Our Strategic Plan for 2024-27 (also known as the Integrated Medium Term Plan) was submitted to Welsh Government at the end of March 2024. On 9 August 2024, we received confirmation from Judith Paget, Director General Health, Social Care and Early Years Group / NHS Wales Chief Executive, that the Cabinet Secretary for Health and Social Care approved our Strategic Plan for 2024-27. Our plan aimed to build on progress that we have made since we launched our Long Term Strategy in 2023 aimed at addressing the key public health challenges facing Wales.

2.1 Progress against delivering our plan

The end of March 2025 saw the conclusion of our Strategic Plan for 2024/25 and we ended the year with over 86% of our delivery milestones completed against our baseline plan agreed in March 2024. This equates to 204 milestones delivered from the total of 230 milestones.

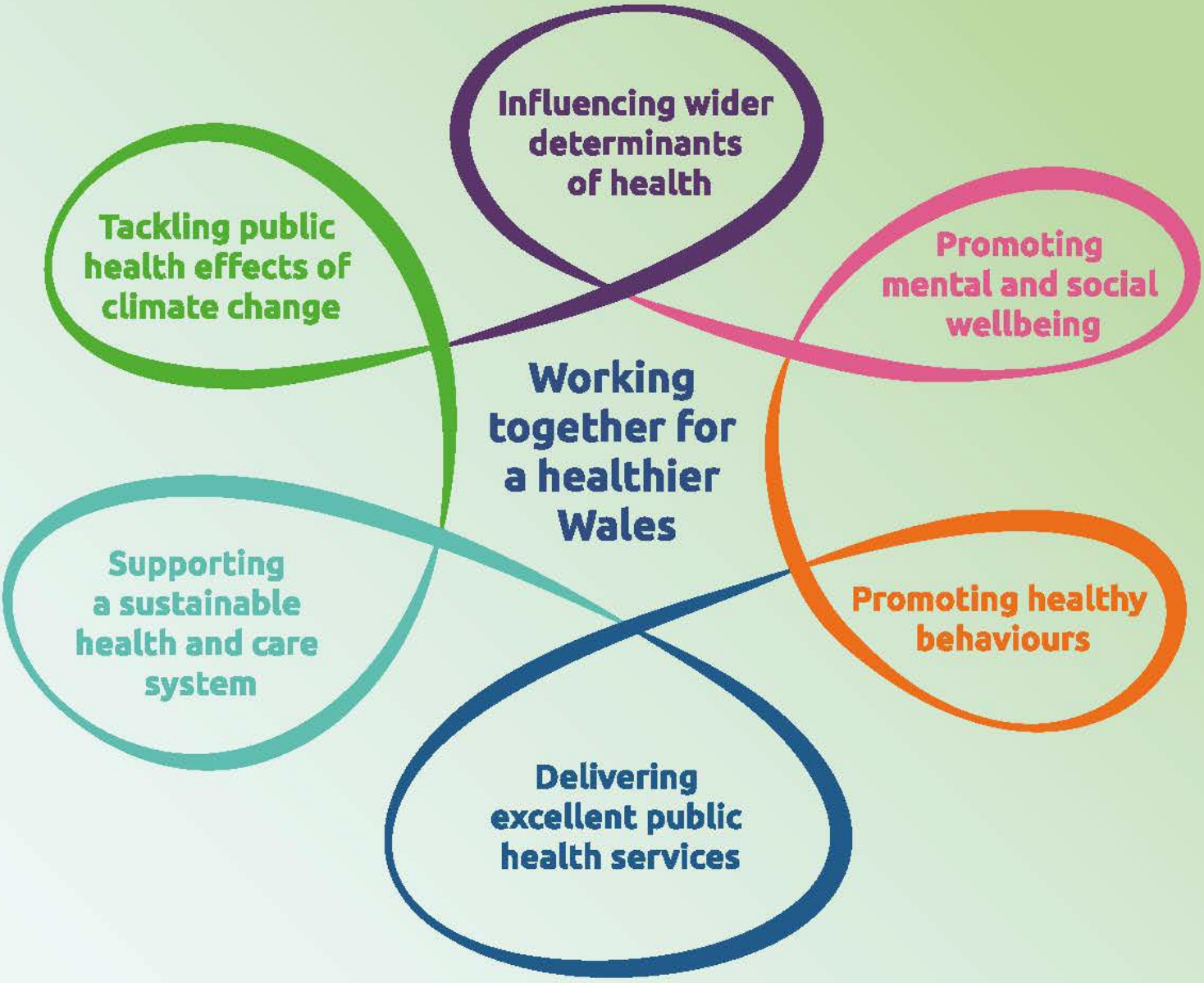
Of the remaining 26 (14%) milestones reported as incomplete in 2024/25, 9 milestones were closed as no longer required due to re-planning, 10 milestones remain suspended and 16 have had their planned delivery date moved into the next financial year and will form part of our 2025/26 plan. Delays in delivery were often due to factors outside of our control including dependencies on activities by other organisations.

Our progress in delivering our milestones represents the successful delivery on completing year two of our Long Term Strategy, which was a significant achievement for the Organisation and represents all the great work and dedication of our staff during very challenging times for public services.

Progress against our plan is reported to our Executive Team and Board on a monthly basis through our Performance and Assurance Dashboard and Insights Report. The Report includes the ratings for each milestone, an exception report for those where issues have been identified, and a control process for managing changes in relation to milestone delivery with a projected year-end milestone status reporting the rate of completion. Ongoing assurance is also provided to Welsh Government through our Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings.

Further information on our priority and enabling areas, including examples of what we delivered in 2024/25, alongside key challenges and opportunities for learning, are set out in the following section.

Our Priorities 2023-2035



We are Public Health Wales.
We exist to help all people in Wales live longer, healthier lives.

Our values are **working together** with **trust and respect** to **make a difference.**

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

3. Strategic Priority One: Influencing the wider determinants of health

Everyone in Wales deserves the opportunity for good health. However, too often people in Wales become ill or die too early because of a lack of the essential building blocks needed for good health. These building blocks include our education and skills, a warm safe home, fair work, money and resources, access to affordable and sustainable transport and healthy physical environments. These conditions affect us from our earliest experiences and throughout our lifetime.

The wider determinants drive health and health inequalities in Wales. Different experiences of these determinants lead to differences in health outcomes, or health inequalities, which in turn are responsible for a substantial proportion of the total early deaths and ill health of the population of Wales. These systematic and unfair differences, continue across the generations.

Further information on this priority can be found in our Long Term Strategy.

3.1 What we delivered

3.1.1 Child Poverty

During 2024/25, we have focused on the impact of poverty, especially child poverty, following on from the cost of living challenges and the publication of Welsh Government's Child Poverty Strategy in 2024.

With our Building a Healthier Wales Coordination Group partners, we are leading an assessment of need to support enabling and empowering collaboration on child poverty. We are incorporating the building blocks of health into our developing the Early Years Framework for Action (see priority 2).

3.1.2 Health Impact Assessment

Building on 20 years of the Wales Health Impact Assessment Support Unit, we have continued to develop health impact assessment approaches, including providing expert and practical advice and support to developing the Health Impact Assessment (HIA) Regulations and preparing for implementation.

We developed our Welsh Health Equity Solutions Platform further to support engagement with the evidence, data and practical tools for action on health inequalities. We will build on our work to date, framing the building blocks of health, describing a well-being economy approach which puts the health of our population at the heart of creating a fiscally and economically sustainable nation, engaging policy makers with evidence and supporting health impact assessment, contributing to regulations and guidance.

3.1.3 Healthy Homes

We examined the impact of cold homes on health and well-being with a report and recommendations on the satisfactory heating regime in Wales and we provided evidence at the Equality and Social Justice Committee meeting on fuel poverty in Wales. We are now working with partners to consider the future vision for housing in the context of child poverty.

3.1.4 Workplace Health

We have further developed our digital offer for employers through Healthy Working Wales, helping employers to provide the right support to staff with health conditions to stay in work, scoping out our approach to support employers to reduce inequalities in employment for those living with disability or long-term health condition.

3.1.5 Working with and through our partners

We have supported Public Services Boards in their work to influence wider determinants of health, including through the launch of the Shaping Places for Well-being in Wales Programme, funded by the Health Foundation. Working across themes of poverty and inequalities, climate and nature emergency, and neighbourhood well-being, the Programme focuses on taking a theory and evidence informed systems approach to the implementation of well-being plans, sharing learning across Wales and the UK.

We also built on the strong relationships with local government, locally in partnership with local public health teams, regionally making new links with Corporate Joint Committees, and nationally continuing our working with the Welsh Local Government Association (WLGA) on shared priorities where we support local authorities in their work on addressing the wider determinants of health.

4. Strategic Priority Two: Promoting mental and social well-being

Mental and social well-being are essential components of lifelong health, forming the foundation for healthy individuals and communities. Mental and social well-being are the foundations for healthy people and communities, comprising a range of different elements; how we think, how we understand our emotions and those of others, how we form healthy relationships and our resilience, how we make sense of our experiences.

Mental and social well-being is significantly influenced by our social environment, including where we live, work, play, and learn. Early childhood interactions with parents or carers and the quality of parental relationships are crucial in developing mental well-being. Inconsistent conditions during childhood can lead to long-term harm due to adverse childhood experiences (ACEs).

Social well-being is strengthened by strong social networks within families and communities, fostering a sense of belonging, community connectedness, and active engagement. Communities that nurture these conditions are less likely to experience loneliness and isolation and are more resilient in the face of adversity and trauma. Mental well-being is fundamental to our ability to handle daily challenges and practice self-care. Good mental well-being can mitigate the impact of wider determinants, while low mental well-being can exacerbate them. Further information on this priority can be found in our Long Term Strategy.

4.1 What we delivered

Our work on this priority touches all ages, from the first 1000 days of life through school and working age to older people.

4.1.1 Hapus Programme

We established our Hapus National Conversation to help people to prioritise their mental well-being and take actions to protect and promote it. The website has received over 100,000 page views and we have recruited over 60 community organisations to our Hapus supporter network. We have completed a range of baseline measures and have established an evaluation programme to help us to understand and monitor the impact of our work.

The Hapus Strategic Partnership engages with a range of organisations, including the Arts Council for Wales, Sport Wales, Natural Resources Wales, Tempo, National Trust Cymru, Cadw, NHS Confederation, Amgueddfa Cymru - Museum Wales and the Mental Health Foundation, to support the goal of widening access to and participation in mental well-being promoting activities. We have worked closely with Welsh Government to support the development of the new Mental Health and Well-being Strategy, particularly vision statement two on mental well-being.

4.1.2 First 1000 Days

Our First 1000 Days programme has continued to advocate for greater system wide action on early child development as a foundation for lifelong well-being. The programme led the collaborative work, bringing stakeholders together to develop and agree a shared Early Years Framework for Action. The Framework specifically addresses the Ministerial priority on First 1000 Days and the period beyond it up to the child's fifth birthday. The Early Years Framework for Action will be published in May 2025 and a launch event will be held in June 2025 to share the Framework more widely and discuss ideas for its implementation.

4.1.3 Whole School Approach to Mental and Emotional Well-being

We have continued to support the implementation of the Framework for a Whole School Approach to Mental and Emotional Well-being, working closely with the Directors of Public Health at a local level. We have reached 83% of all schools action planning, achieving the target of 80% by the end of March 2025.

The rise in mental and emotional health problems among children and young people has been a concern for some time both across Wales, the wider UK as well as many other countries internationally. To date, the focus has been on enabling the system to respond to the needs identified but there is also a need to understand what is driving this increase so we can focus our efforts on prevention. We have brought together clinicians, academics and the third sector to start to explore this issue. We have started by working to identify what the data tells us about when this rise started, which aspects of mental and emotional health have shown change over time, and we will then use this work to start to explore possible causes.

4.1.4 Adverse Childhood Experience

The Adverse Childhood Experience (ACE) Hub Wales has continued to co-lead the implementation of the Trauma-informed Wales Framework providing knowledge, resource and guidance to over 50 organisations and key sectors such as education and criminal justice in implementing the Trauma and ACE informed Toolkit. The Violence Prevention Unit has been progressing the implementation of the Wales Without Violence Framework and developed an Engaging Men and Boys Toolkit to provide a range of accessible information for understanding, supporting and critically assessing the role that programmes engaging men and boys can play in preventing violence.

Case study: Strengthening community connections to improve health and well-being in Wales

Background: Social connections play a vital role in our health and well-being and can be a contributory factor in some peoples' experience of poorer health outcomes than others.

Situation: We must protect and promote stronger social connections in a rapidly changing world to improve health and well-being for all in Wales. People are living longer and having fewer children than in previous generations. The average UK family size has steadily been decreasing – from 1.91 children per woman in 2010 to 1.49 in 2022, with projections suggesting we may also see more multi-generational and single-person households. While multi-generational living could contribute to advantages like increased financial security and more resources for child and elder care, there is the risk that more deprived families could be forced into situations where homes are overcrowded and strained. Single person households could experience increased isolation, by comparison.

We did: 'No one left behind', a report from Public Health Wales examined some of the potential impacts of future trends on our social connectedness and community networks. The report considered trends like our aging population, changing family compositions, the expansion of online communities, and the future of work, to assess how these could affect our health and well-being. Alongside the report, a webinar was delivered in partnership with Pobl Group's The Hive Centre in Newport and the Ageing Well Lead at the Older People's Commissioner for Wales's Office. A workshop on the future of social connection was delivered at the Tenant Participatory Advisory Group Cymru Annual Conference.

Impact: Good media engagement including ITV Wales News at Six, Global Radio, BBC Radio Cymru and reported on in local newspapers. The report findings were used to inform our work to support Welsh Government's Communities Policy. The report helped forge meaningful relationships with key stakeholders including with the Older People's Commissioner and housing and community groups.

5. Strategic Priority Three: Promoting healthy behaviours

Promoting healthy behaviours encompasses activity to reduce the burden of disease, disability, and early death that results from use of tobacco, our diet, how active we are and whether and how we use alcohol and other substances.

The latest estimates from the Global Burden of Disease Study indicate that behavioural risks contribute 25% of the years of life lost to due to premature mortality (YLLs) and the years lived with a disability (YLDs) due to non-communicable disease in Wales, which includes Cancer, Heart Disease and Respiratory Diseases. Of these behavioural risks, tobacco contributes the largest among (10%), followed by diet (8%). Additionally, a high BMI is responsible for a further 8%. The growing burden of non-communicable disease is a significant threat to the sustainability of our health and care system. We have established a Prevalence of Disease Programme which enables us to identify trends in diseases especially non-communicable diseases. The first projections and data from the Programme on Diabetes were the impetus for creating our Tackling Diabetes Together programme and further work will directly inform how we shape and refresh our Programmes to meet the changing profile of health and disease in Wales.

Our behaviours are closely linked to the social, economic, and environmental factors which have been outlined in earlier priorities. For the majority of the behaviours, we see a clear socio-economic gradient (those people who are less advantaged in terms of socio-economic position have worse health than those who are more advantaged); these gradients are more common among groups in the population where disadvantage is experienced. These factors are one of the primary mechanisms through which the wider determinants lead to ill health and health inequalities. Behavioural factors also play a part in the conditions which lead to disability such as musculoskeletal diseases and substance use. One of the emerging behavioural risks to health and well-being is gambling which will be an increasing focus over the next three years.

Further information on this priority can be found in our Long Term Strategy.

5.1 What we delivered

5.1.1 Smoking cessation

Over the last 12 months we have worked closely with Welsh Government and our wider system partners to make the most of the opportunity presented by the legislation on tobacco and vaping in Wales and across the UK which will be a major step forward to realising our ambition of a smoke free Wales by 2030. We have worked with the Directors of Public Health in Health Boards to review the Help Me

Quit smoking cessation system so we can harness the potential of smoking cessation to reduce the burden of disease and ill health from tobacco for individuals and the health and care system as a key component of our shift to prevention.

Self-referrals to the Help Me Quit (HMQ) service are 8% ahead of last year and on track to reach a record high in 2024/25. This growth has been driven by the success of the Feel the Difference campaign, as well as a major update to the website user interface and content in January 2025. We developed a partnership with Sheffield University academics to increase our capacity to model the potential future impact of a range of policy measures in relation to smoking and to explore the potential impact of price controls on smoking. We have continued our work to reduce the impact of smoking during pregnancy and to optimise contact with healthcare to promote a quit attempt.

5.1.2 Diabetes

In response to the stark figures and future projections of the rise of diabetes in Wales arising from our Prevalence of Disease programme, we have established Tackling Diabetes Together, a Programme which brings together key partners from across the system to improve outcomes for people living with Diabetes (Types 1 and 2) and halt the rise in prevalence of Type 2 Diabetes by 2028. This work sits across this Strategic Priority, and also our Strategic Priority Four focused on supporting the development of a sustainable health and care system.

5.1.3 Substance Misuse

During 2024/25, we undertook an extensive needs assessment on substance use related harm in Wales and are now developing a cross organisational approach to ensure that Public Health Wales is focused on maximising its impact in this area.

We have developed an e-learning package to promote the use of alcohol brief intervention and the use of risk assessment tools, which have been shown to save money in the NHS. We have worked closely to support Welsh Government to develop proposals for reducing gambling related harm in Wales arising from the introduction of the Gambling Levy in 2025.

5.1.4 Healthy Weight

Our role in the implementation of Welsh Government's Healthy Weight Healthy Wales Strategy has continued, facilitating the adoption of a whole system approach including the development of goals and indicators which will help focus action and enable the measurement of impact. We have continued our work to get the best impact from the All Wales Weight Management Pathway including advising on the role of a growing range of weight loss medications.

The 'Healthy Weight Healthy You' website has continued to grow its user base reaching a significant milestone of 200,000 users visiting since launch, with 84% of users saying that it was helpful or very helpful. Our forthcoming goal-setting digital assistant and updated health assessment once launched will give users greater control over their weight management journey. The Reset Your Mindset campaign

in May 2024 attracted 18,000 new users and the highest number of returning visitors since launch. In November, it won Gold for Video of the Year at the CIPR Awards.

We have undertaken process evaluations of both the Whole System Approach to Healthy Weight and the Children and Families Pilots so we can make recommendations on the next steps for both of these programmes. We have continued our work to support the implementation of the Breastfeeding Action Plan and to develop options for a new infant feeding action plan in Wales. We have also supported the review of the nutrition and food standards for school meals in Wales.

5.1.5 Physical Activity

We continue to recognise opportunities the school day presents to increase physical activity through the next phase of our place-based approach to active school travel. Alongside this, we have supported a whole school approach to health and well-being by developing curriculum toolkits for schools in key areas and proposing a set of minimum standards which are currently being refined through engagement with schools. The JUSTB programme was fully re-established after the pandemic and delivered to schools identified as having the highest need as part of our work to reduce inequalities in smoking outcomes.

5.1.6 Healthy Workplace

The Healthy Working Wales programme has continued implementation of the new digital delivery model with the development of a new website and delivery of a number of e-learning packages and webinars.

To support the NHS to shift to prevention, we re-established the Making Every Contact Count (MECC) programme across Wales to ensure that as many people as possible could benefit from the National Exercise Referral Programme. We also re-established Add to Your Life and continue to work with Health Boards to deploy this tool as part of work to prevent deconditioning and support people to stay in employment or economically active while waiting for NHS treatment and care.

Over the next three years we will identify opportunities for digital platforms and solutions and pursue these to enable greater uptake and impact on our population, and get the benefits of a shift to making greater use of digital solutions for better health.

6. Strategic Priority Four: Supporting the development of a sustainable health and care system focused on prevention and early intervention

'A Healthier Wales' aims for everyone in Wales to lead long, healthy, and happy lives. It sets the policy direction for the health and social care system to deliver sustainable models of care. Sustainable healthcare means providing high-quality care without harming the environment, being affordable now and in the future, and delivering positive social impacts. This includes shifting services from hospitals to communities where appropriate, enhancing early detection and prevention of illnesses, and helping people manage their health and long-term conditions. It also focuses on making it easier for people to stay active and independent in their homes and communities.

The need for sustainable healthcare is underscored by the increasing demand for health and social care in Wales resulting from an ageing population, health inequalities, healthy harming behaviours, environmental and social determinants. These factors have created significant pressures on the health and care system, affecting access to timely treatment, causing avoidable harm, and impacting overall outcomes.

Despite these immediate pressures, it is essential to focus on prevention, early intervention, and equity to develop sustainable care models that meet current and future population needs, reduce harm, address health inequalities, and improve outcomes.

Our workforce is important not just because of their significant role in better health outcomes for everyone but also because a healthcare workforce which is itself as healthy as possible will bring benefits to them, to the NHS and to everyone who uses NHS services. Working together, we assess the actions they can take respectively and jointly to embed prevention in our workforce.

Further information on this priority can be found in our Long Term Strategy.

6.1 What we delivered

6.1.1 Embedding Prevention

Over the past year, we built significant momentum to a shift towards a prevention-focused approach across the health and care system in Wales. The Prevention Based Health and Care Framework was launched alongside a steering group to guide this transition.

The All Wales Diabetes Prevention Programme (AWDPP) continues to show positive results, with nearly 10,000 people attending consultations. An equity toolkit and a

service user experience report were also published to assess the programme's impact.

The Primary Care Obesity Prevention Programme developed a Postnatal Health and Well-being Programme in partnership with the Women's Health Network. Efforts under the Cardiovascular Disease (CVD) prevention programme included a review of health checks and proposals for a quality improvement project in primary care.

In response to the stark figures and future protections of the rise of diabetes in Wales, we established Tackling Diabetes Together, a Programme which brings together key partners from across the system to improve outcomes for people living with Diabetes (Types 1 and 2) and halt the rise in prevalence of Type 2 Diabetes by 2028.

6.1.2 Primary Care

A strong focus has been placed on reducing health inequalities through primary care. Key actions included co-producing with professionals a consensus framework for action and collaborating with partners to create a multi-professional education framework on health inequalities and inclusion health, with resources, made available on the Primary Care One website to support embedding these in practice.

The national evaluation of the Primary Care Model for Wales continues, including cluster peer reviews and self-reflection cycles, with the development of key indicators to measure system progress. A cluster planning portal was launched on the Primary Care One website to aid in planning activities.

In dental care, national coordination of programmes like Designed to Smile and child dental health inspections all aim to prevent tooth decay in children. Collaborative work with the Care Inspectorate Wales (CIW) sought to improve the oral health of care home residents. Training and calibration events were held for the Dental Epidemiology Programme, and the Welsh Oral Health Information Unit provided resources and reports to stakeholders.

We supported Welsh Government's Dental Reform Programme, advocated for a need-based, preventive dental care system, and worked with Digital Health and Care Wales (DHCW) on an annual Quality Self-Assessment for Health Boards and dental practices.

We have also worked with a focus on social value methods which has included delivering training on assessing well-being impact and creating a toolkit to help shift NHS budgets towards prevention.

6.1.3 Safeguarding

This year, the NHS Safeguarding Service has continued its strategic role in coordinating the NHS Wales Safeguarding Network and publishing its annual report, sharing learning from quality improvements and innovations. A key focus has been on addressing recurrent safeguarding themes through innovative learning

approaches. Multi-agency events on Professional Curiosity and Hearing the Voice of Adults at Risk have tackled challenges in protecting individuals from abuse and neglect.

By emphasising person-centred practice, applying a behavioural science-based approach, and encouraging constructive challenge, NHS Wales is strengthening safeguarding practices and driving meaningful improvements in decision-making and frontline engagement.

6.1.4 Sustainability

We continue to chair the National Decarbonisation Inhaler Use and Disposal Task and Finish Group and have provided a coordinated approach, national oversight, input and support to address inhaler use and disposal in Wales and across the UK. This has resulted in a substantial decrease in the use of high global warming potential inhalers and identified areas for improvement in the management of respiratory conditions.

Our efforts in supporting primary care to be more environmentally sustainable and meet the Net Zero ambition have been recognised through winning at the NHS Wales Sustainability Awards 2024 and the Welsh Pharmacy Awards 2024.

Our Greener Primary Care work continues to grow from strength to strength with over 500 practices participating and over 4,200 climate friendly actions reported since the establishment of the Greener Primary Care Wales Framework and Award Scheme in 2022.

7. Strategic Priority Five: Delivering excellent public health services to protect the public and maximise population health outcomes

Protecting the public from the effects of infections and exposure to environmental harms, such as air pollution, and the delivery of our national screening programmes are core responsibilities for Public Health Wales. As a Civil Contingencies Act Category 1 responder, we collaborate with others to safeguard the public from major infectious diseases and environmental risks through robust emergency planning, preparedness, and response actions. This includes addressing inequalities that may arise from health protection threats, existing population health status, and wider determinants influencing health.

We participate in efforts led by the Chief Medical Officer for Wales to strengthen the health protection system. This includes focused work at both Wales and UK levels to learn lessons from the COVID-19 response, implement recommendations from the COVID-19 Public Inquiry, and enhance planning and preparedness for future pandemics. We provide system leadership to further strengthen the health protection system, including multi-agency work to implement lessons from the COVID-19 response and Public Inquiry.

We have continued to support the UK COVID-19 Public Inquiry by producing witness evidence, documentary evidence and oral evidence at Public Hearings against the 10 module areas. As part of this work, our Public Inquiry Response Team works with our external legal team to meet the evidential requirements of the Inquiry. They also coordinate and support our staff to produce and give evidence to the Inquiry. Upon the publication of module reports, we will ensure the reports are considered in detail, recommendations are addressed, organisational learning is captured and is implemented within our emergency preparedness planning process. By doing this, we ensure the Inquiry is able to make appropriate recommendations which drive improvements to our emergency preparedness response where necessary.

Supporting the health system across Wales, we offer national health protection, laboratory, clinical infectious disease, pathogen genomics and infection control services. We deliver, monitor, and evaluate seven population-based screening programmes and coordinate the All-Wales managed clinical network for antenatal screening. These Programmes aim to reduce disease incidence or improve early diagnosis to lessen the disease's impact. Our screening services continue to explore and adopt evidence-based technological advances to improve service delivery.

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) underscores the Duty of Quality to provide safe, effective, person-centred, timely, efficient, and equitable healthcare within a learning culture. Delivering excellent service quality and striving for continuous improvements are vital. This includes developing new programmes or deploying innovative tools and technologies to better understand and respond to threats, ultimately supporting people to live

longer and healthier lives. Public Health Wales aims to deliver the best outcomes for the people of Wales by focusing on equity to reduce health inequalities and support all people in Wales to lead healthier, longer lives. Cancer is a leading cause of death in Wales, with many cancers being curable if detected early and treated effectively. We support primary prevention through HPV vaccination and deliver three cancer population-based screening programmes. Welsh Government has tasked Public Health Wales with scoping and appraising options for a targeted lung cancer screening programme for high-risk individuals aged 55 to 74. Further information on this priority can be found in our Long Term Strategy.

7.1 What we delivered

7.1.1 Health Protection

Over the past 12 months, a notable achievement for the Vaccine Preventable Disease Programme (VPDP) has been the launch of the Respiratory Syncytial Virus (RSV) vaccine programme across Wales, targeting individuals aged 75-79 and pregnant women aiming to significantly reduce the burden of RSV each autumn. The development of the National Immunisation Framework has continued, with Public Health Wales leading the creation of new national standards for vaccine patient information and a repository for evidence and good practices.

We have supported Welsh Government with the drafting of the National Health Protection Framework and published key reports on drug-related deaths, blood-borne viruses, sexually transmitted infections, and air quality in Withyhedge.

Collaborative efforts with various programmes have enabled the modelling of hospitalisations and mortality due to respiratory infections among care home residents. Our public relations and communications efforts were recognised with two awards at the Public Relations and Communications Association DARE Awards Cymru for HIV campaigns.

Case Study - Launch of the Health Protection Inequalities Programme 'Best Practice Guide'

In April 2025, the Health Protection Inequalities Programme (HPIP) launched their 'Best Practice Guide'. This guide offers a set of guiding principles, case studies, practical tools, and support resources to help health protection and emergency planning specialists to describe and mitigate inequalities through their work and evaluate impacts of action. The guide has been promoted through a formal training session where over 100 PHW colleagues came together to learn about the guide and how to embed it in their work. The guide is also being used to inform broader health inequalities work across PHW. Looking ahead in health protection and emergency planning services, both the HPIP and guide will feature in the induction programme for all new starters to achieve an early, shared awareness around the importance of tackling inequalities in all we do.

7.1.2 Infection Services

We have strengthened our control measures through successful accreditation of ISO 15189 across the entire Public Health Wales diagnostic laboratory network. Infection services have been recognised by UK Health Security Agency (UKHSA) Porton Down for successful implementation of a network-wide response to potential viral haemorrhagic fever. Additionally, within four weeks of notification, we developed Mpoxclade typing across Wales.

Our Pathogen Genomics Unit (PenGU) has undertaken development for new services covering Mpox, Respiratory Syncytial Virus (RSV), and Antimicrobial Resistance (AMR) bacteria. PenGU has played a key role working with the Defence Science and Technology Laboratory to deliver an initial operating capacity to the UK Microbial Forensics Consortium, outcome 11 of the UK Biological Security Strategy.

Case study: Access to effective services – preventing the spread of disease

Background: Vaccination and immunisation are an important way of protecting people from infectious diseases. The MMR vaccine protects against measles, mumps and rubella, the complications caused by these diseases and the spread of these diseases in the community.

Situation: During the COVID-19 pandemic, Wales did not see any measles cases. The number of measles cases started increasing on a global scale once the pandemic restrictions started to ease with the potential for measles to also spread within Wales. Detecting cases early is crucial to avoid the spread of measles in the community.

We did: We have targeted improving vaccination uptake among school-aged children and healthcare workers, as these are the areas where transmission is most likely to occur. During 2024/25, we have continued to work with partners of the catch up campaign for MMR is schools. This campaign has resulted in delivery 1,500 and 1,000 first doses were delivered to primary school and secondary school aged children in Wales respectively. Furthermore, over 2,000 and 1,000 second doses were delivered to primary school and secondary school aged children in Wales. This is a significant improvement in MMR uptake. We have also undertaken modelling work to identify the areas and age groups where under vaccination in Wales could result in large outbreaks, to support the targeting of the next phase of activity.

7.1.3 Emergency Preparedness

Our emergency preparedness, resilience, and response efforts include the establishment of a 24/7 on-call service, coordination of responses to over 60 incidents, and the conduct of major national response exercises. We have also been

recognised as part of the CONTEST Cymru governance structure and assessed the UK's preparedness for pandemics.

Finally, we have developed a strategic route map to guide our planning, focusing on coordinated engagement with people in Wales, strengthening partnerships locally, nationally, and internationally, and supporting services to deliver outcomes effectively and efficiently. These achievements underscore our commitment to improving public health services and our strategic vision for the future.

7.1.4 Screening Services

Our screening programmes have seen the implementation of new digital functionalities which include cohorting components for breast screening, e-referral for diabetic eye screening, and sharing of screening histories across the England-Wales border for cervical screening. Diabetic Eye Screening Wales has rolled out 40 new cameras for retinal photography, which improves image capture quality enabling improved identification of patients with diabetic retinopathy.

Our Bowel Screening Wales Programme successfully completed optimisation and now offers screening for adults aged 50-75. Our Breast Screening programme has recovered following the temporary pause resulting from the COVID pandemic. We have also collaborated with Cardiff University to establish a partnership to carry out research to improve the outcomes of our screening services.

Tenth Anniversary of our Newborn Bloodspot Screening Wales

In April 2024, the Newborn Bloodspot Screening Wales Programme (NBSW) celebrated its tenth anniversary as a national screening programme. Over the past decade, it has screened more than 322,500 babies, identifying over 600 with suspected rare conditions for specialist diagnosis and treatment. On April 11, 2024, the NBSW annual conference celebrated the achievements of NHS Wales colleagues, reflected on the programme's progress over the last decade, and discussed future challenges and developments in delivering excellent newborn bloodspot screening in Wales.

7.1.5 Public Health Genomics

Our Public Health Genomics Programme has overseen the formation of a Genomic Epidemiology Unit which has worked to analyse outbreaks and perform genomic surveillance for SARS-CoV-2, Tuberculosis (TB) and HIV.

7.1.6 Healthcare Associated Infection, Antimicrobial Resistance and Prescribing (HARP)

Over the past year, the HARP programme has supported implementation of the UK Antimicrobial Resistance National Action Plan (2024–2029) in Wales through close collaboration with Welsh Government, national oversight groups, and direct support to Health Boards and Trusts. This included surveillance and analysis of

antimicrobial use and resistance, development of stewardship and Infection Prevention and Control (IPC) guidance, and maintenance of the National IPC Manual for Wales.

There has been continued support for outbreak management and epidemiological analysis through the Healthcare Epidemiology Network. The programme also delivered regular reporting on healthcare-associated and surgical site infections during 2024 and are committed to working with the NHS Executive Quality Safety and Improvement team on a collaborative to reduce Clostridioides difficile infections during 2025/26.

8. Strategic Priority Six: Tackling the public health effects of climate change

Climate change is recognised as the most significant public health threat of the century, endangering physical health, mental health and well-being. It threatens all areas of life that impact our ability to achieve and maintain good health. In 2019, Welsh Government declared a climate emergency for Wales and in October 2021 the World Health Organization (WHO) declared climate change to be the single biggest health threat facing humanity.

The impacts of climate change are multifaceted, impacting the social and environmental determinants of health (clean air, food security, safe homes, and access to services). The impacts of climate change are already being felt within Wales, both in terms of physical threats to life through extreme weather events, as well as climate related anxiety. In short, climate change is already adversely impacting the health of people in Wales and will continue to do so well into the future.

We know that some communities in Wales are likely to be more adversely impacted by the effects of climate change than others, and some less likely to be able to take action to respond to these effects, for example, lower income households and those living with disabilities and/or chronic conditions residing in areas prone to flooding, . As such, the effects of climate change are likely to further exacerbate existing health inequalities in Wales. Our focus must be on ensuring that efficient and equitable adaptation policies and interventions are in place that help to reduce health inequalities.

We have identified several elements where we have a role in supporting the climate change and sustainability agenda, including developing, understanding and interpreting the evidence to inform action, provide evidence-based interventions, and to provide integrated technical advice to partners. This includes key functions such as policy advice, behavioural change, communication, surveillance, and guidance.

Further information on this priority can be found in our Long Term Strategy.

8.1 What we delivered

Over the past 12 months, we have made significant strides in strengthening external partnerships, enhancing surveillance capabilities, advancing research, and building capacity in climate and health.

Our collaboration with UK Health Security Agency (UKHSA) and Public Health Scotland has led to an agreement on aligning surveillance metrics and methods, while the International Association of National Public Health Institutes (IANPHI) framework for action has provided a solid foundation for our strategic route map. We have also engaged with key global partners, including World Health Organization, broadening our academic collaborations.

In surveillance, the launch of a dedicated sub-group within the Climate Change Programme Board has been instrumental in developing a climate and health surveillance system for Wales. We have also made significant progress in aligning our surveillance efforts internationally and fostering academic partnerships with Universities in Wales, the UK and worldwide.

Capacity-building efforts have been bolstered through our Greener Primary Care work and Healthy Travel Charters. Additionally, we have developed publications, including on demographic insights from a public survey on the links between climate change and how it affects health and a report on reducing single-use plastics in our microbiology laboratories.

Our Health and Sustainability Hub has continued to support action, build capacity, inspire and educate throughout the past year. Further information and examples of some of our key deliverables during 2024/25 can be found in the Well-being of Future Generations Report.

9. Enabling the successful delivery of our Plan

Our enabling functions continue to be pivotal to the successful delivery of our strategic priorities, playing a critical role in the leadership and delivery of a number of major areas of work, alongside the delivery of our full range of statutory functions and activities. We have focused on delivering maximum impact by building on innovative approaches that work, placing users at the heart of what we do and through an unwavering focus on quality improvement.

9.1 Our People

Our people are at the heart of our work to reduce health inequalities and protect and improve the health and well-being of the people of Wales. Our People Strategy provides our long-term direction and priorities which shape the Organisation and our culture and ways of working. Our long-term people ambition is to develop a flexible, sustainable, diverse and thriving workforce, with the capability and capacity to deliver our strategic priorities. Given how critical our people are to our success, we want to attract, retain and develop great people, to create a positive impact in the communities we serve throughout Wales.

This year we have undertaken work to refresh our People Strategy to better align with the refreshed Long-Term Strategy published in 2024; build on the actions we have taken since 2020; recognise how the world has changed over the last 5 years and take account of the key challenges for the next 10 years. We expect to publish the strategy by the end of June 2025.

Our key objectives and other achievements for the year are summarised below.

9.1.1 Culture and Experience

Our aspiration is to have a compelling cultural narrative and a consistent organisational culture; a staff experience that prioritises well-being, flexible working, opportunities for career progression and makes Public Health Wales an employer of choice that attracts, recruits and retains people to reflect the communities we serve and a workforce which understands and advocates for diversity.

- We have developed a strategic approach to employee engagement, which responds to the results of the NHS Wales Staff Survey, Medical Engagement Survey, Culture Assessment and other inputs, and identified measures to track our progress with the actions agreed to close the gap between current and ideal culture and increase employee engagement.
- We developed more accredited Cultural Advocates, providing knowledge and developing skills that will enable our advocates to confidently and effectively support our culture work.

- Behaviours are core to culture and this year we evaluated 'Being Our Best', the behavioural Framework we launched in 2023, following extensive engagement with colleagues about how we want our values – *working together, with trust and respect, to make a difference* – to show up in our everyday working experiences. We will use the evaluation to shape how Being our Best is embedded.
- We were pleased to see an increase in the response rate to the NHS Wales staff survey, from 54% in 2023 to 60.5% in 2024. This is compared with the 21.9% overall NHS Wales response rate for 2024. The results will inform further development of our employee engagement plan and help us target action.
- Our new Strategic Equality Plan for 2024-2028 was published to meet our Public Sector Equality Duties and enable us to achieve our ambitions.
- Building on the Gold award that we were awarded in 2023, we achieved Gold with Distinction in the Diverse Cymru Cultural Competence assessment for 2024. Public Health Wales was the only organisation that participated to achieve this level of recognition.
- Our Staff Networks continue to develop and grow, and they are an integral part of the way we work. Networks are sponsored by an Executive team member and this year each Network attended a Board meeting to discuss their work and agree priority actions. A subgroup of our Porffor Network was launched to support Neurodivergent Staff.

9.1.2 Organisational Effectiveness

Our aim is to plan and work towards our agreed optimum workforce size and shape which is aligned to our Long-Term Strategy, have clear approaches to develop or access the skills we need with increased flexibility, deployment of resources where needed, reducing silos and building collaboration to support organisational performance.

- We launched an updated workforce planning process in April 2024 and saw high levels of engagement across the Organisation . The outcomes have been categorised into three broad area – Recruitment and Retention; Learning and Development; and Planning for Change.
- We clarified that there are three common skills themes; we need to build digital literacy skills, leadership and management skills, and Welsh language skills.
- The need for a robust succession planning approach, especially for our critical roles, was another key output. Work is underway to further develop succession planning in 2025/26.
- We identified clear connections between the challenges highlighted in our workforce plans and our People Strategy aims and objectives, and this will allow the People and Organisational Development Directorate to adapt our programme of work to better meet the needs of the Organisation .
- Our People Strategy states our commitment to embed a Job Family approach to support professional development, succession planning and workforce planning

and this year we established a clear vision outlining the function of job families within Public Health Wales. We will implement the vision next year.

- We evaluated the pilot of our Leadership and Management Academy programme, together with feedback and data obtained from the Leading with Impact programme and designed and delivered an ongoing programme of leadership and management development which has inspiring culture and compassionate leadership as its heart.

9.1.3 Professional Standards

As part of our ongoing commitment to professional standards, accountability for all regulated healthcare professions—excluding Nursing and Midwifery, which remains within the Nursing, Quality and Integrated Governance (NQIG) Directorate—has been transferred to the Office of the Medical Director (OMD). This builds on the OMD's existing remit, which includes oversight of General Medical Council (GMC)-regulated professionals and multi-professional consultants registered with the UK Public Health Register (UKPHR). Regulated health professionals are a critical component of our workforce, and both the OMD and NQIG continue to strengthen regulatory oversight, clinical supervision, peer support, professional networks, and, where applicable, revalidation and appraisal quality assurance

9.1.4 Welsh Language

We take great pride in being a bilingual Organisation, championing the Welsh language at every level. Our Welsh Language team plays a vital role in ensuring compliance with Welsh Language legislation, providing expert guidance, templates, and delivering high-quality Welsh content. They also lead Welsh Language Awareness training and support staff in learning and using Welsh in their daily work. In the past year, we have made significant strides by recruiting a Welsh Translation Coordinator to oversee our translation work and develop a new Welsh Translation Request Portal, which launched in January 2025. Furthermore, we have embedded the Welsh Language into our impact assessment processes, ensuring that our policy decisions positively impact the Welsh language and its speakers.

We have six active staff diversity networks in Public Health Wales that bring employees with shared characteristics such as gender, race, cultural heritage, gender identity, sexual orientation, faith, age and disability together in a safe space and offer a range of opportunities for their members. In the past year we have held events to raise awareness, raise the profile of our networks and offer support through education for all our employees. In 2024, we ranked 31st most inclusive employer and a Gold Standard employer in the Stonewall UK Workplace Equality Index, and our People and Organisational Development Directorate received the Gold Award with Distinction from Diverse Cymru as part of their Certificate of Cultural Competence Progress, after an external assessment by UK Investors in Equality and Diversity (UKIED).

9.1.5 Business and Processes

We are continuing to evolve our policies, processes, and supporting services to drive and enable high performance through managers and key people metrics to inform planning, decision-making and team management.

- We reviewed and updated a number of policies in partnership with Trade Union colleagues and in consultation with staff, to deliver streamlined and simplified processes. This includes our establishment control process.
- Improvements were made to processes, forms and templates and we utilised automation to enhance customer experience and increase process efficiency.
- We undertook a programme of user research to help us understand the needs of People and Organisational Development service users, to put our people at the heart of our service design, and develop more effective processes and service improvements. This informed the development of a prioritised plan for improvement.
- This year we have assessed our readiness and commenced the work that will prepare us for the future NHS workforce solution which will replace the current system, the NHS Electronic Staff Record (ESR), the biggest system of its kind in the world.

9.1.6 Challenges and Risks

- We continue to face challenges which impact our people and the work we do, as well as the wider population of Wales. Factors such as an ageing population, larger numbers of people working to a later age, socio-economic challenges, the impact of the pandemic, and climate change all affect the workforce we require and the workforce that is available to us, now and in the future.
- There's a need to develop recruitment strategies for hard-to-fill roles and in response to planned future expansion, including lung screening, data science, AI and genomics. We need to build digital literacy skills, leadership and management skills, and Welsh language skills and a requirement for clear career pathways for all job families.
- We need to be able to recruit and develop a more diverse workforce that better reflects the communities we serve, and provide insight into the needs and motivations of all our service users. We have further work to do to embed strategic workforce planning within our long term, integrated planning cycle.

We also want to embed ways of working that will attract and inspire a multi-generational workforce to work effectively together, valuing each other's skills and perspectives, and supporting people's changing needs by increasing the opportunities for flexible and agile working.

9.2 Organisational, Improvement and Risk Management

We aspire to be an exemplar in quality and aim to deliver excellent public health services. Over the last 12 months, we have developed our approach to quality and continuous improvement utilising a Quality Management System to effectively describe organisation design and participate in system transformation and continuous quality improvement.

We are committed to operating this Quality Management System (QMS) which is designed for excellent outcomes and driven by the needs of the population we serve. This in turn enables a quality culture and learning environment which supports our staff and provides a great place to work and thrive. This approach supports the achievement of our strategy and strategic priorities, and our ambition about the culture we want as an Organisation.

The pursuit of an organisation-wide approach to managing for quality enables us to implement the Duties of Quality and Candour within the Health and Social Care (Quality and Engagement) (Wales) Act (2020). It also enables us to focus more clearly on the needs of the system and purpose of the organisation. Following the introduction of the Duty of Quality and the Duty of Candour, we have been working with our staff and key stakeholders to ensure we meet the requirements of both duties, with the ultimate aim of delivering excellent public health services.

Our Nursing, Quality and Integrated Governance Directorate is responsible for enabling, advising, collaborating and supporting across the Organisation as subject matter experts ensuring arrangements are in place for quality assurance and integrated governance and safeguarding. In 2024/25 some of the key achievements by this Directorate are as follows:

9.2.1 Quality and Improvement

In response to the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Health and Care Standards have been reviewed as part of the Duty of Quality implementation. The Health and Care Standards have been replaced with a quality reporting Framework, based on new Health and Care Quality Standards. The twelve Health and Care Quality Standards are framed around six domains of quality and six quality enablers, to describe what good quality care looks like.

The new reporting framework and the Duty of Quality sets out a clear framework for quality management that will strengthen the connection between the Duty of Quality, Health and Care Quality Standards, and wider quality management systems in NHS Organisations in Wales.

In 2024, the first Annual Quality Report was published to demonstrate how Public Health Wales complied with the Duty of Quality and the twelve standards. It looked back at achievements and delivery through a lens of quality, and highlighted the learning which would help us improve our services across the coming year. To see detail on how we have complied this year, please read the 2024/25 Annual Quality Report which is due to be published on our website in September 2025.

9.2.2 Records Management Project

This Project has delivered the implementation of SharePoint Online as a single Electronic Document Management System (EDRMS) for Public Health Wales. This programme has been in train since 2023 to improve collaborative working, reduce staff time in searching for and using documents and records, and ensuring that Public Health Wales is compliant with Information Governance legislation.

We are already seeing improvements in governance and version control, and our external partners such as Health Boards and Local Authorities can join us in collaborating on documentation, reducing the time it is taking to complete vital pieces of work. This was a significant organisational change, which was received very well by staff and engagement in the Project was high. This is an exciting change for Public Health Wales, which will continue to support staff to deliver our strategic priorities.

9.2.3 Service User and Patient Experience

The Directorate provides support for both public-facing engagement and service user experience for teams and programmes across Public Health Wales. In 2024/25 we carried out an extensive review of our Young Ambassadors Programme (a young person's engagement programme) and, in 2025/26 we will plan to work with the expertise of community youth organisations to bring together an advisory group of young people from across Wales to support the development of a refreshed programme which is driven by the voices of young people. In 2024/25, the Engagement team also commenced a detailed baseline assessment of engagement activity by the organisation with people, communities and the third sector across Wales. Recommendations will be presented over the summer of 2025.

To promote the importance of listening to and capturing feedback from the people who use our services, the Service User Experience Team have been working with all Public Health Wales National Screening programmes to introduce service user experience and feedback surveys. These surveys are now live and available on the respective Screening Webpages, Screening - Public Health Wales. The surveys are promoted by screening teams using posters, flyers and embedded within the appointment and results letters which we send. Work was completed in partnership with the Putting Things Right Team (Complaints and Concerns) to develop and introduce a single Feedback and Complaints webpage with links to online surveys. The page can be accessed via the following link: Feedback and Complaints - Public Health Wales.

As an Organisation, we are required to adopt the 'always on' approach to receiving feedback. This means that people can leave feedback at a time and location of their choosing. Our team has worked to introduce SMS text messages to seek feedback. This included working through the NHS governance requirements, resolving IT issues and to ensure the project was compliant with Data Protection Legislation. The SMS approach is being piloted with Diabetic Eye Screening Wales and in its first five weeks it attracted 460 feedback responses.

Finally, we have also worked with our Health Protection team and Microbiology to offer Hepatitis B and Hepatitis C testing, along with HIV testing, to underrepresented communities. As a result of the joint working initiative over 90 people were tested and the work was evaluated through service user feedback.

9.2.4 Risk Management

Managing risk is essential to running a safe, effective, progressive and successful organisation. It should be at the heart of decision-making, business agendas and allocation of resources at both an operational and planning level and should aim to identify opportunities to innovate and invest, alongside the need to minimise risk exposure.

During 2024/25, we reviewed and revised our strategic risks and corporate risks in line with our newly refreshed Long-Term Strategy and IMTP. We took a good look at our route maps that support the delivery of our Long Term Strategy through a risk

management lens. As a result of this, our strategic risks have been refocussed to best describe the most significant organisational risks we face through a Public Health lens, and through that of Quality. By utilising this approach, we can concentrate our activities on the mitigating actions that are within our control but also highlight the areas that require our influence within the system, to achieve our intended outcomes.

It is anticipated that by end of quarter one of 2025/26, a revised risk appetite framework will be adopted across the organisation. This will mean that staff from the front-line workers right through to our Board will be able to understand and apply a risk appetite to their specific area. This will promote consistency, and ensure our risk appetite, risk processes and mitigation match our ambition that we have laid out in our Long Term Strategy.

9.2.5 National Safeguarding Service

Over the past year, the National Safeguarding Service has focused on improving safeguarding practice across Wales through quality assurance, the development of a reporting and performance monitoring framework, and collaboration with partner agencies.

Support models have been designed for NHS Wales safeguarding leaders to help prevent stress and burnout, enabling continued engagement and curiosity in their roles. National learning events held in both North and South Wales focused on professional curiosity, safeguarding adults at risk and restorative supervision facilitated sharing of key lessons to strengthen practice.

Awareness-raising initiatives developed include training resources on professional curiosity, amplifying the voice of adults at risk, sexual safety, child exploitation and the process following an unexpected child death.

Looking ahead, the voices of children and adults will remain central to safeguarding policies and practices, with opportunities for service user feedback embedded in all new national policies, procedures, and practices. Work will also continue to strengthen safeguarding across NHS Wales, as identified in a review commissioned by the Chief Nursing Officer in 2024.

9.3 Maximising the use of digital, data and evidence to improve public health

In developing our strategy, we focused on where we can add most value for the people of Wales. We also focused on how we enable and drive the delivery of our plan through embracing more agile and data driven approaches, along with adopting innovation where possible, placing users at the heart of what we do and embedding quality improvement.

With the diversity in programmes of work within our Research, Data and Digital Directorate, we have delivered many key achievements across the Organisation and in collaboration with key partners.

9.3.1 Research and Evaluation

Some of the key achievements in Research and Evaluation this year include:

- Completed a review of Academic Public Health in Wales, and working with the Welsh Innovation Network to co-produce a vision for public health research in Wales for the future.
- Children and young people's mental health research into understanding the association between mental well-being and mental health, examining key groups at risk of crisis presentation for mental health and routes to accessing support – including qualitative insights from those less likely to be heard.
- Building strategically aligned, transparent and robust evaluation of interventions to improve health including behaviourally-informed national communications and engagement campaign for the winter vaccines and preventive behaviours; HAPUS Strategic Partnership and baseline national survey; a pre-habilitation to rehabilitation service for cancer patients; and an outcome evaluation of the All Wales Diabetes Prevention Programme.

9.3.2 Data Science and Analysis

Our Data Science and Analysis Team provides data and analysis to drive decision-making. This is used by Public Health teams, planners, service designers, policymakers and other decision-makers. We also lead the delivery of workstreams of the Digital and Data Strategy route map, to ensure that we make the best use of our data, in ways that are safe, efficient and deliver value for money.

Some of our main achievements in 2024/25 were:

- The launch of our Primary Care Clusters dashboard and the publication of a complementary set of interactive profiles to help decision makers understand population health need and inform planning and resourcing.
- The publication of web articles on the prevalence of non-communicable disease and trends in risk factors.
- The development of the Public Health Wales measurement system, to enable us to understand and monitor the impact of our activities, and drive prioritisation and decision-making.
- Developed the approach to the governance of AI in Public Health Wales, which will allow us to confidently take the opportunities that AI offers, in a way that is safe, legal, ethical and efficient.

9.3.3 Digital and Data

Some of our main achievements in 2024/25 were:

- New Digital and Data Routemap overview delivered to our Knowledge, Research and Information Committee.
- Work continues on the Health Protection System (Tarian replacement). The alpha phase has looked at how we build the business case for a health protection system that meets our needs both now and is pandemic ready.
- A breast screening cohort selection application that hasreplaced the legacy National Health Application and Infrastructure Services (NHAIS) system.
- Significant progress in the re-platforming of the Newborn Screening systems. Despite needing replanning for a new server infrastructure, the project is progressing well with completion due by the end of May 2025.
- Improvement of our cyber posture through the rollout of training, reduction of legacy systems and applications, firewall replacement and remediation, exercise ERIS on cyber resilience as well as the formation of a new cyber team.
- A discovery phase on the National Breast Screening System (NBSS) to determine future developments and support for the application
- Supporting the development and implementation of national digital programmes, such as Laboratory Information Management System (LIMS2.0) and Radiology Informatics System Procurement (RISP).
- Deployed a reporting server and the environmental module for Tarian, our current Health Protection digital system.

9.3.4 Registries

Our Directorate is also responsible for the statutory reporting of our Registries. The teams process multiple sources of information, some of which remain affected by the pandemic. The Registries activities include:

- Congenital Anomaly Register and Information Service (CARIS) annual meetings and official statistics reports in November 2024. The face-to-face meeting was held in Wrexham and the reports included:
  - Congenital anomalies data
  - Childhood rare diseases data with new local health board level output
  - Antenatal detection rates
- Adult Rare Diseases (ARD):
  - Continued work to formally establish the registry, with support from the Information Governance Team, including website updates with information required to progress achieving Confidentiality Advisory Group (CAG) permissions.
- Child Measurement Programme (CMP):
  - Official Statistics Annual Report published May 2024 (2022-2023 data).

- Teaching delivered to school nursing teams.
- First iteration of CMP dashboard was presented to the stakeholder group in June 2024. Phase two of the CMP dashboard published in December 2024, adding data for Wales deprivation 5ths and comparative UK nations' data.

- Welsh Cancer Intelligence Surveillance Unit (WCISU):
  - Cancer incidence official statistics for registration years 2002-2021 published September 2024.
  - Cancer survival official statistics for registration years 2002-2021 published March 2025.
  - Official statistics for non-melanoma skin cancer incidence for registration years 2016-2020 published May 2024.
  - Completion of Moondance Cancer Initiative funded project to agreed parameters - Realising the Power of Bowel Cancer Audit - Bespoke Welsh Audit.

- Child Death Review (CDR):
  - A communication/escalation process has been developed, and work is underway to improve the surveillance function of the programme.

- Real Time Suspected Suicide Surveillance (RTSSS):
  - Publication of second surveillance report on 'Deaths by suspected suicide, 2023/24'. Presentation of findings at the three regional suicide and self-harm prevention fora in December 2024.

9.3.5 Knowledge Mobilisation

Knowledge Mobilisation is integral to how knowledge is obtained and used both within and between organisations. The team are leading the Organisation to define 'Publication Principles and Standards' and implement our Impact Monitoring Approach. The team have:

- Implemented an impact monitoring approach, including an annual service user survey and product specific follow up, and will draw this together into an annual report.
- Co-produced and agreed publication standards and supporting resources, combining these with the Design Standards to improve the Public Health Wales staff user journey. The implementation of both these sets of standards will come in seamlessly as Public Health Wales moves towards its new website.

9.3.6 Evidence Service

Our Evidence Service informs health policy, practice and decision making which underpins public health action through producing review products such as rapid reviews, evidence maps and scoping reviews. The service is designed to help users help themselves by signposting to important public health evidence, supporting users with the evidence searches and developing a number of supportive training resources and sessions to help empower others to access appropriate information. The Evidence Service has also produced a number of user-led products, including:

- A review of systematic reviews looking at Universal, whole system and settings-based interventions for stabilizing or reducing the prevalence of overweight and obesity
- A rapid review looking at Understanding the role of health beliefs amongst adults engaging with secondary and tertiary preventive services to live well with Type 2 diabetes (Publication due April 2025).
- A number of Agile scoping reviews and as part of our ongoing collaborations with the Health and Care Research Wales (HCRW) Collaboration we have produced a number of high impact rapid reviews.
- We have also updated and digitised our entire suite of evidence maps to enhance accessibility of key evidence.

9.4 Long Term Strategy

Our **Long Term Strategy for 2023-2035** sets out our vision for achieving a healthier future for Wales by 2035 through focusing on the delivery of our six strategic priorities that will drive our work over the long term.

9.4.1 What we delivered

During 2024/25, to support the delivery of our Strategy, we applied futures thinking methodology to develop route maps for the six strategic priorities. They are internal planning documents that connect our 2035 objectives to our current position. They help us to identify opportunities and solutions in partnership with key stakeholders and provide transparency in our direction of travel.

The route maps bring together our thinking for each strategic priority on:

- Our unique delivery role (e.g. influence, mobilise, advocate, deliver)
- The strategic and policy context and how its shaped our priorities
- Our 2035 objectives and the steps needed in the short term, medium term and long term to achieve each of them
- Measurement to help us understand our impact and where we need to adjust.

They have been developed through cross-organisational and multidisciplinary working and by drawing feedback from our stakeholders and partners that we gathered during the development of our strategy.

9.5 Communications and Engagement

Communications is a strategic business function as well as a public health intervention in its own right. Our aim is to deliver world-class communications, campaigns and engagement activities that support Public Health Wales' strategic priorities, improve people's lives, and help achieve a healthier future for Wales.

Public health campaigns aim to motivate, influence and enable people to access public services and make choices to improve their health and well-being. When planned and implemented using data, behavioural science and creative skills, campaigns can be a powerful force for good, helping people to take positive action to improve and protect their health; and at the same time building confidence and trust in our institutions and brands making it more likely that people will take up health advice.

To achieve these goals in a changing world we have to stay at the forefront of communications, marketing and engagement techniques, applying rigorous and consistent approaches to our work, and undertaking rolling evaluation. We adapt to the changing needs of our service users and the public, and work to capitalise on the potential of data and new platforms and channels. To meet the rigorous standards required to meet public health goals, we must consistently apply rigorous, evidence-based approaches.

9.5.1 What we delivered

In 2024/25, some of our key achievements were as follows:

- Our communications work was recognised for excellence across the communications and public relations industry. This year, our work was shortlisted for six CIPR Cymru Awards including best in-house team and best low budget campaign. We also received the UKPHR Award for Best Social Media Campaign 2024, and a PRCA DARE Cymru award. This reflected work across public campaigns, media relations and engagement.
- An example of effective use of social media was the work we delivered to help people understand the benefits of bowel screening and provide an opportunity to respond to questions from the public. We filmed a case study with a cancer survivor who received treatment for bowel cancer following a routine screening appointment. The content performed well, and showed the power of using real stories to explain public health. This led to an opportunity to share our message on S4C's Prynhawn Da.
- We continued to shape the public discourse through proactive media work. For example, we achieved significant media coverage including an exceedingly high level of UK National coverage for the final Vaping Incident Review Group report. Our broadcast highlights included interviews about vaping on Radio 5 Live and Talk TV – both audiences we do not often reach. Media particularly highlighted our recommendation that young people should be given nicotine patches to combat vaping addiction.
- Our public campaigns used behaviour science and robust methodology to deliver results. As an example of this, Wales HIV Testing Week campaign (November 2023) won two prestigious awards at the PRCA Dare Awards Cymru. The campaign aimed to increase HIV testing among sexually active people in Wales and led to 9,006 orders of the home testing kit in November 2023. Evaluation indicated strong overall results. The campaign exceeded expectations in engaging with diverse groups. Most notably, it achieved the highest-ever level of

engagement with Black and Asian communities in Wales—a groundbreaking milestone. The campaign drove over 22,000 visits to the Sexual Health Wales website to order test kits, with more than 16,000 directly linked to campaign promotional materials.

- Engaging with staff is a critical part of our communication work. June was Pride month, and we celebrated our LGBTQ+ colleagues by sharing very personal stories of 'what Pride means to me' on the intranet. We ended the month with a colourful photo montage of Public Health Wales staff taking part in the Pride parade. The feature story by Jim McManus was one of the most read articles with 28 comments and 1284 views.
- More than 500 staff attended our two Staff Conferences in October, with overwhelmingly positive feedback. This was an opportunity for staff from every part of the Organisation to come together to hear about our six strategic priorities, how we align ourselves for success and spend time getting to hear about each other's work.
- Working with teams across the whole of the Organisation, the Web Transformation Programme is working to modernise our web services, bringing an evidence-based, user-centred perspective to everything we publish. We have refreshed our web strategy, set out audience segments along with user needs and goals, and redesigned our site architecture to improve the user experience. All of this work underpins the refresh of our web site which will be launched in 2025.

9.6 Financial Performance

9.6.1 What we delivered

In quarter one of 2024/25 we finalised our 2023/24 financial position and annual accounts, delivering our financial duty to break-even for the financial year 2023/24 and for the rolling three-year period 2021/24. We also met the NHS Wales target to pay 95% of non-NHS contracts within 30 days. The Trust submitted its draft financial statements within the required timescales, with Audit Wales issuing an unqualified opinion on the Financial Statements.

Our 2024/25 financial statements provide a detailed overview of our financial performance in 2024/25 are contained within the Annual Accounts Report.

Other financial successes during the year included development of 2024/25 Investment Plans enabling the organisation to resource key priorities within our strategy. We also developed and redesigned our Performance Report which was reported to Board for the first time in September 2024, introducing a range of new performance measures and Strategic Priority updates, receiving excellent feedback from stakeholders.

9.7 Our Estate

The year has seen a focus on the continued development and enhancement of our estate, supporting staff to work differently in line with our Work How it Works Best Policy and enhancing existing working environments to provide improved working environments for colleagues and service users.

During these Projects circular economy principles continue to underpin the way we work wherever possible along with looking to do things which support our sustainability commitments – this has included making further donations of surplus furniture to communities and other parts of the NHS.

Opportunities for the further development of our Electric Vehicle infrastructure have been pursued and work commenced to increase the scope of the coverage of our ISO 140001 accreditation to a greater part of the Organisation as a part of our commitment to sustainability.

9.7.1 What we delivered

In 2024/25 some of our key achievements were as follows:

- Completed the fit out of floor 6 at Capital Quarter 2 (CQ2) in Cardiff to allow for increased numbers of staff attending CQ2 to have access to workspace.
- Increased the use of the CQ2 event space; hosting significant large events including the first World TB (Tuberculosis) Day conference, the All-Wales Nursing and Midwifery conference and hosted the Welsh Circular Economy Innovation Communities conference. The Division has received very positive feedback being received from both Public Health Wales users and other NHS Organisations utilising the facility.
- Successfully completed the delivery of Welsh Government funded capital works supporting estates improvement works at Breast Test Wales, Swansea.
- Supported staff health and well-being whilst working from home through increased access to and completion of Working From Home Safely training to support staff across the Organisation who have chosen to adopt hybrid working arrangements.
- ISO 140001 Environmental Management accreditation attained for 2024/25.
- Completed the reconfiguration of the Acute Response Centre, Public Enquiry room and Help Me quit Call Centre..
- Commenced work aimed at improving and enhancing the provision of accommodation for some of our estate in North Wales, completing two weeks of face to face engagement with North Wales colleagues.
- Successful completion of a number of our capital works projects including the upgrade of air-cooling units at Breast Test Wales Cardiff and Bowel Screening Magden Park site, and conversion works at Llys Castan Parc Menai to support the

relocation of Diabetic Eye Screening service from Llys Britannia to the Parc Menai Llys Castan site in North Wales.

9.8 Sustainability

Our Decarbonisation and Sustainability Plan 2024-2026 details the actions we are taking to be a carbon-negative organisation (removing more carbon dioxide from the atmosphere than we release). The plan builds on our previous progress and includes actions we are taking across the Organisation to support the foundational and circular economy agendas and contribute to the goals outlined in the Well-being of Future Generations (Wales) Act 2015. We have integrated these agendas within our planning due to the significant overlaps between them, to ensure that we have one plan that demonstrates our commitment to reducing our carbon footprint.

As a key provider of NHS services across Wales, we have an important role to play in supporting sustainability activities. We aligned our own ambition with key priorities and targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan to ensure we reduce our carbon emissions to work to achieve Net Zero emissions. We have continued to work in co-ordination with our partner NHS Health Boards and trusts and with NHS Wales's Shared Services Partnership, to deliver our 2024-2026 Decarbonisation and Sustainability Plan.

As set out above, we have delivered several projects to reduce our environmental impact that contribute to the organisation's decarbonisation, circular and foundational economy agenda. In line with Welsh Government guidance, we will also be publishing a separate Sustainability Report covering sustainability data and our carbon footprint for 2024/25 on our website once finalised data is available in September 2025.

10. Well-Being of Future Generations Act (WFG) Act (Wales) 2015

10.1 Helping us work towards a healthier future for Wales

The world is changing, and so are the challenges we face when it comes to our health. That is why we're setting our sights on what truly matters: improving healthy life expectancy and reducing the gap between the most and least deprived communities. To achieve this, we recognise the importance of the Well-being of Future Generations Act as an enabler for sustainable change.

It is about more than just responding to today's challenges, it is about shaping a brighter, healthier future for everyone. We have set out six bold priorities, and over the past year, we have been working on developing our Route Maps, which set out the things we need to do to achieve our ambitious vision for a healthier Wales by 2035.

We are embracing the 5 Ways of Working approach to guide us along this exciting journey to help us identify the best route to delivery and to further integrate and align objectives to improve performance. These Route Maps will help us hit crucial milestones and help us make real, lasting change at every stage, short term (2025-28), medium term (2028-31), and long-term (2031-35).

10.2 The Sustainable Principle and developing route maps

Long term: For each strategic priority we used back casting methodology to identify the steps needed to achieve our long-Term Strategy 2035 objectives. We worked with the School of International Futures to help visualise the route maps and ensure the work we are doing now leads to delivering our 2035 objectives.

Prevention: Prevention of ill health is a core part of our organisational mission as we work together for a healthier Wales. Our route maps highlight the public health actions required to prevent disease, protect health, provide system leadership, specialists services and public health expertise.

Collaboration: The route maps built on the extensive engagement carried out when developing our Strategy. They provide transparency in our direction of travel and help us identify opportunities and, solutions in partnership with stakeholders as well as our enablers to ensure we're doing the right things in a joined-up way to address key issues.

Integration: The six strategic priorities are intrinsically linked, and many areas of work cut across two or more strategic priorities. The priority leads meet to discuss areas of cross over to ensure the route maps complement each other and reflect a single approach to cross--cutting issues.

Involvement: The route maps have been developed through cross organisational, multi-disciplinary working led by Priority leads and Executive Team Sponsors. They have continued with the approach :adopted when developing our Strategy-involvement of and engagement with colleagues across the organisation, where they bring their knowledge from work within the public health system.

We are dedicated to working together with key stakeholders and the public to address the root causes of health inequalities and transform the health and well-being of the people of Wales. The power of prevention takes centre stage in our report, Investing in a healthier Wales: prioritising prevention, released in January 2025. It shines a spotlight on the urgent need to focus on prevention, given the scale of the challenge we face in Wales. Building a strong foundation for good health is not just essential, it's the key to improving health outcomes and reducing inequalities now and in the future. It will also ease the financial strain on the health and care system, benefiting society as a whole.

Our Organisation is committed to improving health and well-being and reducing health inequalities in Wales through a long-term approach. This ensures sustainable strategies and decisions, helping us shape a better future for the communities we serve and leaving a positive legacy for future generations.

10.3 What we delivered

In the 2024/25 financial year, we have made significant strides in embedding futures thinking across the organisation, enhancing our capacity and skill set. This has included futures-focused projects such as our on the future of Social Capital in No one left behind and the future of Affordable homes for health and well-being. We have also rolled out a variety of training and upskilling opportunities for all staff, as well as tailored programmes for specific teams.

We have also been actively sharing our approach with other partners through our involvement in the Hwb Dyfodol, participating in learning exchanges with partners in Cologne and the Netherlands, and also collaborating with the Future Generations Cymru Team to develop insightful case studies.

Our ongoing work with the Office of the Future Generation Commissioner has grown from strength to strength and during the past year we have shaped our commitments around the Cymru Can five missions. Our partnership agreement is key in ensuring that both our organisations can achieve their goals and deliver real impact. In support of this partnership and to further embed the Act within Public Health Wales, we have established our own WFG Champions Group with the aim of enhancing our collaboration, integration and drive meaningful change across the organisation.

We continue to identify areas of our work which exemplify the sustainable development principle and where we can maximise our contribution towards the well-being goals. Examples include:

- The Primary Care Division won two awards in 2024. The Task and Finish Group – Decarbonisation – Inhaler use and disposal won the Sustainability in Healthcare award at the Welsh Pharmacy Awards 2024. **The Greener Primary Care Wales Framework** and Award Scheme won the 'A Healthier Wales' award at the first national NHS Welsh Sustainability Awards in June 2024. The Scheme supports primary care settings to improve their environmental sustainability. Since the Scheme was launched in 2022, teams have achieved nearly 3000 climate-friendly actions and reached over 500 individuals annually, implemented across primary care which returned having financial, environmental, social, and clinical value and co-benefits to staff and patients. A case study of the Scheme was also published by Alliance for Transformative Action on Climate and Health (WHO).
- **Launch of our Governance Hub Pilot:** The Hub will help staff to integrate governance planning early to ensure the highest standards of assurance, compliance, and efficiency. The Governance Hub Pilot was created to help staff better understand our governance requirements and develop ways to ensure compliance and improve decision-making. It provides subject matter expertise, supporting project leads through impact assessments and helping to develop solutions that apply the five Ways of Working. This collaborative approach ensures that decisions are well-informed and aligned with our core principles.
- **SimplyDo:** The platform provides everything we need to capture, evaluate and implement great ideas, in a transparent and inclusive way for all Public Health Wales staff. By creating customisable challenges, we capture ideas securely and inspire change. The platform encourages collaboration and engagement with all Public Health Wales colleagues to gain fresh insights and share views and concepts. It also allows us to evaluate and manage ideas effectively, using tools to track idea progress and deliver results. It is an opportunity for staff to contribute towards organisational strategic priorities as a valued member of the work force. Taking part in SimplyDo challenges allows people to be heard and valued and to have direct involvement in shaping the future of the organisation and the health of the Welsh population.
- **Green Lab Champions Group:** The Microbiology staff, supported by the Health and Sustainability Hub are working to reduce lab emissions. The report Addressing Single-Use Plastic and Waste in Public Health Wales's Microbiology Labs published in April 2024, led to the formation of the Green Lab Champions group. Key achievements include: saving 29,952 bags annually; Swansea Lab recycling Pipette Tip Boxes, expanding this initiative to all labs; and reducing unnecessary printing through the LIMS system, saving 156,000 sheets of paper and £930 annually, equivalent to 15 trees' worth of carbon. This initiative is being extended to other labs. A collaboration group with 9 NHS Wales Health Boards/Trusts has been established to scale these efforts across the country. The Hub has shared this work at several events, including the Spread & Scale

Academy Leadership event and Welsh Government Health and Social Care Community of Experts group.

- **Behavioural science in practice and policy: Household recycling**: The purpose of this case study was to show how applying behavioural science can help to identify and implement a range of different intervention types that can help to effectively address behavioural determinants and influence behaviour. The learning of which can be used to help inform future efforts which aim to address climate-related behaviours.
- **Hapus:** Launched in July 2024, Hapus is a collaboration with new strategic partners and a growing network of organisations in sectors like arts, culture, heritage, nature, and volunteering. It promotes a national conversation about mental well-being. We know that engaging in these activities has a proven impact on mental well-being, fostering social connection and promoting positive social health. Hapus takes a population-wide approach to prevent poor health outcomes and aims to build a happy, healthy Wales for future generations.
- **Wales Without Violence:** A Shared Framework for Preventing Violence among Children and Young People. The Framework, coproduced with multi agencies, outlines a public health and whole-system approach to violence prevention, calling for action across the life course and multiple settings. It includes nine key principles and strategies, addressing support for individuals, families, communities, and societal change. Aimed at professionals, children, young people, and communities, the Framework guides efforts to make Wales a nation free from violence, improving safety, well-being, and reducing pressure on public services like healthcare and criminal justice.
- **Country Deep Dive on the Well-being Economy: Wales** is part of a series of country deep dives published under the WHO European Well-being Economy Initiative led by the WHO European Office for Investment and Development. It identifies key concepts and strategies, governance structures and mechanisms, the role of public health, and approaches to measuring and monitoring progress. It highlights both the drivers and barriers Wales has encountered on the path towards a well-being economy.
- **Cold homes in Wales: Is the satisfactory heating regime appropriate for health and well-being?** This report in collaboration with Bangor University, recognises the importance of affordable warmth for health and well-being and provides recommendations to policy makers on the satisfactory heating regime to inform the approach to tackling fuel poverty in Wales.
- **Health Equity Frameworks and Tools** This document compiles a range of health equity frameworks and tools to enable governments, organisations and individuals to work towards health equity. The frameworks and tools include different approaches to working towards health equity, and have been categorised into 5 broad approaches: Resource library, data, action, evaluate, theory.

10.4 The Health and Sustainability Hub – Working towards a future where people and planet can thrive

The Hub works closely with staff to explore how the Sustainable Development Principle can empower individuals, teams, and the Organisation to bring the Five Ways of Working to life. Areas of work include:

- **Tackling the health effects of climate change:** Supporting teams with the Healthy Environment workshop, which helps teams to create action plans to reduce environmental and climate impacts. Over the past year, 80 staff from 22 teams across 7 directorates participated, with 45 trained to facilitate the workshop, resulting in 11 action plans focused on decarbonisation, biodiversity, and resource efficiency.
- **Second Biodiversity Action Plan:** Working with partners and colleagues and in consultation with staff and teams in Public Health Wales, The Championing Nature for a Healthy Future report was published in December 2024 and work has started towards delivering our objectives.
- **Active Travel Support to staff:** Over the past year, staff events were held to embed sustainability across the Organisation. In collaboration with Sustrans, we offered cycle training, bike maintenance sessions, and a bike library scheme, all aimed at encouraging staff to cycle to work. We have re-established a Bike User Group (BUG) for staff interested in cycling to and/or for work.
- Through our **Green Advocates Network**, which now has over 187 members, we facilitated online events and workshops on topics like making space for nature, energy saving, and sustainable fashion.
- **Wales Climate Week:** We partnered with Welsh Government to deliver a dynamic Health-focused day that delved into the health impacts and co-benefits of climate action, drawing over 500 viewers.

10.5 Behavioural Science

Established in 2022, the Behavioural Science Unit (BSU) enables the routine application of behavioural science to improve and protect health and well-being and reduce health inequity in Wales. The BSU undertakes a range proactive and responsive work, aiming to build the capability, opportunity and motivation of our staff and stakeholders to use behavioural science in their activities. Examples of our work include:

- Behaviourally Informed Communications Initiative (BICI): offering hands-on support and learning, to redevelop over 30 different types of personal communications produced by Public Health Wales and stakeholders. Teams involved included: Screening Services, Vaccine Preventable Disease Programme, Help Me Quit, Microbiology, Health Protection, and Primary Care Division (GP and Dental), along with stakeholders including the All-Wales Cellulitis Improvement Programme.
- Behaviour Change Agents (BCA) Programme: a learning and development programme supporting a range of behavioural outcomes, with participants from the public health system and Transport for Wales.

- Behavioural Science Community for Wales: with over 350 members, the aim is to increase behavioural science capability, capacity and connections across the public health system in Wales. Seven in person and online events have been held to date.

10.6 International Health

Our International Health Strategy supports the delivery of our Strategic Priorities, ensuring Wales remains a global leader in public health by fostering partnerships. The International Health Coordination Centre continues to enable international learning and good practice between Wales and global partners.

Examples of notable events supporting international partnerships include a Well-being Economy Policy Dialogue and visit by the Dutch Ministry of Health, Welfare and Sport and the National institute for Public Health and the Environment in the Netherlands.

10.7 Well-being Economy Policy Dialogue

Public Health Wales worked closely with the World Health Organization and Welsh Government to organise the Well-Being Economy Policy Dialogue in Cardiff (March 2025).

The Well-Being Economy movement seeks to reshape economies to prioritise population and planetary well-being, fostering more equitable, cohesive, and prosperous societies.

The dialogue aimed to drive action and develop solutions in two key areas:

- Investing in prevention and health equity.
- Understanding the relationship between ill health and economic inactivity.

The dialogue was hosted by the Cabinet Secretary for Health and Social Care brought together leaders from Finland, Iceland, Scotland, and Wales. They shared insights and experiences in promoting health within well-being economies. The event led to commitments for continuing the exchange of knowledge, reinforcing the leadership of Iceland, Finland, Scotland, and Wales in advancing well-being economies on a global scale.

10.8 Visit from Dutch Ministry of Health, Welfare and Sport (VWS) and the National institute for Public Health and the Environment in the Netherlands (RIVM)

We hosted a visit of colleagues from VWS and RIVM to Wales for the purpose of enabling an exchange of knowledge and insights on health in all policies, the Well-being economy and the Well-being of Future Generations Act. Other areas discussed included climate change, health impact assessment, foresight methods and how to shift systems to prevention.

11. Concluding remarks

Our progress in delivering our key strategic priorities during the past year is a great achievement for the Organisation and reflects the exceptional work and dedication of our staff alongside our partners, during an extremely busy and challenging time in Wales. We have continued to evolve and mature as an Organisation to be as impactful as we can in order to achieve a healthier and sustainable Wales.

As we look forward, we have developed our new Strategic Plan for 2026-28 which sets out our overarching ambition to increase healthy life expectancy and narrow the gap between the most and least deprived. We have set our ambition to recover healthy life expectancy to the level it was in 2019 for both men and women in light of the recently published data that shows that healthy life expectancy is falling in Wales.

Our strategic priority route maps show us the path that we need to take over the coming years to address these challenges. We have drawn on international learning, innovative solutions and the best examples from across Wales. This has shaped and driven our focus on how we can deliver maximum value to the people of Wales and our partners.

We know that to realise these improvements will not be easy and will require us to work differently. We will work across organisational and professional boundaries and will demonstrate a commitment to not only collaborate but to listen – to our staff, stakeholders and the public. We will embrace feedback, learning and identify opportunities to improve.

We recognise that we cannot succeed alone or continue to adopt traditional approaches to the challenges that we face. We will harness the potential of innovations within digital and data, particularly in relation to artificial intelligence, while maintaining appropriate caution and focus on quality and safety. We will seek to create new two-way partnerships and relationships, particularly with areas such as the third sector and with the public.

We do not underestimate the challenges that we face. Success will be underpinned by the commitment, professionalism, and efforts of our wonderful staff and it is through their leadership and drive that we will build on progress to-date and continue to rise to the challenges, and seize the opportunities, that we will face in the coming years.

Section 2

Accountability Report

Section 2: Accountability Report

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Introduction

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

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

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

The Accountability Report consists of the following main parts:

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

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

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

Part A:
Corporate Governance Report

Public Health Wales Directors' Report 2024/25

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

Requirement	**Cross-Reference**
The names of the Chair and Chief Executive, and the names of any individuals who were directors of the entity at any point in the financial year and up to the date the ARA was approved.	See Appendix 1 in the Annual Governance Statement.
The composition of the management Board (including advisory and non-Executive members) having authority or responsibility for directing or controlling the major activities of the entity during the year.	See Appendix 1 in the Annual Governance Statement.
The names of the directors forming an audit committee or committees.	See Appendix 1 in the Annual Governance Statement.
Details of company directorships and other significant interests held by members of the management Board, which may conflict with their management responsibilities. Where a Register of Interests is available online, a web link may be provided instead of a detailed disclosure in the annual report.	See the Register of Interests 2024/25
Information on personal data related incidents where these have been formally reported to the Information Commissioner's Office. Reporting of personal data related incidents including "serious untoward incidents" involving data loss or confidentiality breaches and details of how the risks to information are managed and controlled.	See Section 9.8 of the Annual Governance Statement.
Information on environmental, social and community issues.	See Section 9.6 of this the Annual Governance Statement.
As a public sector information holder, Public Health Wales has complied with the cost allocation and charging requirements set out in HM Treasury guidance.	

Statement of Chief Executive's Responsibilities as Accountable Officer

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

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

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

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

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

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

Signed:

Chief Executive

Date: 25 June 2025

Statement of Directors' Responsibilities in Respect of the Accounts

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

In preparing those accounts, the Directors are required to:

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

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

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

By Order of the Board

Signed:

Chair: 25 June 2025

Chief Executive: 25 June 2025

Director of Finance: 25 June 2025

Annual Governance Statement

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1. Introduction

Public Health Wales is required to provide an Annual Governance Statement as part of the Accountability Report, which forms part of the Annual Report and Accounts for 2024/25.

This Annual Governance Statement is intended to demonstrate to the Welsh Government how we managed and controlled resources in 2024/25 and the extent to which we complied with our own governance requirements.

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

The Audit and Corporate Governance Committee considered the draft for submission at its meeting on the 8 May 2025. This final version was presented to the Committee on the 23 June 2025 for recommendation to the Board for approval on the 25 June 2025. The Board approved this Statement for submission to Welsh Government at a Board meeting on the 25 June 2025.

2. Scope of Responsibility

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

I have personal overall responsibility for the management and staffing of the organisation, and I am required to assure myself, and therefore the Board, that the organisation's Executive management arrangements are fit for purpose and enable effective leadership.

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

3. Governance Framework

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

In particular, the Board has responsibility for

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

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

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

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

The Board is committed to operating in as transparent, open, and accountable way as is possible. The Protocol for Reserving Matters to a Private Board (or Committee)[1] , identifies the different rationales that apply to material to be considered in private sessions. (See Section 4.3 for further details).

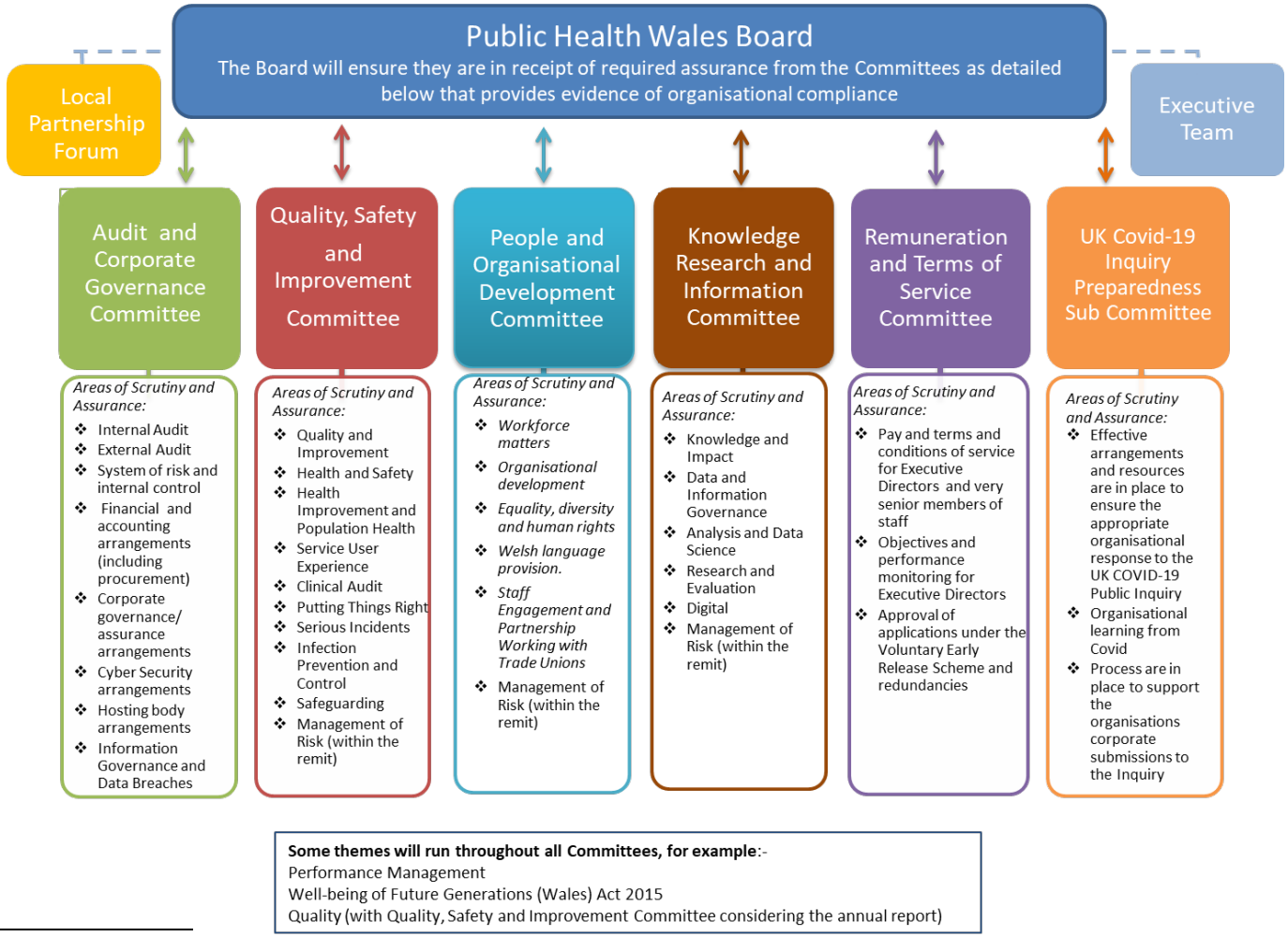
This year we have maintained and demonstrated robust governance through the assurance role of our Board and Committees and the leadership of the Executive Team and other senior professionals across the organisation. **Figure 1** below outlines the Board and Committee structure in place this year.

We have also developed a Board Assurance Framework to summarise how Public Health Wales delivers and sustains good corporate governance to ensure the delivery of its strategic objectives outlined within our Long-Term Strategy to improve

[1] Approved by the Board in May 2021, and further updated in September 2022 and September 2023.

population health and address health inequalities, while delivering safe, effective and high quality public health services. (See Section 7 for further details).

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



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

3.1 The Board

The key business and risk matters considered by the Board during 2024/25 are outlined in this statement and further information can be obtained from the published meeting papers on our website pages.

Figure 2 outlines the dates of Board and Committee meetings held during 2024/25.

All the meetings of the Board in 2024/25 were appropriately constituted and quorate. Escalation arrangements are in place to ensure that, in the event of a Committee not being quorate, any matters of significant concern are bought to the attention of the Chair of the Board.

The Board held its Annual General Meeting on Thursday 26 September 2024. This was held in person and livestreamed on our website providing members of the public with the opportunity to access and engage in the meeting as it happened.

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

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

- Notification of Board meetings are published on the website in advance of the meetings.
- Agendas and reports are published 7 calendar days before the meeting on the website.
- Public Health Wales has continued to livestream all Board meetings during 2024/25. The video recording of the meeting is uploaded to the website as soon as possible following the meeting. A link to join the livestream of the meeting is included on the website. *(Note: Committee meetings are not livestreamed, only Board)*
- Minutes of the meeting are published in draft form as soon as possible following the meetings.
- Meetings in private are kept to a minimum, in line with the Protocol for meetings in private, and are reviewed annually.
- A summary of the private meeting is published at each meeting via the Board Private Session Chairs Report.

Board meetings were a blend of in person attendance and virtual attendance (hybrid meetings) during 2024/25;

Meetings of the Committees of the Board have met during 2024/25 and are not currently livestreamed. In line with Board meetings, agendas and reports for these meetings are published on the website 7 days prior to the meeting, and draft minutes are published as soon as possible following the meeting.

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

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

3.1.1 Variations to the Standing Orders

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

In April 2024, the Welsh Government issued Model Standing Orders; which were fully adopted by Public Health Wales at the Board meeting on 30 May 2024; with the exception of:

- Section 7.4.3 and Para 7.4.7: Changing the circulation of agenda and supporting papers to Board/Committee members from 10 to 7 calendar days before a meeting.
- Reference to Independent Members. Public Health Wales' membership regulations define our Board members as Executive Directors and Non Executive Directors

A summary of the changes made are available within the covering report on the Board Meeting agenda page.

In March 2024, further amendment was made following the Welsh Minister Direction / Welsh Health Circular WHC/2025/007. In the context of Public Health Wales, the changes made relate solely to the timescales for the publication of Board and committee agendas and papers, as well as the timescales for notice of meetings.

Revised Standing Orders were approved by the Board on 25 March 2025, superseding the update in April 2024.

A summary of the changes made are available within the covering report on the Board Meeting agenda page.

Figure 2: Board and Committee Meetings 2024/25:

Board meetings:						
30 May	11 July	25 July	26 Sept	28 Nov	30 Jan	26 Mar
Quality, Safety and Improvement:						
20 May	24 July	16 Sept	25 Nov	4 Feb		
Audit and Corporate Governance:						
9 May	10 July	10 Sept	14 Jan	10 Mar		
People and Organisational Development						
11 Apr	9 July	21 Oct	17 Feb			
Remuneration and Terms of Service:						
9 July	25 July	8 Aug	25 Sept	11 Feb	27 Feb	
Knowledge, Research and Information						
6 Jun	5 Sept	5 Dec	28 Mar			
COVID-19 Public Inquiry Preparedness Sub Group						
25 Apr	14 Jun	10 Oct				

3.2 Board Activity

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

Board Assurance Framework	
Chief Executive's Report	The Board received regular reports from the Chief Executive at each Board meeting, providing a summary of key organisational activity to update the Board. This included: ❖ Changes to the Executive Team and organisational changes. ❖ Summary of meetings such as Joint Executive Team (JET), meetings with Welsh Government Ministers, Meeting of the Chief Executives of the UK Public Health Agencies, Human Justice Senedd Committee's Inquiry on Fuel Poverty in Wales ❖ Summary of visits such as from other organisations, such as Public Health and the Environment in the Netherlands (RIVM) and the Dutch Ministry of Health Visit, World Health Organization, and the Institute National de Santé Publique du Quebec. ❖ Regular updates on the UK COVID-19 Public Inquiry for each module, including preparation within the organisation, and information about the Public Hearings. ❖ Directorate reports, summarising the key areas of work undertaken in each directorate on a bi-monthly basis. ❖ Updates on key Organisational work such as Tacking Diabetes Together Programme, Prevention-Based Health and Care (PBHC) Framework, Vaping in Young People Incident Response Group (IRG), and Update on our Young Ambassadors Programme (YAP) ❖ Summary of exercises organised or supported by Public health Wales, including Communicable Disease Outbreak Exercise (Exercise CYD), Mpox Clade 1 Outbreak and Preparedness, Wales-wide Multi-Agency Exercise for MPOX, and Exercise ERIS (Cyber Security).

	❖ Key publications including Annual Quality Report, NSS All-Wales NHS Safeguarding Clinical Supervision (2024) guidance, and the Female Genital Mutilation (FGM) Clinical Pathway and Assessment Tool. ❖ Update on events taking place within Public Health Wales including Welsh Language Week, hosting Careers Discovery Day, National Safeguarding Week and Staff Conference Events. ❖ Update on attended by Public Health Wales, including 21st Welsh Immunisation Conference, Public Health Wales Nursing Midwifery Conference, World Health Assembly Roundtable, Wellbeing Economy Forum in Iceland, NHS Wales Sustainability Conference and Awards, Conference of the G20 National Public Health Institutes in Rio de Janeiro. ❖ Reports issued such as the Report on a Cultural Review of the Nursing and Midwifery Council, Strengthening Assurance of Safeguarding in Health: Independent Review commissioned by the Chief Nursing Officer, the WHO CCs Country deep dive on the well-being economy: Wales, and Investing in a Healthier Wales: prioritising prevention - World Health Organization Collaborating Centre On Investment for Health and Well-being ❖ Stonewall's annual Workplace Equality Index ranking noting Public Health Wales as 31st most inclusive LGBTQ+ employer in the UK. ❖ Update on Awards received, such as Welsh Experience National Awards, PRCA DARE Awards Cymru for November's Wales HIV Testing Week campaign, Diverse Cymru's Gold with Distinction Award for Cultural Competency, Chartered Institute of Public Relations (CIPR) Cymru awards, and NHS Wales 2024 Award for Team Culture
Integrated Performance Report and Financial Report	The Board received the Integrated Performance Report at each Board meeting, providing a summary of key information including performance highlights, trends, and issues. This was read in conjunction with the Performance and Assurance Dashboard, which highlighted the latest available performance in an interactive format. The presentation at Board meetings included updates from each of the Executive Leads to highlight any specific issues including Workforce, Finance, Operational Plan, Service Delivery and Quality.

	The Financial Report outlined the revenue and capital position for Public Health Wales on a monthly basis together with year-end forecasts where appropriate.
Public Health Dashboard	❖ The Board considered the Public Health Dashboard at each meeting, which shared a range of public health information to inform the management of inequalities and the wider determinants of health, with particular focus on diabetes.
Board Assurance Framework	Approved are revised Board Assurance Framework, providing an assurance map at Board and Committee Level.
Risk	The Board: Regularly considered the Strategic and Corporate Risk Registers and received assurance as part of the Committee's in depth consideration of the Risk register. As part of the Long Term Planning progress, the Board also undertook a review of the Strategic Risks, and approved a revised Strategic Risk Register. (See Section 5 for further details) Considered and approved the revised risk appetite descriptors for the Integrated Medium Term Plan (IMTP) Strategic Priorities.
Corporate Policies	The Board considered an annual update on the current status of Policies within the organisations, including plans in progress to review and update those past their review date. The Board approved the Standards of Behaviour Policy.
Partnership Working	The Board considered regular updates on the Local Partnership Forum arrangements, including the approval of interim revised Terms of Reference for the group, pending further review by LPF and agreement on the arrangements.
Duty of Quality Annual Report 2023/24	The Board considered the first Annual Quality Report produced in line with the requirements of the Duty of Quality, and noted the many examples of good practice that could demonstrate to the public the quality standards across the organisation.
Pathogen Genomics	The Board considered a presentation on the work of the Pathogens Genomics Unit, including an overview of the work of the unit, recent key achievements and a summary of current external collaborations.
Incident Response Group – Vaping and Young People	The Board considered an update on the innovative approach undertaken by Public Health Wales to address the outlined the rapid rise in vaping prevalence amongst children and young people

	in Wales. This was clinically significant and constituted a public health emergency; the approach had been to set up an incident response group (IRG), a model usually applied in communicable disease outbreaks.
WITS Collaboration Agreement	The Board approved the Wales Interpretation and Translation Services (WITS) collaboration agreement variation.
Ionising Radiation Breast Test Wales (BTW) Improvement Notice	The Board considered an update to the Improvement Notice which followed an unannounced Health Inspectorate Wales (HIW) Inspection at Breast Test Wales in Llandudno August 2024, taking assurance that Public Health Wales had addressed the actions as raised by Health Inspectorate Wales' Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection at Breast Test Wales.
Hillsborough Charter	The Board endorsed the Hillsborough Charter for the Bereaved and was based upon the recommendations following the Hillsborough disaster in 1989. Public Health Wales engaged in a continued dialogue with partners across Wales to understand how we can collectively contribute to delivery on the commitments in the Charter through the local resilience fora.
Board and Committee Governance	
Chair's Action and Affixing of the Common Seal	Where applicable, the Board received reports advising of any agreements that have required the affixing of the Public Health Wales seal, and also identifying any Chair's Actions that had been taken by the Chair of the Board, for ratification.
Committees of the Board: Report from Committee Chairs	At each meeting, the Board received a report from the Chairs of the Board Committees for assurance, summarising the activity of the Committees within that period. (See Section 3.2 for further details)
Committees of the Board Annual Reports 2023/24	The Board considered Annual Reports from the Committee's for 2023/24, and took assurance that the Committees were fulfilling their terms of reference. *(Note: the Annual Reports for 2024/25 will be presented to the Board for assurance in May 2025)* (See Section 3.2 for further details)
Committee Terms of Reference Annual Review	The Board considered a review of the Committee terms of reference and approved the proposed revisions. (See Section 3.2 for further details)

Remuneration and Terms of Service Committee - Terms of Reference and Workplan 2024/25	The Board considered a draft revised terms of reference for the Remuneration and Terms of Service Committee and Workplan for 2024/25 for approval.
Standing Orders and Standing Financial Instructions	The Board reviewed and approved updates to the Standing Orders and the Standing Financial Instructions, in line with the model versions issued by Welsh Government.
Compassionate Leadership Pledge	The Board adopted the pledge on behalf of Public Health Wales, committing to creating a compassionate workplace and to modelling compassionate leadership in all interactions.
Plans and Strategies	
Strategic Plan (Integrated Medium Term Plan)	The Board considered and approved the Strategic Plan (Integrated Medium Term Plan) 2025 to 2028. IMTP (See Section 9 for further details)
Capital Programme 2024/25	The Board approved the planned capital expenditure for 2024/25, including a proposed plan for Public Health Wales' discretionary capital funding.
Topical / emerging issues	
Approval of Annual Report and Accounts	The Board approved the Annual Report and Accounts for 2023/24 for submission to the Welsh Government, following review by the Audit and Corporate Governance Committee and auditing by Audit Wales.
NHS Hosting Agreement	Approved in principle a revised NHS Executive hosting agreement, effective from 1 April 2025.
Strategic Partnerships and Joint working	
Strategic Partnerships - Llais	The Chair and Chief Executive of Llais joined a Board meeting, and covered Llais' wide-ranging powers and the firm intention of the organisation to strengthen the voices of the people of Wales and in particular the silent voices. The Board discussion focused on developing an effective partnership working recognising the synergies of both bodies agendas and the need to strengthen the system of engagement across Public Health Wales' Priorities.

Staff Networks	The Women staff network attended the Board this year, providing a summary presentation of their work to date, which included any asks of the Board. The resulting actions would be monitored through updates to the People and Organisational Development Committee. The remainder of the Staff Networks presented to the Board in 2023/24.

3.2.1 Private Board Sessions

The Board held a Private Board session alongside every public session in 2024/25 to consider business of a confidential nature, considering aspects of significant issues including:

Topic	Purpose
Procurement	To approve the awarding of procurement contracts in line with Standing Financial Instruction and the Scheme of Delegation.
Current Issues	To update the Board on sensitive information on any emerging issues, such as regarding health protection matters.
Strategic risk Seven (Cyber Security)	To provide updates and allow for consideration of the Strategic risk six / seven (Cyber Security) in private session due to the sensitive nature of the risk.
Health Protection and Screening Services Procurement Forward Look	Considered the Health Protection and Screening Services (HPSS) Procurement forward look; this had been developed following Board feedback around the planning of procurement and timing of contract ratification papers submitted for approval. The plan contained the next 4 years of procurement activity to support operational planning.
Public Inquiry Update	To Update the Board in the current position in relation to the public inquiry including preparedness for upcoming modules. To supplement the update provided to the Board in open session by providing sensitive information relating to the public inquiry including, summary of decisions undertaken by the Covid -19 Public Inquiry Preparedness Subgroup in relation to the application for core participants status and other confidential matters

	governed by confidentiality undertakings to the Inquiry. This included an update on the Covid -19 Module 1 Report Public Health Wales Actions
Health Protection Business Case	Provided an overview of the Outline Business Case for the Digital Health Protection Programme. For feedback prior to submission to Welsh Government.
Breast Test Wales Gateway Review	the Board took assurance that steps are being taken to address the gateway review recommendations and to correct the service provision
Welsh Government Business Case for Replacement of Light Goods Vehicles for Diabetic Eye Screening Wales	Provided an overview of the Outline Business Case for the Welsh Government Business Case for Replacement of Light Goods Vehicles for Diabetic Eye Screening Wales for feedback prior to submission to Welsh Government.
Clinical Negligence Claim	Approved the settlement Claim for clinical negligence.
HPSS Lung Screening Business Case	Provided an overview of the Outline Business Case for the HPSS Lung Screening Business Case for feedback prior to submission to Welsh Government
Local Partnership Forum Update	To update the Board on current Trade Union matters

A summary of all matters reported in private session is reported in the public session of the next meeting through the Chair's Report as a standing agenda item, for the purposes of transparency and accountability.

3.2.2 Board Development

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

The Board has considered its effectiveness and ongoing development throughout 2024/25.

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

Safeguarding
The Board undertook a session focusing on Safeguarding, using specific case studies to explore the issues around safeguarding, and their complexities. This included:

- Safeguarding Roles and responsibilities of Public Health Wales' Board.
- How Public Health Wales safeguarded people at risk.
- An overview of Safeguarding in line with Level 1 Safeguarding training.
- Overview of Violence Against Women, Domestic Abuse, and Sexual Violence Group 6 training.
- How Public Health Wales provided assurance associated with Safeguarding, including the role of the Quality, Safety and Improvement Committee.

Cabinet Portfolios / Ministerial Priorities
The Board undertook a session to review the changes to the Ministerial / Cabinet Portfolios, focusing on exploring the most appropriate and effective engagement with partners to build a network at a strategic level. It also focused on how to make the most impact to Public Health Wales' strategic aims, identified risks to the population (Strategic Risk 1) and the impact on the population of Wales.

Joint Board Development Session with Cwm Tâf Morgannwg University Health Board (CTMUHB) covering three areas:

- **Working Together Nationally and Locally to Tackle Diabetes**
  In this session, the Board followed up on progress since Public Health Wales attended Cwm Tâf Morgannwg University Health Board in September 2023, with an overview of Public Health Wales and Cwm Tâf Morgannwg University Health Board diabetes work. The session included a specific discussion on how to strengthen joint working to deliver joint ambitions on Tackling Diabetes. The themes raised included a commitment to make the case for investment, the need to explore how we can use the common data assets, and how to utilise the communities that the Board collectively have access to.

- **Changing Clinical and Staff Behaviours**
  This session focused on Behavioural Science work undertaken by Public Health Wales and Cwm Tâf Morgannwg University Health Board together.

This included a specific discussion on the value of behavioural science in supporting behaviour change to achieve better health outcomes

- **Getting Upstream – Tackling Obesity**
  This session included an update from Public Health Wales on the national picture, and Cwm Tâf Morgannwg University Health Board provided an overview at a local level. The focus of the discussion was how the Boards could work together to maximise impact on the obesity agenda. The outcome was the shared enthusiasm, commitment and vision to tackle the issue together, within the context of challenges with funding and the need to make the economic case for sustained investment , as well as the need to ensure easier access to data.

Political Environment Session Summary
The Board explored the changing political environment in Wales, the impact of recent events at a National and Strategic level relating to policy, and strategies for influencing future government policies and manifestos.

Integrated Medium Term Plan (IMTP)
The Board held several sessions between December 2024 and March 2025 on the development of the Integrated Medium Term Plan (IMTP), including update on the approach to strategic and financial planning for 2024/25, highlighting the importance of strategic alignment, clear communication, and proactive engagement in developing the IMTP and achieving long-term public health goals.

The Board considered further updates on the development of our Strategic Plan which focused on the development of the IMTP and strategic planning for Public Health Wales, emphasising alignment with the organisation's long-term strategy and current political priorities. There was a focus on:

- Ensuring that all actions and route maps align with the overarching goal of increasing healthy life expectancy and reducing health inequalities by 2035.
- Importance of backward planning from 2035 to ensure that each milestone contributes to the long-term objectives.

A further session as part of the ongoing conversation about the development of the IMTP for the next year, provided an update on the environment in NHS Wales and an opportunity for the Board to contribute to the development of the IMTP development and route maps. This included a focus on Strategic Priorities and the measurement system, emphasising the importance of measuring strategic outcomes and aligning performance assurance with the delivery of strategic objectives.

The Board also considered the IMTP in the context of the remit letter from the Welsh Government and the Financial Strategy at a national and local level.

Strategic Risk
Alongside the development of the IMTP, the Board reviewed the ongoing update and refresh of the Strategic Risks, ensuring alignment with the IMTP and the key strategic risks that would impact achieving the strategic priorities.

Refreshing our People Strategy
The Board undertook a session on the refresh of the People Strategy, ensuring close alignment with the Long-Term Strategy and Strategic Priorities, emphasising the importance of the People Strategy in supporting the overall goals of the organisation. The refreshed People Strategy will be presented to the Board in May 2025 for final approval.

Artificial Intelligence (AI) in Health Care

The Board held a session focusing on how AI is currently used in Healthcare, covering potential future developments as well as ethical / governance considerations, public acceptability, and strategic integration into long-term public health goals.

3.2.3 Board Briefings

There have been no Board Briefings this year, although accounts balance sheet training was provided in May.

3.2 Committees and Subgroups of the Board

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

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

The Terms of Reference for each of the Committees are reviewed and approved by the Board on an annual basis. The Terms of Reference are available here: https://phw.nhs.wales/about-us/publication-scheme/committee-and-sub-groups-terms-of-reference/

During 2024/25 all five of the standing Board Committees were in operation, chaired by Non-Executive Directors. The Committees have key roles in relation to the system of governance and assurance, decision-making, scrutiny, development discussions, assessment of current risks, and performance monitoring.

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

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

The Composite Chair's Report is provided to the Board at the next Board meeting following the Committee meeting. This is a written update that is published with the agenda for the Board meeting. Where the timescales do not allow for a written update to Board (i.e. where the Committee meeting is within a week of the Board), a verbal update is provided by the Chair to the Board, and a formal written update is provided to the Board meeting following.

Draft minutes are circulated to the Committee for comment following the meeting, following which the unconfirmed minutes are published on the website.

Committees operate in accordance to the Protocol for Reserving Matters to a Private Board (or Committee).

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

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

In order to monitor progress and any necessary follow up actions, the Committee has an Action Log which captures all agreed actions and tracks their implementation. This provides an essential element of assurance to the Committee and from the Committee to the Board.

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

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

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

Public Health Wales has the following Committees in operation during 2024/25:

Committee	Chairperson	Committee Members	Executive Leads
Audit and Corporate Governance Committee	Nick Elliott, Non-Executive Director (1 April to 31 May 2024, and from 1 Dec 2024 to 31 March 2025) Mohammed Mehmet, Non-Executive Director (1 June – 30 September 2024) Diane Crone, Non-Executive Director (1 October – 30 November 2024)	Mohammed Mehmet, Non-Executive Director (1 April - 30 September 2024) Tamsin Ramasut, Non-Executive Director	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance Paul Veysey, Board Secretary
Quality, Safety and Improvement Committee	Diane Crone, Non-Executive Director	Sian Griffiths, Non-Executive Director Kate Young , Non-Executive Director	Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance Meng Khaw, National Director of Health Protection and Screening Services, Executive Medical Director
Knowledge Research and Information Committee	Sian Griffiths, Non-Executive Director	Diane Crone, Non-Executive Director Nick Elliott, Non-Executive Director	Iain Bell, National Director Research, Data and Digital

Committee	Chairperson	Committee Members	Executive Leads
People and Organisational Development Committee	Mohammed Mehmet, Non-Executive Director(1 April - 31 May 2024) Kate Young, Non-Executive Director (from 1 June 2024)	Tamsin Ramasut, Non-Executive Director Kate Young, Non-Executive Director (Until 1 June) Mohammed Mehmet, Non-Executive Director(1 June – 30 September 2024)	Neil Lewis, Director of People and Organisational Development
Remuneration and Terms of Service Committee	Jan Williams, Board Chair (Until 31 May 2024) Nick Elliott, Interim Board Chair (From 1 June -30 November 2024) Pippa Britton, Board Chair (From 1 December 2024)	All Non-Executive Directors Tracey Cooper, Chief Executive	N/A
Covid Inquiry Preparedness Sub Group	Jan Williams, Board Chair (Until 31 May 2024) Nick Elliott, Interim Board Chair (From 1 June -30 November 2024) Pippa Britton, Board Chair (From 1 December 2024)	Chair of Audit and Corporate Governance Committee (refer list above) Clare Jenkins, Vice Chair of the Board Tracey Cooper, Chief Executive Huw George, Deputy Chief Executive and Executive Director of Operations and Finance	N/A

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

3.2.1 Audit and Corporate Governance Committee

During 2024/25, the Committee met five times and was quorate on all occasions.

The Committee's remit covers the following areas:

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

The Committee provides advice and assurance to the Board on the systems of internal control, governance, and efficient and effective use of resources by overseeing and monitoring a programme of internal and external audit. The Committee provides an essential element of the overall governance framework for the organisation and has operated within its Terms of Reference and in accordance with the Standing Orders.

The Committee considered the following items:

Topic	Purpose
Audit	❖ Took assurance from the Head of Internal Audit Opinion for 2023/24 and Annual Report for 2023/24, noting the Organisation had received an overall reasonable assurance. ❖ Considered regular internal audit progress reports. ❖ Considered the Final Internal Audit workplan for 2024/25 and subsequently a draft for approval for the 2025/26 work plan. ❖ Considered 11 completed Internal Audit Reports. (*Which included Audits from the previous years' Audit Plans.) ❖ The Committee noted that no Reports had been received with Limited Assurance this year. ❖ Considered a quarterly report on the **Audit Recommendations tracker** and report by the Leadership Team, taking assurance on its effective management. ❖ This report highlighted the current position and progress made to implement the management actions arising from internal and external audit recommendations. ❖ Considered the Audit Wales Audit of Accounts report for 2023/24 and financial statements, noting the unqualified audit opinion.

	❖ Considered the External Audit Work Plan for 2024/25 which outlined areas of audit investigation and considered regular progress reports during the year. ❖ Considered the Structured Assessment report for 2024. ❖ Considered the Annual Audit Report for 2023-2024. ❖ Considered 2 external audit reports into: • Review of Cost Saving Opportunities • Well-Being Objectives
Financial and Accounting Arrangements (including procurement	**Accounts** ❖ Considered a presentation on the **draft 2023/24 accounts** which outlined key performance targets, statutory and administrative duties and went on to recommend the financial accounts, **Audit Wales Annual Opinion (ISA 260)** and **Accountability Report** to the Board for approval. ❖ Took assurance that the Trust had an **appropriate plan** in place for the production of the Financial Statements and Accountability Report for 2024/25 in line with the statutory deadlines. **Procurement** ❖ Took assurance that **procurement activity, losses and special payments**, the writing-off **of bad debts and claims abandoned** had been made in accordance with the requirements of the Standing Financial Instructions. ❖ Took assurance that the **write off of obsolete stock** had been approved in accordance with the Financial Scheme of Delegation.
Information Governance and Data Breaches	❖ Took regular assurance on the **Quarterly Integrated Governance Performance Report** which outlined key information related to Information Governance performance such as **Freedom of Information requests, Subject Access requests, staff training, records management updates and data breaches**.
Systems of Risk and Internal Control	❖ Reviewed the system of risk and internal control in place within Public Health Wales, including that there is an effective system in place for review of the Risks by the relevant Committees. ❖ Considered the **Strategic Risk Register** and **Corporate Risk Register**. ❖ Took assurance on the development of the **Risk Management Development Plan**
Corporate Governance and	❖ Recommended the adoption of the latest model of Standing Financial Instructions to the Board.

Assurance Arrangements	❖ Took assurance on Public Health Wales' compliance with Corporate Governance in Central Governance Departments: Code of Practice 2017. ❖ Approved 7 **policies** within its remit during 2024-25. ❖ Considered bi-annual Governance updates, taking assurance on: • The implementation of Standards of Behaviour Policy (Board and Staff Declarations of Interests and Gifts and Hospitality). • The management of the process for ensuring the Organisation's compliance with Welsh Health Circulars. • Prioritisation and progress being made to review corporate policies and procedures within the remit of the Committee.
Hosting Body Arrangements	❖ Took assurance that the NHS Executive had complied with standing orders and financial instructions, policies and procedures during 2023/24. ❖ Took assurance on the Hosting arrangement for 2023/24.
Cyber Security Arrangements	❖ Regularly took assurance on the management of the Cyber Security related Strategic Risk within the Organisation, considering these updates at each Private meeting. ❖ Considered the Cyber Security Assurance report, Cyber Security Assessment and reported findings from Digital Health Care Wales in the Private meeting.
Counter Fraud Arrangements	❖ Regularly took assurance on the management of the Counter Fraud arrangements within the Organisation, considering these updates at each Private meeting.

3.2.2 Quality, Safety and Improvement Committee

The Quality, Safety, and Improvement Committee met five times during 2024/25 and was quorate on all five occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to quality and safety. The Committee is responsible for seeking assurances on all aspects of quality of services and clinical care, governance systems including risk for clinical, corporate, and regulatory standards for quality and safety.

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

The Committee's remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2024/25:

Quality and Improvement (Including Clinical Governance, Putting Things Right, Serious Incidents)	❖ Approved the first iteration of the Duty of Quality Annual Report 2024 which described the steps taken on the Organisation's quality journey. ❖ Took assurance via the Duty of Candour Annual Report 2024 that Duty of Candour Incidents were being managed in accordance with regulatory guidance and the relevant policies and procedures, and that the important learning from Duty of Candour cases was being shared and acted upon. ❖ Took assurance on the implementation of the Clinical Governance Framework, and the progress to operationalise the Quality Oversight Group (QuOG). ❖ Took assurance on the effective management of Putting Things Right through the Annual Report 2024.

	❖ Took assurance on the NHS Executive Quarterly Governance Compliance report, on areas including reportable incidents, complaints and claims. ❖ Took assurance on the Organisation's effective management and learning from Claims, Redress and Duty of Candour incidents and inquests (taken in private session). ❖ Considered an in-depth presentation on Breast Cancer Assessment Times following an action at the September Board meeting to review concerns into Breast Cancer Assessment Times ❖ The Committee noted that the Quality, Nursing and Integrated Governance directorate has since April 2024 taken over the responsibility to manage the implementation of the Duty of Quality from Improvement Cymru. ❖ This also includes a refreshed approach to quality reporting and alignment to the Health and Care Quality Standards of Safe, Timely, Effective, Efficient , Equitable and Person Centered within the Quality Governance Performance report along with the introduction of a self-assessment process and a quality impact assessment all essential to delivery of high-quality services.
Safeguarding	❖ Took assurance on the arrangements in place for the Organisation to meet its **Safeguarding** responsibilities through the: ❖ Public Health Wales Corporate Safeguarding Annual Report 2023-24 ❖ National Safeguarding Service Annual Report 2023-24 ❖ Quarterly Safeguarding updates via the Quality Governance Performance Reports.
Infection Prevention and Control (IPC)	❖ Took assurance on the arrangements in place for the Organisation to meet its **Infection Prevention and Control** requirements through the: • IPC Annual Report for 2023-24 • Staff Influenza Vaccination Campaign Annual Report for 2023-24 and the delivery plan for 2024-25. • The significant progress made through the Cleaning and Decontamination Task and Finish Groups.
Risk	❖ Took assurance on the management of both **strategic and corporate risks** within remit of the Committee. ❖ Noted the combined previous risks of Strategic Risk 5 and 6 to a revised Strategic Risk 5.

Clinical Audit	❖ Took assurance on the **Quality and Clinical Audit** Annual Report for 2023-24 and approved the plan for 2024-25. ❖ Took assurance on the mid-year update of progress against the plan for 2024-25.
Policies	❖ Considered bi-annual reports on the **status of policies**, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit. ❖ Approved 4 policies within its remit during 2024-25.
Service User Experience (Engagement)	❖ Took assurance on the progress and the next steps relating to the Organisation's **approach to engagement of services**, which included updates to the refreshed engagement plan, use of the CIVICA platform and the Young Ambassadors Engagement programme.
High Quality and Safe Public Health Services and Functions	❖ Took assurance on the progress to recover **Screening Services** impacted by the pandemic, plans to improve recovery of and transformation of Diabetic Eye Screening Wales and the approach taken to revise the performance data within the Screening Services report. ❖ Considered an update on actions underway to address the **Ionising Radiation Breast Test Wales** Healthcare Inspectorate Wales Inspection updates (private and public session) ❖ Took assurance on the progress of actions contained within the approved **Public Health Wales Tuberculosis (TB) Action Plan** following the external review of the management of the TB outbreak in Llwynhendy, Carmarthenshire. ❖ Took assurance on the progress of actions to strengthen the Organisation's **Medicine's management** governance arrangements. ❖ Took assurance on the 2023-24 **winter/seasonal planning** approach for Health Protection and Infection Services and the system leadership and business continuity planning for 2024/25. ❖ Took assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015], took assurance on the review of the **Emergency Response Plan** and approved the new **Health Emergency Planning Annual Report.**

	❖ Considered a **deep dive** into the **Health Protection directorate** and activity to protect the health of the population of Wales from infections and environmental threats. They provided an overview of each of the Directorate Teams and their successes, highlighting the Measles and Sexual Health programmes.
Health and Safety	❖ Considered quarterly **Health and Safety** progress reports, taking assurance that measures were in place to monitor compliance with Health and Safety requirements using audits, Datix, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) reporting and supported by appropriate policies and procedures, and that areas identified for improvement were addressed. ❖ Took assurance on the **Health and Safety Annual Report** for 2023-24 and the workplan for 2024-25.
Health Improvement and Population Health	❖ Considered a high-level overview of the **Population Health Programmes** delivered by the Health and Wellbeing Directorate and their associated governance arrangements. ❖ Considered the work undertaken by the Health Improvement Division to ensure that the **Welsh Network of Health and Well-being Promoting Schools** (WNHWPS) Programme remained fit for purpose, was able to demonstrate impact and that mechanisms were in place to ensure quality of delivery. ❖ Considered a deep dive into the Organisation's **Oral Health** programme, noting its recovery post pandemic and contribution to partnership programmes across Wales, including 'Designed to Smile'.

3.2.3 People and Organisational Development Committee

The People and Organisational Development Committee met four times during 2024/25 and was quorate on all four occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing the People and Organisational Development strategies and plans ensuring they are consistent with the Boards overall strategic direction; with particular reference to Equality, diversity and human rights; and Welsh language provision.

The Committee's remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2024/25:

Workforce Matters	❖ Took assurance on the workforce planning updates, including the workforce planning dashboard, which set out the challenges the Organisation faced, particularly in relation to workforce recruitment, and implementation of the People Strategy and People Promise. ❖ Took assurance on the work into Managing Change, which focused on the support provided to facilitate effective Organisational Change within the Organisation. This aimed to realise the goal of the People and Organisational Development Directorate to develop a flexible, sustainable and thriving workforce with the capacity to deliver the proposed Long-Term Strategy. ❖ Considered the Audit Wales Report into the review of Workforce Planning Arrangements, noting the effectiveness to address current and future challenges and the management response. ❖ Took assurance on an overview of the approach undertaken/system in place to check the professional registration status of new starters and to monitor the ongoing maintenance of that registration. ❖ Considered and took assurance on the DBS checking process for the organisation. ❖ Took assurance on the Cost-of-Living Action Plan to support staff through the cost-of-living crisis. ❖ Approved the Workforce Annual Report 2023-24. ❖ Considered an update on the People Strategy Review

Organisational Development	❖ Took assurance on the progress to realise the vision within the People Strategy. ❖ Took assurance on the development and implementation of the People Promise, which set out the Organisation's offer to its people in return for their hard work, commitment to the vision and embodiment of the Organisations values. ❖ Took assurance on the development and implementation of Work How It Works Best throughout the Organisation. ❖ Regularly considered a live presentation of data from the Performance Assurance Dashboard, focusing on sickness absence, staff vaccinations, recruitment and turnover, and equality, diversity and inclusion data. ❖ Considered an overview of Statutory and Mandatory Training compliance and My Contribution appraisal data across the Organisation, and the work underway to address compliance such as impact workshops and toolkits. The Committee went on to consider a comprehensive review of appraisal compliance within the Health Protection and Screening Services directorate.
Staff Engagement and Partnership Working with Trade Unions	❖ Took assurance on the progress of the Culture Action Plan as part of the action associated with Strategic Risk 4 to deliver desired culture through a high-level action plan. ❖ Considered a comprehensive update on **staff engagement** and took assurance on the level of engagement with Staff. ❖ Considered regular updates from the **Local Partnership Forum**. ❖ Took assurance on the annual report from the **Local Partnership Forum**, which had focused on strategic issues, and had been crucial in driving the Organisation's work into culture and employee value proposition. ❖ Considered an update on the **Staff Networks** and took assurance on the progress with requests made to the Board by the Staff Diversity Networks to date. ❖ Considered an overview of the results of the 2023 staff survey.
Risk	❖ Regularly considered and took assurance on the management of both strategic and corporate risks within remit of the Committee.

	❖ Considered an overview of the work undertaken to synergise risks as part of the Risk Management Development Plan, and to refine the organisational risk escalation process.
Policies	❖ The Committee: ❖ Considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit. ❖ Approved 4 **policies** within its remit during 2024-25.
Workforce Equality, Diversity and Human Rights	❖ Took assurance on the work undertaken to progress the **Equality, Diversity and Inclusion** agenda in Public Health Wales through regular progress updates. ❖ Took assurance on the Organisation's progress towards the **Anti-racist Wales Action Plan** and Workforce Race Equality Standard. ❖ Considered the findings and approved the **Annual Equalities Report 2022-23**. ❖ **Approved** the Annual Equality and Workforce Report 2023/24. ❖ Considered the findings and approved the **Gender Pay Gap Annual Report** 2023-24. ❖ Considered the Annual GDP report and took assurance on proposed actions.
Welsh Language Provision	❖ Took assurance on the Organisation's efforts to embed the requirement for the provision of **Welsh Language i**n its work throughout the Organisation via regular Welsh Language compliance updates. These included a focus on areas of progress such as the work underway to transform the **Web Estate**, the work to embed a **bilingual culture** within the Organisation, and the identification and plan to address areas of weakness. ❖ Took assurance on the **Welsh Language Annual Report, More than Words Annual Report** and the position regarding **Welsh Language complaints**.
Deep-Dives	❖ Overarching People and Organisational Development Strategic Priorities: Culture and Experience, Organisation Effectiveness and Resources and Processes ❖ Update on IMTP Commitment Due Q4 2025-2026 - an update on the progress made towards the IMTP

	commitment to develop and implement a systemic programme of work which would increase leadership and management skills, capacity and confidence. ❖ **Workforce Planning** - an update on the progress made towards the IMTP commitment to establish a workforce planning process and framework, including clear roles and responsibilities.
Speaking Up Safely and Raising Concerns	❖ Considered an update on grievances received by the Organisation, taking assurance that all **grievances** were treated confidentially and managed in accordance with the polices and protocols in place. ❖ Approved the **Speaking Up Annual Report** (previously Raising Concerns Annual Report)

3.2.4 Knowledge, Research and Information Board Committee

The Knowledge, Research, and Information Board Committee met four times during 2024/25 and was quorate on all occasions. The Committee assists the Board in discharging its functions in meeting its responsibilities with regard to overseeing quality and impact of our knowledge, health intelligence and research activities and also the data quality and information governance arrangements in the organisation and cross sector where applicable.

The Committee's remit covers the following areas:

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

The Committee undertook further scrutiny of the following areas during 2024/25:

Research and Evaluation	❖ Considered updates on the implementation of the Research and Evaluation Strategy, which aimed to make measurable improvements to the health of the population in Wales by leading and supporting population-level health research and evaluation. ❖ Took regular assurance on the monitoring and implementation of the Research and Evaluation Strategy and the approach taken towards areas of research and evaluation interest for Public Health Wales during 2023/ 2024 which documented areas of research which would be crucial to the Organisations role to deliver on its Long-Term Strategy.
	❖ The regular updates included exploring the following areas: • **Academic Public Health research:** the vision and subsequent identification of relevant strategic partners, • **Research and Evaluation Strategy:** progression of the work to implement the strategy. • **Genomics**: progress against the development of the Programme including medium term plan objectives, and the aim to develop a training plan to enhance skills throughout the Public Health Wales workforce.

	• **Academic Institutions:** including efforts to develop strong strategic partnerships including the Open University and other Universities.
Knowledge and Impact	❖ Regularly considered updates on the monitoring and assurance of delivering against the Organisation's strategic priorities.
Analysis and Data Science	❖ Noted the successful introduction of a new breast test cohorting system (Dewis). ❖ Considered and took assurance on the findings of the annual **Monitoring Impact Survey**, noting the areas identified for improvement and the plans to formulate detailed actions plans to take forward the findings. ❖ Took assurance on the implementation of the findings from the **Monitoring Impact Survey** ❖ Considered the phase one findings of the **Inequalities in Cancer project,** this project looked at cancer incidence rates in Wales by socio-demographic factors. ❖ Considered an update on the work undertaken to develop Public Health Wales' **Climate Change** research agenda.
Digital	❖ Considered updates on the implementation of the **Digital and Data Strategy**, showed the progress of transforming the route-map into a governed programme of work. ❖ Regularly monitored the implementation of the **Digital and Data strategy**, taking assurance that the Digital and Data services teams were delivering steadily on the core elements of the Strategy and the projects it had committed to, to improve the use of digital, data and technology to deliver excellent public health services. ❖ Considered an update on **Public Health Wales led research into digital health inequality** and collaboration with the World Health Organisation in this field of research and took assurance on the progress being made in the digital inequalities and future use in health care setting work. ❖ In private session, the Committee considered an overview of the Organisations assurance framework /processes on the Organisations digital developments following on from the **Post Office Horizon IT scandal**. This was considered in private due to the confidential, cyber security nature of the item.

	❖ Considered updates on the work undertaken to develop the use of artificial intelligence (AI) in health and social care services within Wales.
Risk	❖ Regularly considered and took assurance on the management of both **strategic and corporate risks** within remit of the Committee. ❖ Noted that the Board had approved the transfer **of Strategic Risks 1 and 2** from the Quality, Safety and Improvement Committee to the Knowledge, Research and Information Committee from January 2024. ❖ Considered updates on the work undertaken to review various aspects of the **Cervical Screening Information Management System (CSIMS)** and the next steps to assess the efficiency and effectiveness of the control environment around CSIMs inputs/interfaces; processing; output and IT general controls.
Policies	❖ Considered bi-annual reports on the status of policies, procedures and other written control documents within its remit, and took assurance on the management of the review of Policies within its remit.
Deep Dives	❖ The Committee undertook the following cross cutting deep dives based on the Organisation's strategic priorities: • Screening (Priority 6) • Indicators for Mental Health – linked to Strategic Priority on Mental Health and Wellbeing • Inequalities • Priority 5 (Protecting Public from infection and environmental threats to health)
	❖ Considered the following updates to deep dive items from previous meetings. • Update on Lifestyle factors (Priority 3, Promoting Healthy Behaviours) • Indicators for Mental Health (Priority 2, improving mental well-being and resilience) • Update on Addictions (to include alcohol, gambling and drugs) (Priority 3, Promoting Healthy Behaviours) • Climate Change Research (Priority 6) • Behavioural Change

3.2.5 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee met 6 times during 2024/25 and was quorate on all occasions.

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

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

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

The Remuneration Report provides relevant information regarding the matters considered by the Committee during 2024/25.

3.2.6 UK COVID-19 Public Inquiry Preparedness Sub-Group

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

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

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

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

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

The Sub-Group met on three occasions during 2024/25 to consider whether Public Health Wales should apply to be a core participant in Modules 7, 8, 9 and 10 (as set out below).

The Board has been provided with an update on progress at each Board meeting throughout the year.

The Inquiry

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

A total of 10 Modules have now been confirmed to conclude the Inquiry. Whilst Public Health Wales is a Core Participant in 5 of the 10 Modules, it is anticipated evidence will be provided in all Modules of the Inquiry.

To date, we have provided oral and / or documentary evidence in Modules 1 (Resilience and preparedness), 2B (Decision-making and Political Governance – Wales), 3 (Impact on Healthcare Systems), 4 (Vaccines and Therapeutics) and 5 (Procurement).

The Inquiry published its report and recommendations in for Module 1 (July 2024, the Board was updated in detail and the Public Health Wales EPRR team have taken ownership of the work we are required to do to address the recommendations made.

Our involvement in the ongoing modules is summarised below:

Module 6

Module 6 opened on 12 December 2023, and will investigate the impact of the pandemic on the publicly and privately funded adult social care sectors in the UK.

Following a comprehensive review of the provisional outline scope for Module 6 and the role played by the organisation, the Subgroup approved an application for Core Participant status to be made. This application was granted by the Inquiry Chair.

Substantial oral and documentary evidence has been submitted to the Inquiry.

Public Hearings for Module 6 are currently scheduled to take place from 30 June 2025 to 31 July 2025.

Module 7

Module 7 opened on 19 March 2024, and will investigate the approach to testing, tracing and isolation adopted during the pandemic in England, Wales, Scotland and Northern Ireland from January 2020 until February 2022.

Following a comprehensive review of the provisional outline scope for Module 7 and the role played by the organisation, the Subgroup has approved an application for Core Participant status to be made. This application was granted by the Inquiry Chair.

Substantial oral and documentary evidence has been submitted to the Inquiry.

Public Hearings for Module 7 are currently scheduled to take place from 12 May 2025 to 30th May 2025.

Module 8

Module 8 opened on Tuesday 21 May 2024, and will examine the impact of the pandemic on children and young people in England, Wales, Scotland and Northern Ireland.

The Subgroup concluded Public Health Wales did not have sufficient involvement in the areas covered by the module to require Core Participant status. Consequently, an application for Core Participant Status was not made.

Public Health Wales has committed to support the Inquiry Team with any assistance it may require with this Module and will be submitting detailed oral and documentary evidence.

The Public Hearings for Module 8 are due to take place between 29 September 2025 and 23 October 2025

Module 9

Module 9 opened on Tuesday 9 July 2024, and will look at, and make recommendations on, the economic support for business, jobs, the self-employed, vulnerable people, and those on benefits, and the impact of key economic interventions.

The Subgroup concluded Public Health Wales did not have sufficient involvement in the areas covered by the module to require Core Participant status. Consequently, an application for Core Participant Status was not made.

The Public Hearings for Module 9 are due to take place between 24 November 2025 and 18 December 2025.

Module 10

Module 10 opened on Tuesday 17 September 2024 and is the final module of the Covid-19 UK Inquiry. This module will examine the impact of Covid on the population of the United Kingdom with a particular focus on key workers, the most vulnerable, the bereaved, mental health and wellbeing.

The Subgroup concluded Public Health Wales did not have did not have sufficient involvement in the areas covered by the module to require Core Participant status. Consequently, an application for Core Participant Status was not made.

The Public Hearings for Module 10 are due to take place in early 2026.

Wales COVID-19 Inquiry Special Purpose Committee

The Wales COVID-19 Inquiry Special Purpose Committee has been set up by the Senedd to look at reports at each stage of the UK COVID-19 Inquiry and to propose to the Senedd by motion, any gaps identified in the preparedness and response of the Welsh Government and other Welsh public bodies during the COVID-19 pandemic that should be subject to further examination.

Public Health Wales has responded to the Committee as it explores potential gaps arising from the Module 1 Inquiry Report. A commitment has been given to support the work of the Committee.

3.2.6 Young Ambassadors Board Partnership Forum

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

We have also used a number of young ambassadors on our stakeholder panels for the appointment of Board members, developed a young people's Annual Quality Report for us and also provided funding to sponsor two young ambassadors on the Future Generations Commissioner's Leadership Academy.

In addition, in 2023, we worked with our young ambassadors to agree how they wanted to best feed into the Board and a Young Ambassadors Advisory Forum was established. Unfortunately, over the last few years, local authorities have struggled to provide key workers to accompany young people to our events and this, together with us wanting to modernise a number of our supportive processes for the programme, resulted in us undertaking a review of the programme in order to put in onto a more stable foundation going forward.

Consequently, following a comprehensive evaluation of the programme, findings were presented to the Executive Team and the Quality, Safety and Improvement Board Committee in the Autumn of 2024, where the plan was agreed to build on the legacy work of the YAP whilst significantly strengthening the programme. The ambition is to deliver activities which will reach larger number of diverse and representative young people from across Wales. The programme model will be developed through co-design with young people and drawing on the expertise of partners from across the country to support us to do this.

In February 2025, we brought representatives from three young people's partner organisations together (Children in Wales, EYST and Youth Cymru) at a workshop to discuss how they can best support us to reach young people from across Wales. The event was support by Pippa Britton. The rich insights from this workshop are:

- As a priority, to consider the development of an advisory panel made up of a smaller group of young people, building on lessons learnt and the legacy work from the Young Ambassadors model, to ensure this is led and owned by young people and embeds opportunities for the Board to regularly see and hear the voices of young people. *This will need to be considered in the context of the Board already having approved a Young People's Advisory Forum to the Board.*

- With the support of the young people's organisations, and the insight of the young people sitting on the advisory panel, engage with a broad reach of young people from across Wales to co-design a model for ongoing and wide-reaching

engagement with young people at regular intervals. This will include agreement of the first priorities for work for the programme.

The Executive Team will receive a formal update in early 2025/26, and we hope to bring the advisory panel together (subject to consideration of the Board Advisory Forum) in the Summer at a Board development session for the young people to meet the Board, with an update to the Board in September.

3.2.7 NHS Executive – Board Level Assurance

Public Health Wales is the host for the NHS Executive in Wales. This year, the Committees have considered assurance reports from the NHS Executive relevant to their remits. The Assurance schedule mirrors the level of assurance reporting within Public Health Wales. The role of the Committees in reviewing assurance from the hosted organisation, is to provide assurance to the Board that the appropriate governance arrangements are in place within the NHS Executive to comply with the arrangements in place within Public Health Wales .

Assurance Reporting to Committees

Audit and Corporate Governance Committee	Quarterly Assurance report covering: ❖ Risk Management (Quarterly) ❖ Audit Activity (Quarterly) ❖ Counter Fraud Compliance (Quarterly) ❖ Information Governance compliance (Quarterly) ❖ NHS Executive Agreements Register (Bi Annual) ❖ Declarations / Registers (Bi-Annual)
	Annual Assurance Statement The Annual Assurance statement for 2023/24 was considered by the Audit and Corporate Governance Committee in May 2024. The Annual Assurance statement for 2024/25 is due to be presented to Quality, Safety and Improvement Committee and Audit and Corporate Governance Committee in May / June respectively for this period.
Quality, Safety and Improvement Committee	Quarterly Assurance report covering: ❖ Health and Safety Compliance ❖ National Reportable Incident Reporting compliance ❖ Complaints (including PTR if applicable) compliance. ❖ Claims reporting ❖ DATIX compliance ❖ Safeguarding compliance

People and Organisational Development Committee	Bi-Annual Assurance report covering: ❖ Equality, Diversity and Inclusion (Bi-Annually) ❖ Welsh Language (Bi-Annually)

3.3 Executive Governance

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

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

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

Figure 3 shows the Executive Team and Directorate Structure in operation during 2024/25.

3.3.1 Business Executive Team

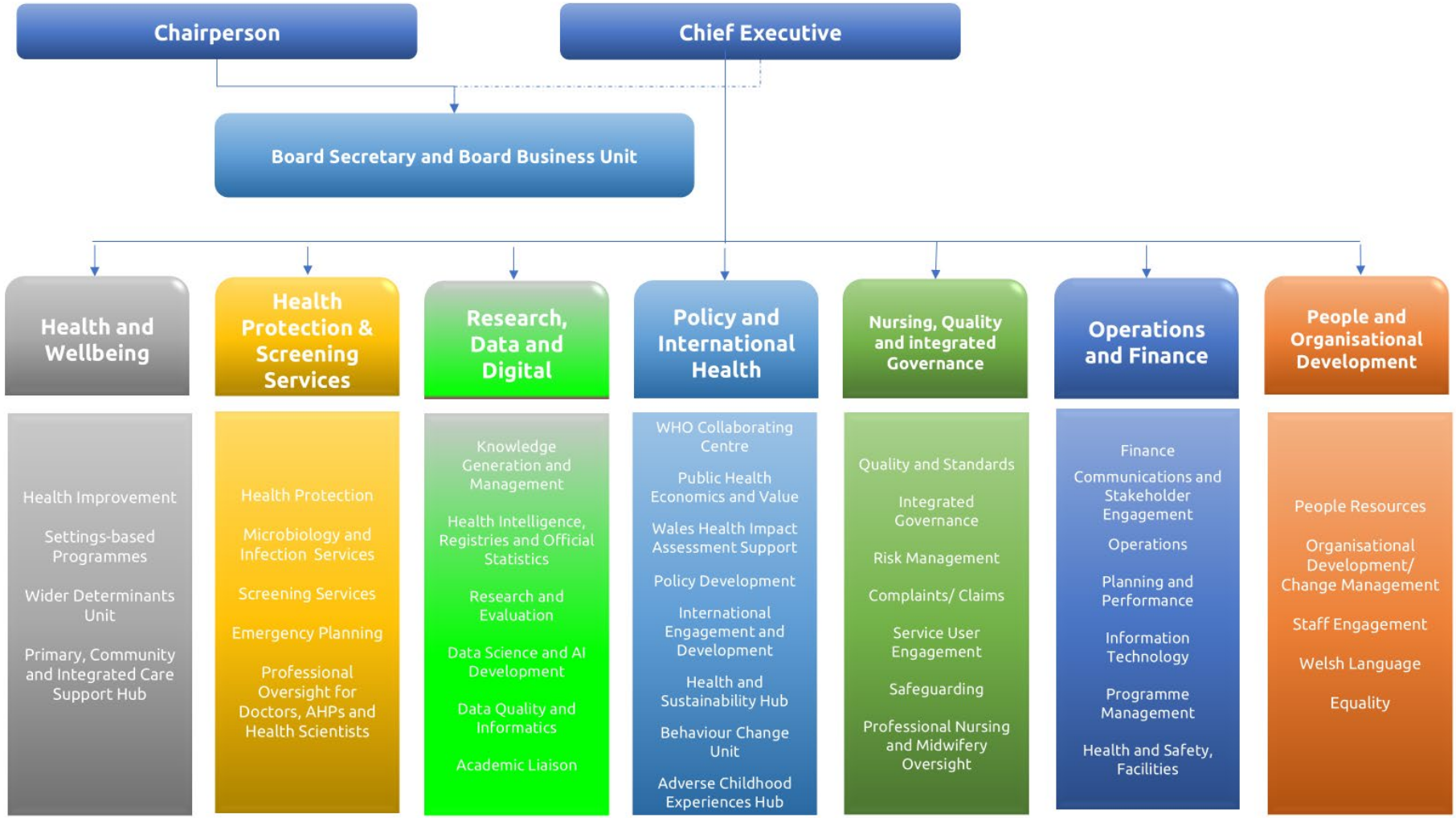
The Business Executive Team meeting is the main collective corporate assurance and delivery meeting. The Business Executive Team (BET) meeting is chaired by the Chief Executive and its role includes:

- Ensuring the correct balance of strategic and operational time is invested to effectively and collectively lead (Executive) and oversee the management of the organisation.
- Overseeing, receiving assurance from Directors, and identifying remedial actions as appropriate in relation to the successful implementation of the Long Term Strategy (through the three-year Strategic Plan and annual plans) and the effective performance and delivery of the associated measurement and outcomes framework.

- Embedding a culture of openness and transparency, equality and diversity and innovation and curiosity across the breadth of the organisation.
- Receiving assurance from Directors in relation to the compliance with statutory requirements and relevant legislation.
- Ensuring the appropriate collective management and utilisation of all resources across the organisation.
- Looking forward and horizon scanning for future developments, innovation and technologies relevant to the organisation and public health more broadly
- Identifying and managing corporate and strategic risks within the Board's risk appetite
- Establishing relevant operational decision-making groups and delegating responsibilities to them as appropriate

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

Figure 3: Executive Team and Directorate Structure in operation during 2024/25:



3.5 Board and Executive Team Membership

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

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

3.5.1 Departure and appointment of Non-Executive Directors

Chair

Jan Williams stood down as Chair of the Board on 31 May 2024.

Nick Elliott, Non-Executive Director, was appointed as Interim Chair from 1 June 2024, pending the recruitment of a substantive Chair.

A public recruitment process was undertaken in 2024/25 to fill the vacancy of Board Chair. The Cabinet Secretary appointed Pippa Britton as Chair of the Board from 1 December 2024.

Vice Chair

Following the end of her extended term (to cover the secondment of Dyfed Edwards as the interim Chair of Betsi Cadwaladr University Health Board), Kate Eden left the Board on 29 February 2024.

As of 30 January 2024, Dyfed Edwards was appointed as the permanent Chair of Betsi Cadwaladr University Health Board, and as such would not be returning to Public Health Wales to fulfil his position as Vice Chair of the Board.

From 1 March 2024, there was a vacancy for the position of Vice Chair of the Public Health Wales Board.

A public recruitment process was undertaken in 2024/25 to fill the vacancy of a Vice Chair of the Board. Clare Jenkins was appointed by the Cabinet Secretary for Health

and Social Care to join Public Health Wales Board from 1 May 2024 to fill this position.

Non Executive Director – Local Authority

As of 30 September 2024, Mohammed Mehmet stepped down as a Non-Executive Director (Local Authority) at Public Health Wales. As of 1 October 2024, there has a been a vacancy of the Public Health Wales Board for a Non-Executive Director – Local Authority.

A public recruitment process was undertaken in March 2025 to fill the vacancy of a Non-Executive (Local Authority). The outcome of this recruitment will be confirmed by the Cabinet Secretary in early 2025/26.

Non Executive Director – University

As of 31 March 2025, Diane Crone stepped down as a Non-Executive Director (University) at Public Health Wales. As of 1 April 2025, there has a vacancy of the Public Health Wales Board for this position. A public recruitment process will be undertaken in early 2025/26 to fill this position.

3.5.2 Board Succession Planning

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

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

3.5.3 Senior Staff Appointments and Departures

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

Executive Director of Quality, Nursing and Allied Health Professionals

Claire Birchall was appointed to the role of Interim Executive Director of Quality, Nursing and Allied Health Professionals from 25 September 2023 until 30 September 2024.

Following a public recruitment process, Claire Birchall was appointed to the permanent role from 12 August 2024.

As of September 2024, the title for this role has been amended to be Executive Director of Nursing, Quality and Information Governance (the Directorate name was also amended accordingly).

Deputy Chief Executive / Executive Director Operations and Finance

As of 1 April 2025, Huw George , Deputy Chief Executive and Director of Operations and Finance will be on secondment to the NHS Wales Joint Commissioning Committee.

During March 2025, he undertook some introductory work on behalf of the NHS Wales Joint Commissioning Committee for 2 days per week ahead of the commencement of the secondment. This was backfilled via internal arrangements for March 2025.

From April 2025 Angela Williams will cover the role of Acting Executive Director of Operations and Finance.

3.5.4 Staff Representation at Board and Committee Meetings

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

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

3.5.5 Board Diversity and Inclusion

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

As of 31 March 2025, the Board had a gender balance of 66.7% (8) female, 33.3% (4) male, 25% (3) members were from a Black and Ethnic Minority background, 8% (1) has declared a disability.

One Board member is a fluent Welsh speaker.

The Board is very committed to enhancing diversity and ensuring an appropriate range of skills and experiences to fulfil its role and has a range of initiatives in development for 2025/26.

4. Improvements to the Governance Framework

During the year, work has been ongoing to continue to mature the organisation's governance framework and test its robustness. This included the following main areas.

4.1 Review of the Board Committee Terms of Reference

The Committees are reviewed annually to ensure compliance with Standing Orders. A review of the Terms of Reference took place in May 2024 and suggested amendments were presented to the Board for approval for:

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

The Board considered a review of the Terms of Reference for the Committees and approved revised versions in May 2024.

4.2 Performance and Effectiveness Cycle

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

a) External and Internal Assurances to the Board

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

- Audit Wales has completed the **Structured Assessment Review in 2024**, focusing on corporate arrangements, including the governance arrangements, for ensuring that resources are used efficiently, effectively and economically. (Refer Section 12.3)

- We have completed an assessment against the Corporate Governance in Central Governance Departments: **Code of Good Practice 2017**. We used the "Comply" or "Explain" approach in relation to the Code of Good Practice. This was presented to the Audit and Corporate Governance Committee in March 2025 who took **assurance** of our compliance with the Corporate Governance

in Central Government Departments – Code of Practice 2017. *(Further information is provided in Section 9.9 of this report.)*

b) Board Committee Effectiveness

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

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

In January 2025, an online questionnaire was completed by members of all Committees. The questions were based primarily on the Audit Committee Handbook (2012) suggested self-assessment questions and National Audit Office good practice guidance and were adapted for the Committees.

A workshop was held in February 2025, with Committee Chairs and the Executive Leads for each of the Committees to discuss the common themes and committee wider learning from the survey results. A summary of the themes from this meeting will be provided to each Committee, and to the Board in May 2025.

Relevant learning from the overall review of effectiveness will be fed into the Board performance review in 2024/25: a summary of the Committees' considerations and outcomes of this review will be reported to the Board in quarter 1 of 2025 as part of the wider Board effectiveness review.

c) Board Performance and Effectiveness

As part of the development to implement a High Performing Board model, the Board has undertaken an effectiveness survey to assess its current position to provide insights into further developments.

A full Board review of performance and effectiveness will take place in 2025/26 as part of the implementation of a high performing Board Model. And will incorporate learning from the Committee reviews outlined in b) above.

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

d) Chair's Appraisal with the Cabinet Secretary for Health and Social Care

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

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

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

f) Chief Executive Appraisal

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

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

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

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

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

4.3 Protocol for Reserving Matters to Private Session

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

The Board has approved a Protocol for the matters considered in private session, outlining the commitment of the Board to operate in as transparent, open and accountable a way as possible. This was reviewed by the Board during 2023/24, and an updated version was approved by the Board in July 2023.

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

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

A review of the matters taken in private session will take place for the 2024/25 period. This review will be presented to the Board in July 2025.

5. The Purpose of the System of Internal Control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ending 31 March 2024 and up to the date of approval of the annual report and accounts.

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

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

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

The effectiveness of the system of internal control is assessed by our internal and external auditors and recommendations are routinely monitored through the tracking of internal and external recommendations.

5.1 Capacity to Handle Risk

Strategic Risks are the highest-level risks that could threaten the organisation's ability to deliver on one of the strategic priorities, as laid out in the Strategic Plan and IMTP. Strategic Risks are identified at an Executive level during the annual planning process, in line with NHS Wales Planning Guidance. All strategic risks are assigned an Executive lead, to review their strategic risk(s) and associated action plans on a bi-monthly basis and provide assurance updates to both the Executive Team, Board and Committees of the Board.

The Leadership Team, Business Executive Team, Committees and the Board have received maturing iterations of the Strategic and Corporate risk reports (in line with Terms of Reference) and significant development work on the strategic risks and alignment with the refreshed IMTP and route maps has been undertaken with Executives and the Board, throughout 2024-25.

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

The Board approves the Strategic Risks for the organisation and sets the risk appetite, to be reviewed on an annual basis. The Board receives the SRR three times a year and the CRR twice a year.

The Board has delegated receiving assurance on the system of risk management to the Audit and Corporate Governance Committee Board Committees have a key role in seeking assurance against the management of risks within their remit.

Each Committee considers an extract of the SRR and CRR at each meeting. These papers are published on our website with the relevant Committee papers. Where weaknesses in assurance are identified, a full assessment is provided for consideration by the Board and Committees.

The Strategic Risk Register (SRR) and Corporate Risk Register (CRR) are published on our website.

Revised Strategic Risks

As part of the planning process and development of our Strategic Plan (our Integrated Medium Term Plan – IMTP) and Long-Term Strategy, which included full engagement with stakeholders, the Board approved six Strategic Risk descriptors in March 2024 (Refer Figure 4).

In March 2025, the Business Executive Team refocussed six revised Strategic Risks including the amalgamation of three previous risks into one, and the identification of additional risks. The Board subsequently approved the revised Strategic Risk descriptors at its public meeting in March 2025 (Refer Figure 5), noting that the full risk articulation including the assurances, gaps in controls and actions plans would be formally presented to the Board at its July 2025 public meeting.

Figure 4: Public Health Wales Key Strategic Risks as approved in March 2024 for 2024/25

Risk Reference (old)	Old Risk Descriptor
SRR1,	**Risk of:** Widening gap in healthy life expectancy of population of Wales **Due to:** Cumulative effects of socio-economic, environmental and wider public health challenges
SRR 2	**Risk of**: Worsening health outcomes for the population of Wales **Due to**: misaligned system-wide efforts and leadership and weaknesses in partnership working
SSR 3	**Risk of**: The organisation failing to effectively engage with the public in relation to their health and wellbeing. **Due to**: Failure to build relationships with stakeholders, communities, and our service users; not having or utilising tools and resources to support engagement; a lack of workforce commitment, skills and capacity; and failure to monitor and evaluate the impact of engagement.
SRR4	**Risk of:** Worsening organisational health **Due to**: Lack of effective organisational leadership and governance, progress towards ideal culture, ability to engage employees. **Impact:**Inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.
SRR5	**Risk of**: Failure to deliver excellent public health services on screening, infection, health protection and Emergency Preparedness Resilience and Response (EPRR) and comply with the Duty of Quality **Due to**: Weakness in systems and processes, specialist workforce capacity and capabilities and innovative practice.
SRR6	**Risk of:** Disruption to services and/or loss of confidential data in conjunction with a failure to exploit appropriate data to inform relevant public health actions. **Due to:** Cyber incident, other external factors, weaknesses in systems and processes, silo working and lack of strategic oversight of data outputs.

Figure 5: Revised Public Health Wales Key Strategic Risks as approved in March 2025 (revised)

Risk Reference (new)	New Risk Descriptor
SRR1	**There is a risk that**: We fail to deliver our role to influence a system shift to prevention, reduce health inequalities and address determinants of health. **Caused by:** • Poor alignment of Public Health Wales specialist resources, capabilities and programmes with our long-term strategy • Failure to generate the quality of evidence and supporting data to shape our influencing and delivery. • Insufficient/Ineffective public health advice, evidence and action *within our remit* • Ineffective engagement with and communication to partners, the public and policymakers • Insufficient system leadership and co-ordination with stakeholders and partners • Programmes which do not support our population in achieving healthier lives. **Resulting in:** We fail to have the impact required to reverse the worsening healthy life expectancy of the population of Wales. Wales fails to close widening gaps in health outcomes between our most and least deprived populations.
SRR2	**There is a risk that:** The organisation could experience poor organisational health. **Caused by:** ❖ Failure to develop our people. ❖ Ineffective organisational leadership ❖ Poor governance, lack of strategic workforce planning to achieve the required capability and capacity of our people. ❖ Lack of a clear and consistent vision of our inclusive organisational culture ❖ Capability and complexity in relation to significant programmes of change to meet IMTP deliverables. **Resulting in**: a poor organisational culture with insufficient capability and capacity to perform and deliver.

Risk Reference (new)	New Risk Descriptor
SRR3	**There is a risk that**: We fail to deliver our contribution to excellent public health services in population health screening, infection, health protection and emergency response. **Caused by**: ❖ Weakness in clinical governance, clinical and administrative systems and processes, service planning and operational delivery. ❖ Inability to maintain capacity and capability of the specialist workforce. ❖ Absence of innovation and continuous quality improvement. ❖ Exceedance in unplanned activities arising from unexpected acute threats to health. **Resulting in:** Poor quality and unsafe services, sub-optimal population health outcomes for population screening and health threats, and a breach of legal duties on Civil Contingencies and Duty of Quality.
SRR4	**There is a risk that**: we fail to effectively mitigate the public health impacts of climate change on the Welsh population. **Caused by**: • Failure to identify and monitor climate change threats to health. • Failure to effectively inform actions of partner organisations and policymakers so that health is considered as part of their climate action. • Failure to effectively engage with our population, partner organisations and policymakers. • Failure to prioritise resources to actions that make a measurable difference to the health of our population. • Insufficient leadership in Wales to achieve a joined up and aligned system response to climate change. • Failure to take co-ordinated actions with partner organisations across the UK 4 Nations and advocate for UK climate policies that protect and promote health. **Resulting in:** Failure to prevent harm to the health of our population as a result of climate change, resulting in worse health outcomes and widening of health inequalities.

Corporate Risks

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

- Operational Risk
- Health and Safety Risk
- Project / Programme Risk
- Clinical Risk
- Financial Risk
- Quality Risk
- Workforce Risk

The Leadership Team is a group reporting to the Business Executive Team consisting of Deputy Director level membership. In addition to other functions, it monitors and assesses the Corporate Risk Register which allows for clear interactions and linkages between corporate and strategic level risks and the operational Risk Management Framework across the organisation. Further development of the role and function of the Leadership Team in relation to proactive risk management and in providing recommendations to the Business Executive Team in respect of risk escalations to a strategic level will continue and mature in its nature.

Figure 6: Outlines the key corporate risks together with the assessed risk scores (once existing risk control measures have been taken into account) as of 31 March 2025.

Figure 6: Public Health Wales Key Corporate Risks 2024/25

Corporate risk	Risk Score*
Failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments	9
Failure of organisational DBS checks to prevent unsuitable people from working with vulnerable groups, including children, therefore placing them at risk of harm, abuse and neglect.	10
Failure to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of Public Health Wales business.	6
Public Health Wales may not have the capacity or resources necessary to effectively deliver the long-term strategic plan	12
Failure of Public Health Wales to take assurance that NHS Executive are carrying out its functions in accordance with legal and statutory obligations.	6

Public Health Wales may lose access to Primary Care data	3
The integrity of the data for recording risks to evidence robust risk management may be compromised	9
Failure to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	15
Failure to exploit data to inform and direct public health action and interventions.	16

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

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

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

Risk Development Management Plan

Significant work has been completed to monitor and implement the key objectives contained within the organisational Risk Management Development Plan. The plan is predicated on recommendations received from Internal Audit, and consolidates work that has been undertaken previously to learn lessons from the way risk was managed throughout and since the pandemic.

The Risk Management Development Plan did make provision for the implementation of the revised risk management module on RL Datix under the Once for Wales programme of work. However, the national position has identified that the module is not fit for purpose for many health authorities in Wales, including Public Health Wales. Consideration is being given to other electronic risk management systems which could be procured after the Datix Web platform is discontinued for use by November 2027.

Risk Management Policy and Procedure

The Board approved the Risk Management Policy and the supporting Risk Management Procedure in November 2020, which includes the requirement for an Annual Statement of Risk Appetite. As part of the Risk Management Development Plan, a review of the Risk Management Policy has been undertaken and will now be taken through the formal consultation across the organisation which is anticipated to commence early April 2025. Final publication will take place by end of quarter 1 to ensure the rewritten policy and procedure can be formally endorsed alongside the risk appetite framework and revised strategic risk register at the July 2025 Board meeting.

Risk Appetite

A Board development session is planned to take place in April 2025 to agree a revised risk appetite framework. The revised framework has been developed in conjunction and in consultation with colleagues from across the organisation and reflects most recent best practice and Risk Management Standards such as ISO31000. Subject to formal Board approval and endorsement in July 2025, the Board will then have a revised risk appetite framework alongside a refreshed strategic risk register.

6. Quality Governance Arrangements

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

6.1 Quality Governance

The Executive Director for Nursing, Quality and Integrated Governance (NQIG) has the responsibility to ensure there are quality assurance arrangements are in place. The Executive Director for NQIG is also accountable for the professional leadership and oversight arrangements for Nurses and Midwives within Public Health Wales. The Executive Director for NQIG has shared responsibility with the National Director of Screening and Health Protection Services / Medical Director, for clinical governance.

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

- Quality and Clinical Governance, including Quality and Clinical Audit
- Duty of Quality Infrastructure including the Health and Care Quality Standards – Introduced to the organisation in 2024/25 as part of the Duty of Quality requirement.
- Duty of Candour
- Integrated Governance
- Putting Things Right (incidents, complaints and claims)
- 'Our Approach to Engagement' including Service User Engagement
- Infection, Prevention and Control (corporate)
- Safeguarding (corporate, and the National Safeguarding Service)
- Professional standards and oversight for Nursing and Midwifery
- Improvement and Innovation.

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

These include:

- Safeguarding Group
- Infection, Prevention and Control Group
- Information Governance Group
- Nursing and Midwifery Senedd
- Professional Nursing and Midwifery Leadership Group
- Internal Staff Flu vaccination Delivery Group
- Medical Devices Steering Group
- Peoples Experience Group
- Quality Oversight Group

In 2023/24, a new Annual Quality Report was published demonstrating the steps Public Health Wales has taken to comply with the Duty of Quality and how the organisation has reported and ensured improvement in the quality of its services. The report included an assessment of the extent of any improvement in outcomes, and further work planned for the next stage of our Long-Term Strategy delivery. This new style of report will be developed and published every year.

It is important to acknowledge that the quality agenda is interdependent with Public Health Wales' corporate governance, information governance and risk management arrangements and so the organisation is continuing to mature its integrated governance systems, processes, and culture within the organisation.

6.2 Duty of Quality

The Duty of Quality is part of the Health and Social Care (Quality Engagement) Act (Wales) 2020 and came into force in Wales on 1 April 2023. Implementation of the duty has taken place in Public Health Wales, with the emphasis moving to continued delivery and improvement.

The Duty of Quality means NHS organisations and Welsh Ministers have a duty to exercise their functions in a way that considers how they will improve quality and outcomes on an ongoing basis and actively monitor and report progress on the improvement of quality services and outcomes and routinely share this information with their population. As an organisation focused on quality, we take every opportunity to ensure a system-wide approach to quality through all our decision making and implementation of work. Public Health Wales will continue to work with our staff and key stakeholders to ensure we meet the requirements of the duty, with the ultimate aim of delivering excellent public health services.

There is regular reporting on the continued delivery of the Act to the Business Executive Team, and to the Quality, Safety and Improvement Committee. In addition, the Duty of Quality and all key actions are noted on the Corporate Risk Register which is monitored through the Business Executive Team and the Quality, Safety and Improvement Committee (See Section 3.2.2).

Quality Management System

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

Building on the Quality as an Organisational Strategy work, during 2023/24 we have developed our approach to quality and continuous improvement utilising a Quality Management System to effectively describe organisation design and participate in system transformation and continuous quality improvement. We are committed to operating this Quality Management System which is designed for excellent outcomes and driven by the needs of the population we serve. This in turn enables a quality culture and learning environment which supports our staff and provides a great place to work and thrive. This, together with the Improvement and Innovation Hub, supports work identified for improvement and innovation priorities at strategic, directorate and team level. An approach which supports the achievement of our strategy and strategic priorities, and our ambition about the culture we want as an organisation.

Further Information on our approach to ensure compliance with the Duty of Quality can be found in the Duty of Quality Annual Report for 2023/24 (Annual Quality Report).

6.3 Duty of Candour

The Duty of Candour came into force in Wales on 1 April 2023, and this is now embedded in Public Health Wales strengthening the fundamental principles of established 'Putting Things Right' frameworks. This provides a robust process to support 'Being Open' with those we work with and for as a national organisation.

The fundamental principle of the Duty is to promote openness, learning and improvement, which must be owned at an organisational level. The Duty of Candour procedure and reporting framework encourages reflective learning and to prevent future recurrence of adverse incidents. The Duty applies when a person to whom healthcare has been offered, received, or is receiving suffers an adverse outcome (a person suffers an adverse outcome if they experience, or could experience, any unintended or unexpected harm that is more than minimal), and when the health care provided was or may have been a factor.

The key points within the Duty of Candour are that:

- It builds on the non-statutory duties of candour that apply to a range of healthcare professionals as part of their professional regulations.
- Organisations with an open and transparent culture are more likely to have processes and systems in place to support staff when incidents occur and promote learning and improvement.
- It requires NHS bodies, including primary care providers, to follow a procedure when a service user suffers an adverse outcome during the course of care or treatment/ has failed to be offered healthcare and suffers harm that is "more than minimal".
- There is no element of fault or blame.

- Candour incidents and all documentation relating to the investigation are reported and stored via the Datix Cymru System
- Each organisation publishes an annual Duty of Candour report - building on existing reporting structures (Putting Things Right).

Training

A level one e-learning package was assigned to relevant Public Health Wales staff through the Electronic Staff Record (ESR), as a role specific competency. In addition, a Public Health Wales bespoke Level 2 training programme is established and available for those colleagues with clinical responsibilities, and those colleagues who investigate clinical incidents and may have Duty of Candour discussions or meetings with service users and their families.

6.4 Information Governance

Public Health Wales has well established arrangements to support good Information Governance to ensure that information is managed in line with relevant information governance law, regulations and Information Commissioner's Office guidance. The Audit and Corporate Governance Committee is responsible on behalf of the Board for receiving assurances that the Information Governance system is operating effectively and having appropriate oversight of information governance issues.

The Senior Information Risk Owner (SIRO) is responsible for Information Governance management arrangements within the organisation, with the aim of having a consistent and comprehensive approach to information risk management. In Public Health Wales, the role of SIRO is filled by the National Director of Public Research, Data and Digital.

The Caldicott Guardian (CG) is the responsible person for arrangements to protect the confidentiality of patient and service-user personal information and arrangements for appropriate information sharing. In Public Health Wales, the National Director of Screening and Health Protection Services / Medical Director, performs this role. However, due to the All-Wales remit of Public Health Wales, along with the diverse services it provides, it is acknowledged that the CG requires the support of appropriate delegates to enable the duties of the role, as set out above, to be fulfilled. Deputy CGs have been identified and are required, along with the CG, to have undertaken the agreed externally provided training on an annual basis, as a requirement of the role.

The development of the NHS Executive, which is a hosted body within Public Health Wales, has presented a number of challenges in terms of information governance which the team has worked collaboratively across the year to mitigate. A Joint Data Controller Agreement has been signed between Public Health Wales and Welsh Government to provide structure and assurance for the data protection

requirements of the Executive. Deputy SIRO and Deputy CG positions are now in effect within the NHS Executive. The role of Deputy SIRO is filled by the Deputy Director of Data and Analytics and Deputy CG is the Clinical Director of Networks in the NHS Executive.

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

An Electronic Document Records Management System (EDRMS) has now been introduced to the organisation. This was a three year project which concluded in March 2025. SharePoint Online is now the main EDRMS for Public Health Wales. Training has been provided by the Records Management Team, with support from an external provider and we are also utilising additional applications, such as Power BI and Power Automate to enhance user experience.

The new EDRMS will make it much easier to locate documents and records and will assist with Freedom of Information Requests, as well as preserving records that are required to be retained for longer periods of time. The system will ensure that records are deleted, destroyed or archived in line with retention requirements.

Collaborative working is also much improved with the EDRMS, supporting better version control and reducing the time it takes to finalise shared documents.

We have successfully received information/documents/data from external partners, directly into SharePoint, without the need for using email and thereby reducing the risk of data breaches.

6.5 Health and Care Standards

Health and Care Quality Standards have been introduced as part of the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Duty of Quality. There are twelve Health and Care Quality Standards, framed around the six domains of quality and the six quality enablers.

The Health and Care Quality Standards are designed to simplify the requirements and the wide remit of the duty of quality, whilst strengthening the connection to the wider quality management practice in NHS organisations in Wales.

For this reporting year, Public Health Wales have developed and implemented an interactive Health and Care Quality Standards self-assessment tool and scoring matrix for Directorates and Divisions to capture their current performance against the Standards, identify areas for improvement and capture improvement activity for next year and forthcoming years. This key information has also been used to inform the Annual Quality Report.

6.6 Health and Safety

The Health and Safety Group is a sub-group of the Business Executive Team, and an assurance group to the Quality, Safety and Improvement Committee.

The Health and Safety Group provides advice and assurance to the Business Executive Team, the Quality, Safety and Improvement Committee, the Board and the Accountable Officer. This assurance includes whether effective arrangements are in place to ensure organisational wide compliance with the Public Health Wales Health and Safety Policy, approving and monitoring delivery against the Health and Safety action plan and ensuring compliance with the relevant legislation and Health and Care Standards for Wales.

The Health and Safety Group receives a single quarterly Health and Safety report covering estates compliance, risks, incidents and health and safety issues. This

enables the group to concentrate on key issues or challenges and to identify any organisational risks that require escalating to the Corporate Risk Register.

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

The Health and Safety Group leads meet on a monthly basis in between each formal meeting. The terms of reference for the group were reviewed in March 2024, and approved by the Business Executive Team. The Health and Safety Group keeps the terms of reference under review to ensure opportunities for enhancement to address changing circumstances are appropriately reflected.

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

During 2024 /25, these included:

- Undertaking and reviewing risk assessments for our premises and addressing actions to ensure our workplaces remained safe and undertaking regular compliance audits to ensure adherence with regulations.
- Actively reviewing and managing incidents and Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR's), identifying lessons learned and sharing across the organisation.
- Undertaking health and safety audits, and producing recommendations for action .
- Continual reviewing and updating of risk registers including the identification of issues and actions to mitigate risks.
- Reviewing, revising and monitoring existing policies and procedures and development of new processes and procedures where and when required.
- Taking action to implement alerts and notifications as appropriate for the organisation. All health and safety alerts and notifications received within the reporting period have been reviewed and addressed, with appropriate actions taken where required.

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

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

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

Our Long Term Strategy for 2023- 2035 sets out our vision for achieving a healthier future for Wales by 2035 through focusing on the delivery of our six strategic priorities that will drive our work over the long term.

Our strategic priorities are:

❖ Influencing the wider determinants of health
❖ Promoting mental and social well-being
❖ Promoting healthy behaviours
❖ Supporting the development of a sustainable health and care system focused on prevention and early intervention
❖ Delivering excellent public health services to protect the public and maximise population health outcomes
❖ Tackling the public health effects of climate change

During 2024/25, to support the delivery of our Strategy, we applied futures thinking methodology to develop route maps for the six strategic priorities. They are internal planning documents that connect our 2035 strategic outcomes to where we are now. They help us to identify opportunities and solutions in partnership with key stakeholders and provide transparency in our direction of travel.

The route maps bring together our thinking for each strategic priority on:

- ❖ our unique delivery role (e.g. influence, mobilise, advocate, deliver)
- ❖ the strategic and policy context and how its shaped our priorities;
- ❖ our 2035 objectives and the steps needed in the short term, medium term and long term to achieve each of them;
- ❖ measurement to help us understand our impact and where we need to adjust.

They have been developed through cross-organisational and multidisciplinary working and by drawing feedback from our stakeholders and partners that we gathered during the development of our strategy. They will be finalised in early 2025.

8. Our Strategic Plan (Integrated Medium Term Plan)

On 28 March 2024, the Board approved our financially balanced Strategic Plan for 2024-2027 , which was subsequently approved by the Cabinet Secretary for Health and Social Care on 9 August 2024.

Our Plan for 2024-27 set out the actions we will undertake over the next three years to deliver our strategy, 'Working Together for a Healthier Wales', Welsh Government priorities for NHS Wales and the Public Health Wales Remit Letter for 2024-25.

The Plan has been developed in line with Welsh Government planning requirements and is underpinned by a more detailed minimum data set and Ministerial Templates. Our approach was informed by year one of delivering our strategy and key legislation, including the Well-being of Future Generations Act and how we embed the Duty of Quality. In addition, we utilised Quality Management methodology to implement key planning improvements, particularly overall plan feasibility and the more robust identification of key delivery dependencies.

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

9. Mandatory Disclosures

9.1 Equality, Diversity and Human Rights

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

We launched our Strategic Equality Plan for 2024–2028 in April 2024, following a consultation with members of staff and the public, and continue to work towards achieving the targets and objectives we set out in the plan. During the past year, we have been developing the next set of objectives for 2024-2028 in partnership with internal and external stakeholders. This included a Public Consultation between August – November. The new Strategic Equality Plan has now been published.

Corporately, the governance arrangements for equality are managed through the People and Organisation Development Committee. Progress against the actions in the Strategic Equality Plan will be reported to the People and Organisational Development Committee regularly.

In line with the Public Sector Equality Duties, we have recently published our Annual Equality Report for 2023-24 highlighting progress so far. We have also published a separate report on our Gender Pay Gap for 2024, which has also been reported on the Government portal. We have also reported on our employment, training, and equality data.

We recognise that we need to continue to ensure that the services we deliver are inclusive and that the workforce we have is diverse. As equality is integral to every part of our business, services areas, departments and teams are being encouraged to consider the impacts of what they are doing in relation to equality, and how these link with our strategic priorities. Work must also continue, to reduce inequalities. We are engaging more with people from under-represented and disadvantaged communities to inform our work. In adopting this practice, we will develop strong partnerships with people from protected communities and learn from them and with them. We were awarded Gold with Distinction status in the Diverse Cymru Cultural Competence Certification Scheme, which builds on our success of achieving Basic Gold level in 2023.

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

9.2 Welsh Language

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

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

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

Our Welsh Language Network called Ymlaen, was set up in March 2023. So far, over 100 people have joined the network which looks at promoting the Welsh Language, culture and heritage, as well as supporting staff to learn and enjoy the language. The network has organised a number of activities throughout the year, including "Welsh Language week," which involved a range of activities and speakers to celebrate the language and encourage more people to use it. Welsh Language Week took place at the beginning of March 2025.

9.3 Handling Complaints and Concerns

We have arrangements in place to enable us to manage and respond to complaints and concerns in order to meet the requirements of the *NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011* and the All Wales Policy

Guidance for Putting Things Right. The Quality, Safety and Improvement Committee has oversight of complaints and concerns.

In 2024/25, 42 formal complaints were received. 88% (37) were acknowledged within the target five working days and 67% (28) were responded to within the 30-working day timeframe. In addition, 80 early resolution (Informal) complaints were received during the reporting period.

In 2024/25 2317 incidents were reported. Of these incidents, three were Nationally Reportable Incidents reported to the NHS Wales Executive and six Early Warning (No Surprises) were reported to the Welsh Government.

9.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2024/25, we received 209 requests for information which were handled under the FOIA.

157 of the total number received (78%) were compliant with the FOI Act, with 44 being non-compliant with the FOI Act. 8 requests were received in quarter four and are still being processed.

9.5 Subject Access Requests

"A Subject Access Request (SAR) is a request that can be made in writing, by email or verbally asking for access to the personal information a company or organisation holds on you. This is a legal right that any individual in the UK is entitled to exercise at any point for free."[3]

In 2024/25, 22 Subject Access Requests were received, all responses were sent within the timescale to respond and compliant with the regulations.

9.6 Sustainability and Carbon Reduction Delivery Plan

We are committed to embedding sustainable development as the central organising principle of all that we do as an organisation.

[3] NHS Wales: The Practice of Health (2024) https://thepracticeofhealth.nhs.wales/patient-information/subject-access-request-sar-poh/

Following the declaration of a Climate Emergency by Welsh Government in 2019, Public Health Wales has been working to reduce our carbon footprint year on year.

Climate change is recognised as possibly the most significant global threat that we face. Its consequences will impact all areas of life that are essential to achieve and maintain good health. In the last two years, Public Health Wales has also recognised its role to tackle the health effects of climate change as a Strategic Priority, and this is reflected in the organisation's revised long-term strategy.

Our Decarbonisation and Sustainability Plan for 2024-2026 succeeds the organisation's first plan for 2022-2024 and was approved in March 2024. It outlines the work Public Health Wales will be undertaking over the next two years to meet the NHS Wales target of net zero by 2030 and our carbon negative objective (removing more carbon dioxide from the atmosphere than we release) by 2035, as set out in our Long-Term Strategy. Our Decarbonisation and Sustainability Plan 2024-26 includes a summary of the carbon footprint position for 2023/24. The data for submission 2024/25 will be available in September 2025 and published on our website.

This plan includes actions we are taking across the organisation to support the foundational and circular economy agendas and contribute to the goals outlined in the Well-being of Future Generations (Wales) Act 2015. We have integrated these agendas within the plan due to the significant overlaps between them and to ensure that we have one plan that demonstrates our commitment to reducing our carbon footprint.

Our plan is split into five different activity streams and sets out the action that will be taken to reduce our carbon footprint and also work that is being undertaken to support our foundational and circular economy agendas:

- Carbon Management
- Buildings and our estate
- Transport and travel
- Procurement
- Approaches to delivering our services

Our next steps for this work is between 2024-2026 building on the work and governance arrangement developed as part of the first Decarbonisation Action Plan, learning from what has worked to date to reduce our carbon footprint, integrating principles of circular and foundational economy into our plans and from 2026 , we are contributing and support the collective net zero NHS Wales target. The impact we are making on the environment is considered in everything we do and consistent methodologies for calculating our carbon footprint are embedded in our decision making.

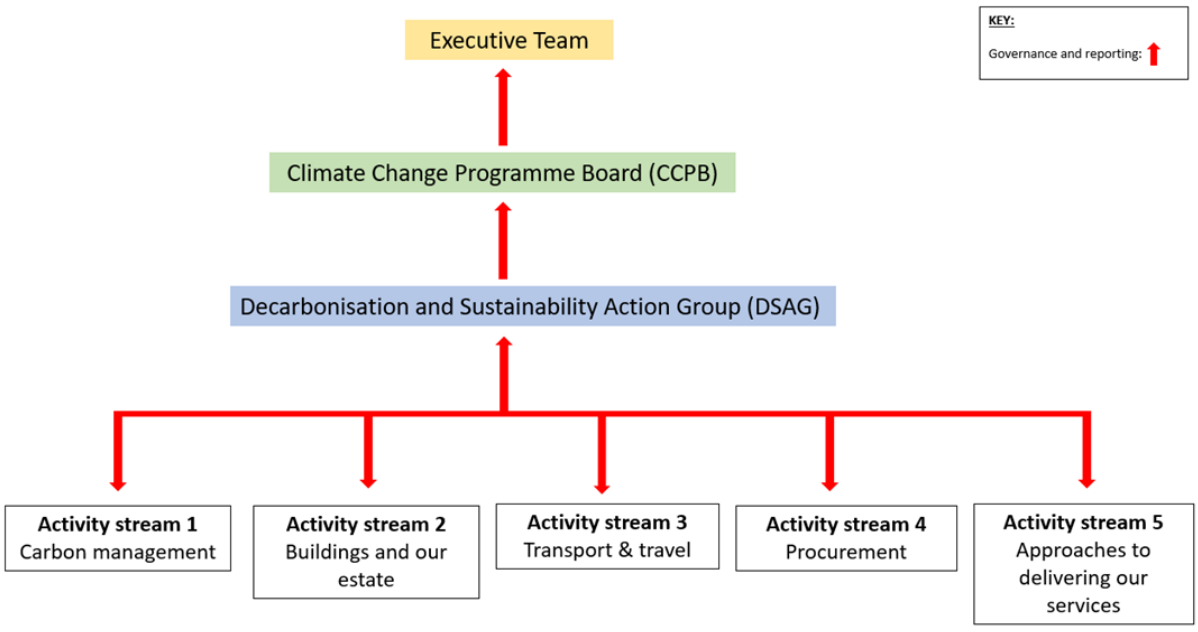
Managing our Plan

A Climate Change Programme Board was established in 2022 to oversee all action related to climate change and decarbonisation, as well as manage the new strategic priority on climate change in our Long-Term Strategy 2023-2035.

This Climate Change Programme Board meets monthly and reports to the Deputy Chief Executive, Executive Director Operations and Finance/ National Director of Policy and International Health and aims to bring people together from across the organisation with the following aims:

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

A Decarbonisation and Sustainability Action Group (DSAG) was established in April 2024 and has 5 Activity streams set out in the diagram below:



This group meets bi-monthly and includes identified leads for each of the five activity streams set out in the plan. The Public Health Wales Climate Change Community of Practice that launched in January 2024 has continued to grow throughout 2024/25 and was reviewed in January 2025 with proposals recommended to Climate Change Programme Board to ensure the group continues to realise benefits and achieve the intended outcomes. This group enables staff across the organisation involved in the delivery of our climate change agenda to come together and share learning and best practice knowledge and work collaboratively to take forward our decarbonisation, environmental sustainability

and climate change agendas. A Climate Change Surveillance Subgroup has also been established led by the Director of Health Protection.

Informal staff groups have also been established such as the Green Advocates Network, - an informal staff network with over 100 members, who meet every three months to discuss a range of sustainability issues, share knowledge and inspire positive change.

Monitoring Implementation

Progress against the Decarbonisation and Sustainability Plan is monitored through the Climate Change Programme Board and reported annually as part of the Welsh Government qualitative reporting requirements. We also contribute on an annual basis to the public sector reporting quantitative reporting, which involves data gathering and reporting of our greenhouse gas emissions. During 2024/25 further work has been undertaken to improve and put in place reporting mechanisms that will help us to report progress on our carbon footprint more frequently and give increased visibility to our progress towards our net zero targets.

9.7 Emergency Planning/Civil Contingencies and Business Continuity

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

The organisation collaborates with partners, local resilience fora, national and international public health institutes in planning for, responding to and recovering from emergencies and major incidents.

Governance and Assurance

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

The EPBC Group met quarterly throughout 2024/25 to address core EPRR activity across the organisation. It has also recently reviewed its membership and terms of reference to ensure it remains resilient and fit for purpose for 2025/26.

In July 2024, the Public Health Wales Board approved the Health Emergency Planning Annual Report to Welsh Government via the NHS Executive, providing assurance that the organisation is fulfilling its civil protection duties as well as requirements set out in the NHS Wales Emergency Planning Core Guidance [2015].

Excellent Public Health Services

Public Health Wales is committed to providing an excellent EPRR service which supports the provision of data and science-based leadership, specialist public health expertise, coordination and advice, and delivery of key public health services in emergencies and major incidents; enabling the organisation to protect and improve health and well-being and reduce health inequalities for the people of Wales.

To achieve this, the EPRR Team who are responsible for providing EPRR leadership and coordination across Public Health Wales will;

- **Anticipate:** Work collaboratively to horizon scan, and identify emergent hazards and threats
- **Assess:** Share our understanding of public health risk in all its dimensions of exposure, vulnerability and hazard characteristics.
- **Prevent:** Jointly contribute to reducing of likelihood of a public health emergency occurring, by advising on preventative action which can be taken to mitigate the impact of emergencies.
- **Prepare:** Strengthen existing partnerships to address emergent hazards and threats by cooperating in the development of plans, training and exercises.
- **Respond:** Enhance coordination between agencies in response to emergencies through the timely sharing of information for joint evaluation and collective decision making.
- **Recover:** Further develop the role of public health agencies in the recovery phase from emergencies.

Public Health Wales does this by assessing risk, writing plans, leading and participating in education, training and debriefing, developing response protocols, providing support for policy development and best practice with the aim of jointly understanding of risk, developing a shared situational awareness, improving mitigation, contributing to a reduction in inequalities, providing a more proactive service through research-based planning for better public health outcomes for the population.

Key activities of note during 2024/25 include;

- Appointment of additional EPRR staff, further strengthening the team.
- Introduction of new dedicated 24/7 EPRR On-Call Service to ensure that organisation meets its statutory obligations under the CCA and receives Emergency and Major Incident notifications in a timely manner.
- Adopting the Charter for Families Bereaved through Public Tragedy (also known as the Hillsborough Charter) to the extent our statutory functions and role allow.

- Completion of an executive-commissioned staff-wide Covid 19 Lookback Project, culminating in a report highlighting key lessons and areas where improvements can be made in future organisation-wide responses.
- Coordination of a public health response to a range of major incidents and emergencies including the explosion at Synthite Ltd (COMAH Site) in Mold, unexploded ordinance in Pembrokeshire, flat evacuations in Cardiff, a prison disturbance in Bridgend, widespread severe weather impacts across Wales due to storms such as BERT and Darragh and the response to the loss of mains water to over 300,000 properties in North Wales.
- Conducted a series of major national system-wide response exercises focussing on communicable disease outbreaks, measles prison settings, a response to an increase in harms relating to the emergence of synthetic opioid into the drug markets across our communities in Wales, and the emergence of MPOX in Wales.
- Conducted two major internal tests – the first to validate the new Emergency Response Plan and provided assurance in relation to the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015]; and the second which aimed to review its preparedness, response and recovery arrangements for a significant digital disruption.

All activities brought the executive leadership together with senior officers as strategic and tactical managers (internally and system-wide), with a focus on creating a shared understanding of risk, communicating clear task, and overseeing action to fulfil the organisations statutory duties in response to emergencies and major incidents.

Public Health Wales continues to include all appropriate EPRR lessons identified on its Lessons Management System, assign leads and track progress to completion via the EPBC Group.

To address the lessons identified through previous Covid-19 debrief processes and those from the Covid 19 Lookback Report, the organisation has established a corporate Pandemic Preparedness Task and Finish Group to build on work previously undertaken to develop a consistent, resilient and coordinated level of planning and preparedness across Public Health Wales to enable an effective response to a future pandemic.

9.8 Data Breaches

Information Governance incidents and 'near misses' are reported through the organisation's incident management system. Since May 2018, personal data breaches (as defined in General Data Protection Regulation (GDPR) are required to be risk assessed and in the most serious cases reported to the Information Commissioner's Office (ICO). All data breaches are reported quarterly to the Audit

and Corporate Governance Committee and where appropriate they are reported to the Welsh Government, with full incident investigations undertaken.

During 2024/25, five reportable data breaches were recorded. All five data breaches were reported to the Information Commissioner's Office (ICO). For four of the five reported, the ICO response stated that they were satisfied with the action taken by Public Health Wales and that no further action was required on their part. The response for one of the incidents is yet to be received from the ICO.

9.9 UK Corporate Governance Code

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

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

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

A report was provided to the Audit and Corporate Governance Committee at its meeting on 10 March 2025 outlining how the organisation has complied with the code, the report noted that there have been no reported departures from the Corporate Governance Code.

9.10 NHS Pensions Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure the organisation complies with all employer obligations contained within the Scheme regulations. This includes ensuring that deductions from salary, employer's contributions, and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

9.11 Ministerial Directions and Welsh Health Circulars

Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to Public Health Wales. Ministerial Directions issued throughout the year are listed on the Welsh Government website. The Ministerial Directions (Non-Statutory Instruments) issued by the Welsh Government were reviewed, none required action from Public Health Wales during 2024/25 as shown in the table below.

Ministerial Directions (MDs)	Date	Compliance
Directions to Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024	19 April 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The directions to Health Boards and NHS Trusts in Wales 2003 and the managed Introduction of new medicines into the National Health Service in Wales directions 2009 (Amendment) (Wales) Directions 2024	29 April 2024	Assessed by the Health Protection and Screening Services Directorate and this Directive is not applicable to Public Health Wales.
The Primary Medical Services (Directed Supplementary Services) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Supplementary Services) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Supplementary Services) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Supplementary Service) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards

Patients) (Directed Supplementary Service) (Wales) Directions 2024		
The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Supplementary Service) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024	24 June 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Alternative Provider Medical Services (Wales) Directions 2024	5 July 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Care (Contracted Services: Immunisations) (RSV) Directions 2024	23 August 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024	28 August 2024	Assessed by the Health Protection and Screening Services Directorate and this Directive is not applicable to Public Health Wales.
The Pharmaceutical Services (Clinical Services) (Wales) (Amendment) Directions 2024	30 September 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
Directions to Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2024	10 October 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Betsi Cadwaladr University Health Board Intervention (Amendment) Order March 2023	11 November 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to the Betsi Cadwaladr University Local Health Board

Betsi Cadwaladr University Health Board Intervention Order February 2023	11 November 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to the Betsi Cadwaladr University Local Health Board
The Betsi Cadwaladr University Health Board Intervention (Revocation) Order November 2024	11 November 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to the Betsi Cadwaladr University Local Health Board
Directions to Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024	28 November 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Health Board Medical Services (Wales) Directions 2024	3 December 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Primary Medical Services (Complex Multi-Morbidity and Frailty) (Directed Supplementary Service) (Wales) Directions 2024	19 December 2024	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Health Boards as to the Personal Dental Services Statement of Financial Entitlements Amendment) Directions 2025	10 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025	10 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2025	10 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards

Directions to Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2025	11 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025	18 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Directions to Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2025	18 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
Statement of general ophthalmic services remuneration and fee directions: 2025	21 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Ophthalmic Practitioners
The Directions to Health Boards as to the General Dental Services Statement of Financial Entitlements 21 February 2025(Amendment) Directions 2025	21 February 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Health Boards
The Wales Infected Blood Support Scheme (Amendment) Directions 2025	28 March 2025	Assessed and is not applicable to Public Health Wales, it is only applicable to Velindre University NHS Trust

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

A list of WHC's issued by Welsh Government during 2024/25 is available at: https://gov.wales/health-circulars

We have acted upon, and responded to, all Welsh Health Circulars (WHCs) issued during 2024/25 which were applicable to Public Health Wales.

Of the 41 issued:

- 24 of these were applicable to Public Health Wales
  - 16 were for action.
  - 0 were for information only and
  - 8 were for compliance only.
- 17 were not applicable to Public Health Wales.

The following 24 WHCs were applicable to Public Health Wales:

WHC No.	Title	Status	Compliance
WHC 2024/07	Guidelines for managing patients on the suspected cancer pathway	Action, Information , Compliance	This WHC has been enacted: This guideline is applicable to the three cancer screening programmes in Wales – Bowel Screening, Breast Screening and Cervical Screening which are delivered by Screening Division, Public Health Wales. The programmes are compliant with the statement and the updated statement shared. The applicability is that the screening programmes are a route into diagnosis and this route to diagnosis and details of the suspicion of cancer definition are detailed in Annex 1 on p 29.
WHC 2024/13	Governance on interim appointments to Executive and Senior Positions	Compliance	This WHC has been enacted and is in place, we operate using these parameters for all interim appointments to Executive and Senior positions at Public Health Wales.
WHC 2024/14	Introducing ONS geographic codes for use as standard in NHS Wales	Compliance	This WHC has been enacted: The Digital, Data and Design Authority on 3 June 2024 agreed to: ❖ Ensure that all new digital and data systems comply with the WHC. ❖ Not to retrofit existing systems but ensure that future developments consider it. ❖ Add this to the list of standards for approval of all new digital and data systems
WHC 2024/15	People's Experience Framework and People's Experience Survey	Action, Information	This WHC has been enacted: It is applicable in Public Health Wales. Implementation is being led through NQIG and the Engagement and Experience team. Public Health Wales has been part of the development of this Framework, and it will be delivered through the actions and timelines identified in the IMTP.

WHC No.	Title	Status	Compliance
WHC 2024/16	Healthy Child Wales Programme: for school aged children	Information , Action	This WHC has been enacted: It is applicable in Public Health Wales with actions which include those outlined these below according to the references in the document: 1. Explicit elements: ❖ MMR catchup, delivered jointly with NHS Wales Executive ❖ Assessment of programme – Vaccination and Immunisation outputs reported by Public Health Wales ❖ Assessment of programme - Percent completion Child Measurement Programme activity against denominator, reported by Public Health Wales ❖ Every Child Wales resources. ❖ Digital pack resources, including Child Measurement Programme material provided by Public Health Wales ❖ National Standards for Child Measurement Programme ❖ The support and training provided by the Vaccine Preventable Disease Programme for vaccinators for the childhood programme. 2. Elements that Public Health Wales do or may have input to (including influence without power) Do or may have (as required) input to: ❖ Support form experts in knowledge and analysis. ❖ Digital and Data ❖ Data sources to inform population health needs assessments. ❖ Infectious disease outbreaks 3. Wider elements that may or may not involve Public Health Wales according to need, these include:

WHC No.	Title	Status	Compliance
			❖ Safeguarding ❖ Dental health. ❖ Sexual health.
WHC 2024/19	Interim amendments to the Model Standing Orders for Health Boards and NHS Trusts in Wales	Compliance	This WHC has been enacted. The revised model standing orders were adopted by the Board on 30 May 2024.
WHC 2024/21	Croeso i Gymru / Welcome to Wales: Policy Guidance Framework	Action	Public Health Wales does not currently require an Internationally Educated Nurses programme. Should this be required in the future, the principles of this framework will be adopted, alongside the requirements for the development and maintenance of the app.
WHC 2024/22	Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27	Compliance	This WHC has been enacted. The Welsh Health Circular has been reviewed to ensure the Trust's compliance. The guidance is referred to and summarised within our current Accounts Receivable Financial Control Procedure. The material changes to the revised WHC relate to the deadlines for signing Long Term Agreements/Service Level Agreements. These deadlines will be communicated out to services during May 2024 to ensure compliance can be achieved.
WHC 2024/24	Implementation the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.	Action	This has been enacted. A review of our compliance against the actions within this WHC has taken place to ensure Public Health Wales has the appropriate processes in place to respond to and manage an act of violence and aggression towards staff.
WHC 2024/25	NHS Wales National Clinical Audit and Outcome Review Plan	Action, Information	This WHC has been enacted. A review of our compliance against the NHS Wales National Clinical Audit and Outcome Review Plan and Annual Rolling Programme for 2024/25 referenced within this WHC has taken place to

WHC No.	Title	Status	Compliance
	Annual Rolling Programme for 2024/25		identify whether any of the audits are applicable to Public Health Wales services for compliance. No audits have been deemed suitable for Public Health Wales from this programme. The NHS Executive as a hosted organisation within Public Health Wales have identified that 25 of the audits contained within the National Clinical Audit Plan fall within their remit through the clinical networks and will be participating accordingly and reporting via their governance structures.
WHC 2024/26	2024/25 LHB, SHA and Trust Monthly Financial Monitoring Return Guidance	Compliance	This WHC has been enacted at Public Health Wales and was adhered to for Month 1 reporting timescales. It is a well-rehearsed process that we will follow for 2024/25 financial reporting.
WHC 2024/28	The National Influenza Immunisation Programme 2024-25	Action, Compliance	This WHC has been enacted. It sets out additional requirements for the delivery of the annual influenza vaccination campaign in Wales. It confirms eligible cohorts previously announced in WHC/2023/047 and sets out additional detail on service specifications. Delivery of enabling products is on schedule as this updated WHC does not change the expectations about the programme.
WHC 2024/31	Agency Workforce Reduction Programme and Control Framework 2024-25	Action	This WHC has been enacted within Public Health Wales. We are working through the required actions and awaiting the agreed Welsh Government format for quarterly returns.
WHC 2024/32	Introduction of new NHS Wales vaccination programmes against	Action	This WHC has been enacted. Public Health Wales are responsible for enabling actions that support the delivery of these services by Health Boards. All enabling actions for Public Health Wales in relation to the WHC are completed.

WHC No.	Title	Status	Compliance
	respiratory syncytial virus (RSV)		
WHC 2024/33	The Winter Respiratory Programme 2024/25	Action, Compliance	This WHC has been enacted. It provides the scope and expectations of the 2024/5 COVID-19 and flu vaccination programme. The enabling materials, and public information developed and delivered by Public Health Wales are in line with WHC and therefore it can be considered to be fully enacted.
WHC 2024/37	Winter Respiratory Framework 2024 to 2025	Action	This WHC has been enacted. Public Health Wales are responsible for enabling actions that support the delivery of these services by Health Boards. All enabling actions for Public Health Wales in relation to the WHC are completed.
WHC 2024/38	AMR and HCAI IMPROVEMENT GOALS FOR 2024-2025	Action, Information	This WHC has been enacted. The Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme team are responsible for producing the Health Care Associated Infections, Antimicrobial Usage and Resistance data that underpins the improvement goals set out for the Health Boards and Trusts of Wales. Relevant action has been incorporated in to the workplan for the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme team. Individualised improvement goals have been sent out to all Health Boards and Trusts 7/10/24 and an improvement goal progress report will be issued by the end of October 2024.
WHC 2024/42	Introduction of the 'Dictionary of medicines and devices'	Compliance	This WHC has been enacted. The Digital, Data and Design Authority agreed to adopt the standard for new digital systems or when systems were being upgraded but would not retrospectively enact across our digital estate.
WHC 2024/43	Pertussis Vaccine Offer for Healthcare Workers	Action, Compliance	This WHC has been enacted. The Executive Directors of Nursing and Directors of Workforce and Development wrote to all Directors to ensure that all relevant staff were advised of the required action and how to take up the vaccine offer. The e-mail was sent on 6 February 2025.

WHC No.	Title	Status	Compliance
WHC 2024/44	Mandatory E-Learning Module – Anti-Racism	Compliance	This WHC has been enacted. Relevant action has been taken with plans to communicate the new e-learning to all staff within Public Health Wales from week commencing 11 November 2024. There will a three month grace period before compliance reporting will commence.
WHC 2024/47	COVID-19 spring vaccination programme 2025	Action	This WHC has been enacted. The delivery of the enabling materials, and appropriate surveillance produced by Public Health Wales to support Health Boards in their delivery of the spring COVID-19 programme has been incorporated into our work planning, and is on course for delivery prior to the start of the campaign in April 2025. All actions delivered and programme started.
WHC 2025/1	NHS Wales Sustainability Conference and Awards 2025	Action	This WHC has been enacted. Relevant action has been incorporated into the planning for the Climate Change Programme Board. The Circular has been shared with the Executive Team and is being shared with the GA network and Climate Change Community of Practice.
WHC 2025/5	Climate Emergency Spread and Scale Leadership Day and Adaptation	Compliance	This WHC has been enacted. Relevant action will be incorporated into the planning of the Climate Change Programme Board. A request for action was made on 11 March 2025. The Circular will be discussed at the Climate Change Programme Board on 18 March 2025. The circular will also be shared with staff Networks in Public Health Wales which will have an interest in the Wales Sustainability Awards.
WHC 2025/7	Amendments following interim review to the Model Standing Orders for Health Boards, NHS Trusts and Special Health Authorities in Wales	Compliance	This WHC has been enacted, Standing Orders were approved at the Board Meeting on 26 March 2025

10. Hosted Bodies – NHS Executive

From 1 April 2023, we have been the host organisation for the NHS Executive.

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

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

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

Phases 1 and 2 of the NHS Executive hosting arrangement were implemented within 2023-24 in accordance with the Hosting Agreement.

Under phase 1, the services of the NHS Executive included services previously delivered by;

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

From 1 April 2024, the following additional functions will move into the NHS Executive;

- Digital and data;
- Innovation and value;
- Workforce delivery;
- Emergency planning;
- National Clinical Framework – Implementation arrangements.
- The transfer of Improvement Cymru to hosted status and the proposed transfer of the National Programme Urgent and Emergency Care (6 Goals) and the Strategic Programme for Primary Care to align with the other Directorates of the NHS Wales Executive.

TEC Cymru transferred into the NHS Executive from September 2024

The Hosting Agreement for 2025/26 has been reviewed and updated in detail. It builds in robust assurance reporting arrangements as well as hosting service provision schedules to ensure smooth and efficient running of the hosting arrangements.

11. Staff and Staff Engagement

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

In support of the Board and Executive, we have a formal advisory group - the Local Partnership Forum. The Local Partnership Forum has met five times during 2024/25 and has considered the following matters:

- Sharing of organisational performance and assurance data to update on key achievements, risks and developments.
- Organisational change programme updates and support to the development of improved resources for staff experiencing change and managing/ leading change.
- Sharing progress and supporting the development of the People Strategy refresh.
- Organisational change programme updates;
- Policy review and development - Including the Carers Policy, and Recruitment and Selection Policy.

The Forum has endorsed several new or updated policies for approval. In addition to this formal meeting, we meet with our Trade Union partners on an informal basis each month to address more operational issues.

There is a well-established Joint Medical and Dental Negotiating Committee. During 2024/25 which meets 4-6 times per year, and we have continued regular informal meetings with representatives from this group throughout the year.

We also have a consultation process open to all staff for all new and revised organisational policies, staff diversity networks and engagement events, all of which are used to hold meaningful individual and group conversations with our colleagues. These mechanisms are used in parallel with other ways for staff to share their work and opinions, including the staff intranet, Viva Engage (Yammer) and a Public Health Wales Staff Facebook group.

During 2024/25, we have continued to engage with consultant colleagues (medical and multi-professional) through our Consultant Network (established in 2023/24), to which all consultant colleagues are invited. The Network is chaired by the Deputy Medical Director and provides a forum for our multi-disciplinary consultants to come together to support each other and work towards greater engagement on the issues that matter most to them.

We participated in the All-Wales NHS Staff Survey 2024, achieving a response rate of 60.6%, a significant increase when compared with the 54% of colleagues who took part in the 2023 survey.

The survey is not the only means by which we engage with our people though. In recent years, we have also received insight from our comprehensive culture assessment, Employee Value Proposition, Leading with Impact workshops, Work How it Works Best evaluation, Medical Engagement Scale, Nursing Retention Survey, new starter and exit data, internal Communications Survey and research into communications and engagement with colleagues in Health Protection and Screening Services. This wealth of information has enabled us to look at the findings from all of these sources collectively, drawing out the key themes which are consistently apparent and the development of a single integrated action plan in response.

12. Review of Effectiveness

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

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

The four standing Committees undertook a self-assessment during 2024/25 via Committee Effectiveness questionnaire, and a workshop session to discuss the findings and outcomes of the survey. The outcomes of these discussions will feed into the wider review of Board effectiveness scheduled for Quarter 1 2024.

(Further information on the Effectiveness cycle can be found in Section 4.2 of this report.)

12.1 Internal Audit

Internal audit provides the Accountable Officer, and the Board through the Audit and Corporate Governance Committee, with a flow of assurance on the system of internal control. As Chief Executive, I have commissioned a programme of audit work which has been delivered in accordance with the Public Sector Internal Audit Standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Corporate Governance Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion for 2024/25 is that:

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

Summary of Audits 2024/25

Substantial Assurance	• Board Assurance Framework • Health Protection and Screening Services – Procurement improvement plan • Duty of Quality • Welsh Risk Pool Claims • Duty of Candour
Reasonable Assurance	• Health and Wellbeing financial planning • Research and evaluation strategy • Digital and data strategy • Health Protection and Screening Services – Performance metrics • Records management
Limited Assurance	None
Unsatisfactory	None
Advisory/Non-Opinion	None

The audit work undertaken during 2024/25, was reported to the Audit and Corporate Governance Committee. These detailed results have been aggregated to build a picture of assurance across the organisation.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

There have been no Limited Assurance Internal Audits reported in 2024/25.

12.2 Counter Fraud

Public Health Wales receives its Counter Fraud Provision from Cardiff and Vale University Health Board (CAVUHB). This provision is operated under a Service Level Agreement. Public Health Wales pay for a Counter Fraud provision of 100 days of service annually. The Counter Fraud team at CAVUHB is staffed by four Counter Fraud Specialists. The team work in compliance with the NHS Counter Fraud Authority Standard Requirements in order to

provide the Cabinet Office led consistent approach to countering fraud in the public sector. This involves developing an anti-fraud culture through the provision of, an education and awareness strategy, strategic planning, risk assessment and proactive work, and the investigation of all allegations of fraud.

The Counter Fraud Team liaise with internal and external partners including Internal Audit, Audit Wales, the Counter Fraud Service (Wales), NHS Counter Fraud Authority, the police, and the Home Office Immigration and Enforcement teams, and the Crown Prosecution Service.

During the course of this financial year a total of 19 referrals were received and investigated by the team.

One of these referrals was promoted to formal investigation with one further investigation being carried over from the 2023-24 year. Two investigations were closed in the year and no offences were identified. No investigations have been carried over to the 2025-26 year.

Counter Fraud reports and updates are provided to the Audit and Corporate Governance Committee throughout the year. At the beginning of the year an Annual Workplan is provided to Committee that has been reviewed and endorsed by the Executive Director of Finance. At the close of the year the Counter Fraud Manager provides to committee an Annual Report of the work carried out by the team. In addition, a Functional Standard Return is completed and sent to the NHS Counter Fraud Authority compliance and quality assurance team outlining the activities of the team during the year and identifying how the organisation has achieved compliance with the NHS Counter Fraud requirements.

12.3 External Audit – Audit Wales

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales (AW) undertakes the external auditor role for Public Health Wales, on behalf of the Auditor General.

Each year a Structured Assessment report completed, for 2024, AW reported:

"… Overall, we found that the Trust has effective arrangements to ensure good governance, with sound approaches in place to develop and monitor its plans and manage its finances. However, there remains a need to improve the timeliness of some committee meetings and develop a more comprehensive approach to assurance mapping as part of its Board Assurance Framework."

"…the Board and its committees continue to operate well, and maintain a good focus on public transparency, hearing from staff and service users, and continuous improvement."

"…the Trust is continuing to strengthen its corporate systems of assurance related to risk, performance, and tracking recommendations and associated scrutiny. However, the Trust still

needs to identify all sources of assurance on the effectiveness of its arrangements to manage its strategic risks and achieve its organisational objectives."

"…The Trust has a sound approach to developing and monitoring the delivery of Integrated Medium-Term Plans but there is scope to further strengthen its approach to demonstrating impact."

" …the Trust continues to have a sound approach to managing its financial resources."

There were no additional recommendations in this year's assessment. The further work to develop and embed the previous years recommendations will be taken forward in 2025/26, and reported to the Audit and Corporate Governance Committee.

The recommendation from the 2023 Audit Wales Structured Assessment related to the alignment of Committee meetings to the Board meeting reporting schedule.

This has been reviewed as part of the development of the schedule of meetings of 2025/26, and was discussed with the Cross Committee Chairs Group. The agreed schedule makes the following amendments to improve the flow of information

- The Quality, Safety and Improvement Committee has been reduced in frequency to 4 meetings (1 per quarter), the frequency had increased during the pandemic, however the 5 meetings did not support quarterly reporting schedules and often resulted in papers being out of sync with quarterly business.
- Audit and Corporate Governance Committee meeting schedule resulted in a meeting in January and March (Quarter 4) and no meetings in Quarter 3. This has been amended for the 2025/26 schedule.

On review, the 2025/26 schedule provides the optimal balance between ensuring the reporting to board aligns where possible, and the need to ensure an appropriate spread of meetings per month to support business need. Reporting to Board will continue to be provided through the written Composite Board report, with interim verbal updates where the meeting is too close to the Board meeting to provide a written report.

13. Conclusion

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

This Annual Governance Statement confirms that Public Health Wales has continued to mature as an organisation and no significant internal control or governance issues have been identified. The organisation will continue to address key risks and embed good governance and appropriate controls throughout the organisation.

This Annual Governance Statement provides a summary of the steps the organisation is taking to demonstrate that we operate in accordance with the governance standards and the wider standards framework. This report demonstrates the evidence that we comply with these standards.

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

Signed: Date:
25 June 2025

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

Annex 1: Board and Committee Membership/Attendance 2024/25

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2024/25***
Jan Williams OBE	Chair (until 31 May 2024)	• (Chair) Board • (Chair) Remuneration and Terms of Service Committee Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee. Attendee: • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee ** • People and Organisational Development Committee**	1/1 0/0 0/1 0/1 0/0 0/1
Pippa Britton	Chair (from 1 December 2024)	• (Chair) Board • (Chair) Remuneration and Terms of Service Committee Note: the Board Chair has a standing invite to all Committees of the Board but is Member of the Remuneration and Terms of Service Committee. Attendee: • Audit and Corporate Governance Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee ** • People and Organisational Development Committee**	2/2 2/2 1/2 0/1 0/2 0/1

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2024/25***
Dr Tracey Cooper	Chief Executive	• Board • Remuneration and Terms of Service Committee Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee. The CE has to attend one meeting of the Audit and Corporate Governance Committee per year. • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee **	7/7 7/7 3/5 1/4 2/5 2/4
Sumina Azam	Executive Director of Policy and International Health	• Board • Knowledge, Research and Information Committee**	6/7 4/4
Iain Bell	National Director of Public Health Knowledge and Research	• Board • Knowledge, Research and Information Committee **	7/7 4/4
Nick Elliott	Non- Executive Director (Data and Digital) 1 May - 31 May 2024 *(Resumed Non Executive role following Interim Chair role, from 1 December 2024)*	• Board • (Chair) Audit and Corporate Governance • Remuneration and Terms of Service Committee • Knowledge, Research and Information Committee	3/3 3/3 1/2 2/2
	Interim Chair (From 1 June 2024 to 30 November 2024)	• Board • Remuneration and Terms of Service Committee Note: the Chief Executive (CE) has a standing invite to all Committees of the Board but is only a regular attendee of the Remuneration and Terms of Service Committee.	4/4 5/5

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2024/25***
		The CE has to attend one meeting of the Audit and Corporate Governance Committee per year. • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee ** •	2/2 0/1 1/2 1/2
Mohammed Mehmet	Non-Executive Director (Local Authority) Until 30 September 2024	• Board • Remuneration and Terms of Service Committee • Audit and Corporate Governance Committee • (Chair) People and Organisational Development Committee (Until 1 June 2024, Committee Member from 1 June to 30 September 2024)	3/4 0/5 3/3 2/2
Professor Sian Griffiths	Non-Executive Director (Public Health)	• Board • Remuneration and Terms of Service Committee • Quality, Safety and Improvement Committee • (Chair) Knowledge, Research and Information Committee	6/7 3/7 4/5 4/4
Professor Diane Crone	Non-Executive Director (University)	• Board • Remuneration and Terms of Service Committee • (Chair) Quality, Safety and Improvement Committee • (Chair) Audit and Corporate Governance Committee *(1 October to 30 November)* • Knowledge, Research and Information Committee	4/7 4/7 5/5 0/0 3/4
Huw George	Deputy Chief Executive and Executive Director of Operations and Finance	• Board • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee**	7/7 7/7 5/5
Neil Lewis	Director of People and Organisational Development	• Board* • People and Organisational Development Committee** • Remuneration and Terms of Service Committee	5/7 4/4 7/7

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2024/25***
Kate Young	Non-Executive Director (Third Sector)	• Board • Remuneration and Terms of Service Committee • People and Organisational Development Committee (Chair from 1 June 2024)	4/7 2/7 4/4
Tamsin Ramasut	Non-Executive Director (Equality and Diversity)	• Board • Remuneration and Terms of Service Committee • Audit and Corporate Governance Committee • People and Organisational Development Committee	2/2 5/7 4/4 4/4
Paul Veysey	Board Secretary and Head of the Board Business Unit	• Board* • Quality, Safety and Improvement Committee** • Remuneration and Terms of Service Committee** • Audit and Corporate Governance Committee** • People and Organisational Development Committee** • Knowledge, Research and Information Committee **	7/7 5/5 7/7 5/5 4/4 4/4
Dr Fu-Meng Khaw	National Director Health Protection Services and Screening, Executive Medical Director	• Board • Quality, Safety and Improvement Committee** • Knowledge, Research and Information Committee **	5/7 3/5 3/4
Claire Birchall	Executive Director Nursing, Quality and Integrated Governance	• Board • Quality, Safety and Improvement Committee**	6/7 5/5
Jim McManus	National Director Health and Wellbeing	• Board* • Quality, Safety and Improvement Committee**	4/5 4/5
Clare Jenkins	Vice Chair of the Board (from 1 May 2024)	• Board • Remuneration and Terms of Service Committee	5/7 7/7

NAME	POSITION	BOARD COMMITTEE MEMBERSHIP	ATTENDANCE AT MEETINGS 2024/25***

** Attend Board meetings, but are not members of the Board and therefore do not have voting rights.*
*** Attend Committee meetings, but are not members of the Committee and therefore do not have voting rights.*
*****
The actual number of meetings attended/the number of meetings which it was possible to attend. This varies from individual to individual as some joined the Committee partway through the year.

+ The allocation of champion roles is under review, awaiting confirmation from Welsh Government.

Note – Executive Team Members may attend other Committees on request.

Board Champions

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Fire Safety	Exec	Deputy Chief Executive and Executive Director Operations and Finance (Huw George)	N/A
Emergency Planning	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Caldicott	Exec	National Director Health Protection and Screening Services / Executive Medical Director (Meng Khaw)	N/A
Violence and Aggression	Exec	Executive Director Nursing, Quality and Integrated Governance (Claire Birchall)	N/A
Infection Prevention and Control	Non-Exec	Executive Director Nursing, Quality and Integrated Governance (Claire Birchall)	Non-Executive Director (Sian Griffiths)
Armed Forces and Veterans	Non-Exec	Executive Director Nursing, Quality and Integrated Governance (Claire Birchall)	Chair (Jan Williams until 31 May 2024) (Nick Elliott until from 1 June to 30 November) (Pippa Britton from 1 December 2024)
Mental Health	Vice Chair	N/A	Vice Chair (Clare Jenkins) from 1 May 2024

Role	Champion Role Requirement	Executive Champion	Non-Executive Champion
Equality	Non-Exec	N/A	Non-Executive Director - Local Authority (Mohammed Mehmet)
Children and Young People	Exec & Non-Exec	Executive Director Nursing, Quality and Integrated Governance (Claire Birchall)	Non-Executive Director - University (Diane Crone)
Putting Things Right	Exec & Non-Exec	Executive Director Nursing, Quality and Integrated Governance (Claire Birchall)	Non-Executive Director - University (Diane Crone)
Raising Concerns (Staff)	Exec & Non-Exec	Board Secretary and Head of Board Business Unit (Paul Veysey)	Non-Executive Director – Equality and Diversity (Tamsin Ramasut)
Welsh Language	Exec	Director of People and Organisational Development (Neil Lewis)	
Older Persons	Non-Exec	N/A	Non-Executive Director – Third Sector (Kate Young)
Socio-Economic Duty	Exec	National Director of Policy and International Health, (Sumina Azam) and the Board Secretary and Head of Board Business Unit (Paul Veysey)	N/A
Research and Evaluation	Non-Exec	N/A	Non-Executive Director - University (Diane Crone)

Part B: Remuneration and Staff Report 2024/25

1.1 The information contained in this report relates to the remuneration of the senior managers employed by Public Health Wales and other people-related matters.

1.2 The Pay Policy Statement (Annex 3) relates to Public Health Wales' strategic stance on senior manager remuneration and provides a clear statement of the principles underpinning decisions on the use of public funds.

1.3 The definition of "Senior Manager" is:

'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'

1.4 For Public Health Wales, the Senior Managers are considered to be the regular attendees of the Trust Board meetings, i.e. the Executive Directors, the Non-Executive Directors and the remaining Board-Level Directors. Collectively the Executive and Board-Level Directors are known as the Executive Team. Although not formally a member of the Executive Team, the Board Secretary and Head of the Board Business Unit is also included within the definition of Senior Manager.

2. Remuneration and Terms of Service Committee

2.1 The Public Health Wales Remuneration and Terms of Service Committee considers and approves salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff.

2.2 The Remuneration and Terms of Service Committee also considers and approves applications relating to the Voluntary Early Release Scheme, redundancy payments and early retirements.

2.3 All Executive Directors' pay and terms and conditions have been, and will be, determined by the Remuneration and Terms of Service Committee within the Framework set by the Welsh Government.

2.4 During 2024/25 the Public Health Wales Remuneration and Terms of Service Committee consisted of the following Members:

- Jan Williams OBE (Chair) until 30 May
- Pippa Britton (Chair) from 01 December
- Dr Tracey Cooper (Chief Executive)
- Claire Jenkins (Vice Chair and Non-Executive Director) from 01 May
- Professor Diane Crone (Non-Executive Director)
- Professor Sian Griffiths (Non-Executive Director)

- Mohammed Mehmet (Non-Executive Director) until 30 September
- Nick Elliott (Non-Executive Director) and Chair between 01 June and 30 November
- Kate Young (Non-Executive Director)
- Tamsin Ramasut (Non-Executive Director)

2.5 The performance of Executive Directors is assessed against individual objectives and the overall performance of Public Health Wales. Public Health Wales does not make bonus payments of any kind.

2.6 All payments are against the pay envelope in the annual letter from the Chief Executive of NHS Wales on this matter. The Senior Managers to receive pay-awards have been those remunerated on 'Medical and Dental' or 'Agenda for Change' pay scales and those in 'Executive and Senior Posts'.

2.7 During 2024/25, the Remuneration and Terms of Service Committee approved the following (in consultation with Welsh Government where appropriate):

- 25 July 2024 - approved the appointment of Claire Birchall to the post of Executive Director of Quality and Nursing
- 24 September 2024 - approved a change of role name for the Executive Director of Quality and Nursing to the Executive Director of Nursing, Quality and Integrated Governance
- 11 February 2025 - approved that Huw George Deputy Chief Executive and Director of Operations and Finance secondment to the NHS Wales Joint Commissioning Committee effective from 1st April 2025
- 11 February 2025 – approved the appointment of Angela Williams, Deputy Director of Finance to the role of Acting Director of Operations and Finance effective from 1st April 2025

Voluntary Early Release/Redundancy/Settlement payments:

Approval of:

- 2 redundancies, totalling £14,875
- 3 settlement payments, totalling £180,257

3. Salary and Pension Disclosures

3.1 Details of salaries and pension benefits for Senior Managers captured within this report are given in Annexes 1 and 2.

3.2 The single figure of remuneration (**Annex 1**) is intended to be a comprehensive figure that includes all types of reward received by Senior Managers in the period being reported on, including fixed and variable elements as well as pension provision.

3.3 The single figure includes the following:

- Salary and fees both pensionable and non-pensionable elements.
- benefits in kind (taxable, total to the nearest £100)
- pension-related benefits - those benefits accruing to Senior Managers from membership of a participating defined benefit pension scheme.

3.4 There are no annual or long-term performance-related bonuses.

3.5 Annual salary figures are shown prior to any reduction as a result of any salary sacrifice scheme.

3.5 The value of pension-related benefits accrued during the year is calculated as the employee's real increase in pension multiplied by 20, plus any real increase in pension lump sum (for scheme members entitled to a lump sum), less the contributions made by the employee. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

3.7 **Annex 2** gives the total pension benefits for all Senior Managers. The inflationary rate applied to the 2024/25 figure is 6.7% as set out in the 2023/24 Greenbury guidance.

4. Remuneration Relationship

4.1 NHS bodies in Wales are required to disclose the relationship between the remuneration of the highest-paid Director in their organisation and the median remuneration of the organisation's workforce. This information is provided in note 10.6 to the Financial Statements.

5. 2024/25 Staff Report

5.1 Number of Senior Managers

As of 31 March 2025, there were 10 Senior Managers that made up the Executive Team (including the role of Board Secretary and Head of the Board Business Unit); they were also Board members or regular attendees. Their terms and conditions are broken down as follows:

Consultant (Medical and Dental):	0
Executive and Senior Posts pay scale:	9
Agenda for Change Wales:	1

5.2 Staff Numbers

The following table shows the average number of staff employed by Public Health Wales NHS Trust, by group as defined in the annual accounts.

	Permanently Employed (inc Fixed Term) FTE	Staff on inward secondment FTE	Agency Staff FTE	Specialist Trainee (SLE) FTE	2024/25 Total FTE	2023/24 Total
Administrative, clerical and board members	1,348	44	30	3	1,425	1,396
Ambulance Staff	0	0	0	0	0	0
Medical and Dental	84	36	3	10	133	132
Nursing, Midwifery registered	93	11	0	0	104	111
Professional, scientific and technical staff	22	7	0	0	29	19
Additional Clinical Services	362	0	3	0	365	344
Allied Health Professionals	69	0	0	0	69	85
Healthcare Scientists	367	0	5	0	372	430
Estates and Ancillary	2	0	0	0	2	2
Students	0	0	0	0	0	0
Total	**2,347**	**98**	**41**	**13**	**2,499**	**2,519**

The number of employees disclosed above for 2024-25 is based on Full-Time Equivalent (FTE). The 2023-24 comparatives for Permanently Employed were based on Head Count rather than FTE. Using the FTE basis, the 2023-24 total number would have been 2,332 rather than 2,519.

5.3 Staff Composition

The gender breakdown of the Senior Managers and other employees as of 31 March 2025 was as follows:

	Male	Female
Senior Managers	60%	40%
Other employees	27%	73%

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6 April 2017, which require employers in England and Wales with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

- mean gender pay gap in hourly pay;
- median gender pay gap in hourly pay;
- proportion of males and females in each pay quartile.

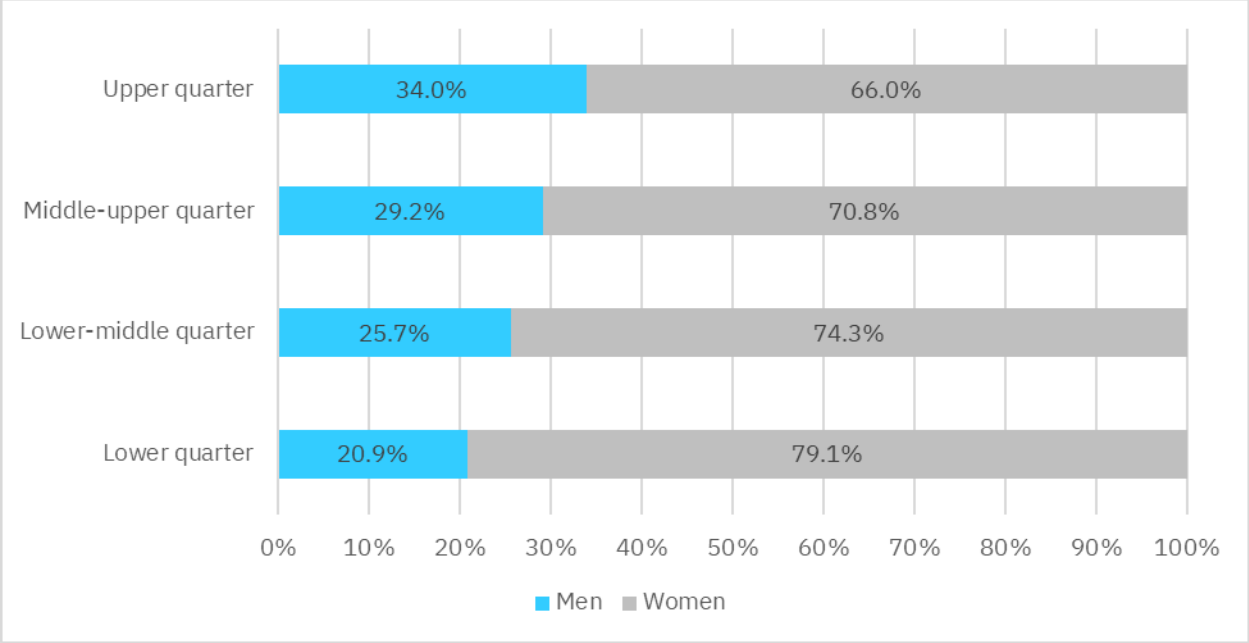
In Public Health Wales, the mean and median hourly rate by Gender as of 31 March 2025 was as follows:

Gender	Mean. Hourly Rate (£)	Median Hourly Rate (£)
Male	27.03	23.50
Female	23.39	19.94
Difference	3.64	3.56
Pay Gap %	13.5%	15.2%

These figures highlight a gap between the pay for men and women in the organisation, and have increased slightly from a mean pay gap of 13.8% and median gap of 6.4% last year. This is attributable to the high proportion of women in some of the lower grades, which can be as high as almost 90% which in turn brings the overall average down. Analysis of the staff data shows that from Band 8a, the number of women in the higher grades drops significantly.

The small increase in the Gender Pay Gap figures for this year is something that many organisations are experiencing as we continue to recover from the pandemic.

The percentages of men and women in each quartile of earnings is as follows:



5.4 Sickness Absence data

The following table provides information on the number of days lost due to sickness during 2023/24 and 2024/25

	2024-2025 Number	2023-2024 Number
Days lost (long term)	25,993	22,826
Days lost (short term)	12,739	11,527
Total days lost	38,732	34,353
Total staff years	2,347	2,179
Average working days lost **per FTE**	15.24	14.02
Total staff employed in period (headcount)	2,615	2,470
Total staff employed in period with no absence (headcount)	1160	1,161
Percentage staff with no sick leave	44.36%	47.00%

There has been a small increase in headcount from 2023/2024 (145 additional staff).

Sickness absence rates across Public Health Wales over 2024/2025 have seen an increase with number of days lost due to sickness absence up by 4,379 days from 2023/2024.

The percentage of staff recording no sickness absence has decreased from 47% to 44.36%.

We have seen an increase in the number of days lost due to long term sickness absence, up by 3,167 days. All long-term sickness absence cases are supported by a People and OD Advisor and are managed in line with the Managing Attendance at Work Policy (MAAW). Line Managers are also able to access support for absence management by booking a HR Clinic with one of the People and OD Advisors.

Training on the MAAW policy has been updated and continues to be delivered to managers throughout the organisation. We are still awaiting release of the e-Learning module for MAAW. Once available, this will be mandatory learning for all those staff within the organisation who have responsibility for line managing others.

5.5 Staff policies applied during the financial year

The organisation's workforce policies cover all aspects of employment, from recruitment and selection, training and development to terms and conditions of service and termination of employment. They also set out the guiding principles that influence the way that Public Health Wales will deliver its commitment to creating an environment where people can thrive and meet their full potential.

Some of these policies are developed and reviewed with other NHS organisations on an "all Wales" basis and their adoption is mandatory. All other employment policies are developed and reviewed through policy workshops and consultation with various stakeholders from within the organisation.

All workforce policies are reviewed and developed jointly with the recognised trade unions, in accordance with an agreed policy review and development schedule.

Policies are published on the Public Health Wales website at https://phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/human-resources-policies/

Public Health Wales also has a range of policies and initiatives which enable adjustments and flexibility which may be particularly important for some groups. Our flexible working arrangements, and our approach to agile working (Work How it Works Best) enable colleagues to accommodate their personal situations and individual requirements to balance work and home life. We also have an

Occupational Health service who can advise on reasonable adjustments for those who require them.

Our Recruitment Policy and candidate information promotes the use of inclusive and welcoming language and ensures that we will make reasonable adjustments to the process as required. We also have guidance for staff who are Transitioning in the workplace, to help individuals and managers through the process.

Public Health Wales' Recruitment Policy makes reference to eliminating all forms of discrimination in accordance with the Equality Act 2010. Public Health Wales operates a guaranteed interview scheme whereby disabled applicants are guaranteed an interview if they meet the essential requirements of the person specification for the post they are applying for. When invited to interview, all applicants are asked if any adjustments are required to enable them to attend.

Where a disabled candidate is appointed, Public Health Wales is responsible for carrying out any reasonable adaptations to the workplace or supplying additional equipment to assist the new employee in their role. This usually follows assessment, advice and support from the organisation's Occupational Health providers.

In July 2022, we were reassessed and awarded Disability Confident Leader Status; the only NHS organisation in Wales to be awarded this a second time. A lot of work was put into reviewing and improving processes, awareness and our environment to get us to this stage and the feedback from disabled staff has been positive. This also builds on our reputation as an inclusive employer, building confidence for staff and prospective job applicants. This accreditation expires in July 2025 so we will be applying for reaccreditation.

In October 2024, we were awarded Gold level with Distinction which is the highest level in the Cultural Competence Scheme which is run by Diverse Cymru. Again, we continue to lead within the NHS to receive this level of award.

The All Wales Managing Attendance at Work Policy has a focus on managers knowing and understanding their staff, and working in partnership to support individuals in the workplace. The policy has an emphasis on wellbeing rather than managing absence and is designed to support individuals to remain in the workplace. The policy includes mechanisms for phased return to work with no loss of pay, and makes enhancements in support of appointments linked to underlying health concerns. There is a greater emphasis on access to advice and support (Employee Assistance Programme), Occupational Health, GP, Physiotherapy, Counselling, etc. to facilitate a more rapid return to the workplace, along with greater support to remain in work. Where a return to an individual's role is not possible, redeployment to a suitable alternative role is explored.

There are also a number of policies, procedures and guidelines that support staff health and well-being such as the Flexible Working Policy and Toolkit, Career Break Scheme, Annual Leave Purchase Scheme, Mental Wellbeing policy. Public Health Wales also runs a workplace mediation service for staff.

Public Health Wales is committed to providing a working environment free from harassment and bullying and to ensuring all staff are treated, and treat others, with dignity and respect. To support the Healthy Working Relationships approach, Public Heath Wales has a team of trained facilitators from across the organisation who are available to support staff to resolve conflict at an early and informal stage. Informal resolution helps in ensuring the restoration of healthy working relationships, before issues escalate into serious disputes that require the use of formal procedures.

The all Wales Speaking Up Safely Framework introduced in autumn 2023 encourages staff to raise concerns at the earliest opportunity and openly without any fear of negative implications of doing so. Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback. Within the framework, there are a number of ways in which an individual can raise a concern depending on the nature of the issue and our staff intranet includes comprehensive advice for staff to help colleagues determine the most appropriate route to raise any concerns they may have.

All staff have equal access to appraisal and development, via Public Health Wales' 'My Contribution' process, supported by a rolling programme of training opportunities and career development. All colleagues are expected to undertake statutory and mandatory training applicable to their post.

In relation to staff organisational change and restructuring of services, Public Health Wales has adopted the All Wales Organisational Change Policy and has in place a Redeployment Policy and Voluntary Early Release Scheme. During 2023, additional guidance has been developed for staff managing organisational change and to signpost support for colleagues experiencing change.

5.6 Other Employee Matters

Our Staff Diversity Networks continue to grow and embed themselves within the organisation. They have been particularly important for staff who have been working remotely over the past few years, offering support and a sense of belonging to members. We have networks for Women, Carers, LGBT+, Disabled, Black, Asian and Minority Ethnic Staff, Men and Welsh Speakers. In 2024 an additional network was set up for Neurodivergent (ND) staff and those who care for ND individuals. Network members have been involved with the development of our OD initiatives such as the Behaviours Framework, Work How it Works Best, HR Policy reviews and the Cost of Living Support plan.

We have continued to hold various awareness raising events throughout the year, and supported the Pride events in Swansea and Cardiff in 2024. We have held a range of speaking and awareness raising events, Intranet articles and opportunities for staff to celebrate difference. Many more staff were involved this year with events taking place via Teams, and were recorded and made available for those who were unable to attend at the time.

5.7 Expenditure on Consultancy and Temporary staff

For the purposes of the statutory accounts, Consultancy is defined as time limited/ad-hoc assignments that are not considered to be related to the day-to-day activities of the Trust. This can include expenditure on services such as:

- General Management Consultancy
- Legal
- Human Resources
- Financial
- IT Consultancy
- Property Services/Estates
- Marketing and Communication
- Programme and Project Management

During 2024/25, Public Health Wales' expenditure on consultancy was £1.355m compared to £1.449m in 2023/24.

Expenditure on temporary staff during 2024/25 amounted to £2,881,173 compared to £3,039,592 in 2023/24.

5.8 Tax Assurance for Off-Payroll Engagements

The Trust is required to disclose any arrangements it has whereby individuals are paid through their own companies or off-payroll. Where off-payroll payments have been made, the Trust has sought assurance from all relevant parties that the appropriate tax arrangements are in place. Full details of these arrangements are published on the Public Health Wales website at https://phw.nhs.wales/about-us/publication-scheme/

5.9 Exit Packages

The figures disclosed in this note relate to exit packages agreed in the year. The actual date of departure might be in a subsequent period, and the expense in relation to the departure costs may have been accrued in a previous period. The data are therefore presented on a different basis to other staff cost and expenditure notes in the accounts. Two of these exit packages relate to NHS Executive staff members.

Table 1	2024-25	2024-25	2024-25	2024-25	2023 - 24
Exit packages cost band (including any special payment element)	**Number of compulsory redundancies**	**Number of other departures**	**Total number of exit packages**	**Number of departures where special payments have been made**	**Total number of exit packages**
less than £10,000	2	0	**2**	0	**1**
£10,000 to £25,000	0	1	**1**	0	**1**
£25,000 to £50,000	0	0	**0**	0	**0**
£50,000 to £100,000	0	2	**2**	0	**0**
£100,000 to £150,000	0	0	**0**	0	**0**
£150,000 to £200,000	0	0	**0**	0	**0**
more than £200,000	0	0	**0**	0	**0**
Total	**2**	**3**	**5**	**0**	**2**
	2024-25	**2024-25**	**2024-25**	**2024-25**	**2023-24**
Exit packages cost band (including any special payment element)	**Cost of compulsory redundancies**	**Cost of other departures**	**Total cost of exit packages**	**Cost of special element included in exit packages**	**Total cost of exit packages**
	£'s	**£'s**	**£'s**	**£'s**	**£'s**
less than £10,000	14,875	0	**14,875**	0	**6,943**
£10,000 to £25,000	0	10,000	**10,000**	0	**24,500**
£25,000 to £50,000	0	0	**0**	0	**0**
£50,000 to £100,000	0	170,257	**170,257**	0	**0**
£100,000 to £150,000	0	0	**0**	0	**0**
£150,000 to £200,000	0	0	**0**	0	**0**
more than £200,000	0	0	**0**	0	**0**
Total	**14, 875**	**180,257**	**195,132**	**0**	**31,443**

6. Statement of Assurance

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

Signed: Date: 25 June 2025

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

Annex 1a – Single Figure of Remuneration 2024-25

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (to nearest £100) £000	Pension benefit (to nearest £1,000) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive	185 - 190	0	0	60	245 - 250
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance[1, 2, 3]	150 - 155	0	0.8	28	175 - 180
Claire Birchall, Executive Director of, Nursing, Quality & Integrated Governance [4]	120 - 125	0	0	118	240 - 245
Dr Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre [5]	135 - 140	0	1.1	50	185 - 190
Neil Lewis, Director of People and Organisational Development [6]	115 - 120	0	1.7	39	155 - 160
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director	185 - 190	0	0	81	265 - 270
Iain Bell, National Director for Public Health Knowledge and Research	145 - 150	0	0	0	145 - 150
Jim McManus, National Director of Health and Wellbeing	140 - 145	0	0	35	175 - 180

Paul Veysey, Board Secretary and Head of Board Business Unit	85 - 90	0	0	24	110 - 115
Non Executive Directors:					
Jan Williams OBE[7]	5 - 10	0	0	0	5 - 10
Pippa Britton OBE [8]	10 - 15	0	0	0	10 - 15
Clare Jenkins [9]	20 - 25	0	0	0	20 - 25
Professor Diane Crone	5 - 10	0	0	0	5 - 10
Professor Sian Griffiths CBE	5 - 10	0	0	0	5 - 10
Mohammed Mehmet [10]	0 - 5	0	0	0	0 - 5
Kate Young	5 - 10	0	0	0	5 - 10
Nick Elliott [11]	25 - 30	0	0	0	25 - 30
Tamsin Ramasut	5 - 10	0	0	0	5 - 10

Notes

1. Huw George took Partial Retirement on 7 January 2025 drawing down part of his pension by reducing his pensionable pay by 10%
2. Huw George is undertaking some introductory work on behalf of NHS WJCC for 2 days per week in March 2025 ahead of his secondment which takes effect from 1 April 2025, and this is being backfilled via internal arrangements
3. Salary includes £6,615.12 sacrificed in respect of a personal lease car
4. Claire Birchall was permanently appointed to Executive Director of Quality, Nursing and Allied Health Professionals with effect from 12th August 2024
5. Salary includes £7,960.20 sacrificed in respect of a personal lease car
6. Salary includes £8,046.48 sacrificed in respect of a personal lease car
7. Jan Williams left the Trust on 31 May 2024. Full year equivalent salary banding is £40,000 - £45,000
8. Pippa Britton OBE was appointed as Chair on 1 December 2024. Full year equivalent salary banding is £40,000 - £45,000
9. Clare Jenkins was appointed as Vice Chair on 1 May 2024
10. Mohammed Mehmet left the Trust on 30 September 2024. Full year equivalent salary banding is £5,000 -£10,000
11. Nick Elliott served as a Non Executive Director from 1 April 2024 to 31 May 2024, before being appointed as Interim Chair from 1 June 2024 to 30 November 2024. He then resumed his role as a Non Executive Director from 1 December 2024 to 31 March 2025. Full year equivalent salary banding for the Chair role is £40,000 - £45,000, and for the Non-Executive Director role is £5,000 - £10,000

Annex 1b - Single Figure of Remuneration (2023/24) (Audited)

Name and Title	Salary (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (to nearest £100) £000	Pension benefit (to nearest £1,000) £000	Total (bands of £5,000) £000
Dr Tracey Cooper, Chief Executive[1]	175 - 180	0	0	44	**220 - 225**
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance[2,3,20]	150 - 155	0	0.8	0	**150 - 155**
Angela Williams, Acting Director of Operations and Finance[4,5,20]	20 - 25	0	0.2	0	**20 - 25**
Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals[6]	40 - 45	0	0	0	**40 - 45**
Claire Birchall, Interim Executive Director of Quality, Nursing and Allied Health Professionals[7]	55 - 60	0	0	25	**80 - 85**
Angela Cook, Acting Executive Director of Quality, Nursing and Allied Health Professionals[8]	15 - 20	0	0	8	**25 - 30**
Dr Sumina Azam, Acting National Director of Policy and International Health, World Health Organisation Collaborating Centre[9,20]	130 - 135	0	1	0	**130 - 135**

Dr John Boulton, Director for NHS Quality Improvement and Patient Safety/ Director 1000 Lives Improvement Service/Improvement Cymru[10]	140 - 145	0	0	36	**175 - 180**
Neil Lewis, Director of People and Organisational Development[11,12]	110 - 115	0	1.7	0	**115 - 120**
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director[20]	175 - 180	0	0	0	**175 - 180**
Iain Bell, National Director for Public Health Knowledge and Research	145 - 150	0	0	0	**145 - 150**
Angela Jones, Acting Director for Health and Wellbeing[13]	25 - 30	0	0	0	**25 - 30**
Jim McManus, National Director for Health and Wellbeing[14]	70 - 75	0	0	4	**70 - 75**
Paul Veysey, Board Secretary and Head of Board Business Unit[15]	80 - 85	0	0	20	**100 - 105**
Elizabeth Blayney, Acting Board Secretary and Head of Board Business Unit[16]	0 - 5	0	0	1	**0-5**
Non Executive Directors:					
Jan Williams OBE	40 - 45	0	0	0	**40 - 45**
Kate Eden[17]	15 - 20	0	0	0	**15 - 20**
Dyfed Edwards[18]	0	0	0	0	**0**
Professor Diane Crone	5 - 10	0	0	0	**5 -10**
Professor Sian Griffiths	5 - 10	0	0	0	**5 -10**
Mohammed Mehmet	5 - 10	0	0	0	**5 -10**
Kate Young	5 - 10	0	0	0	**5 -10**

Nick Elliott	5 - 10	0	0	0	**5-10**
Tamsin Ramasut[19]	0 - 5	0	0	0	**0 - 5**

Notes
1. Tracey Cooper temporarily relinquished the Accounting Officer role for the period 22/01/2024-17/03/2024 to prepare and give evidence at the UK Covid-19 Public Inquiry.
2. Huw George was appointed as Acting Chief Executive and Accounting Officer in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024.
3. Salary includes £6,615 sacrificed in respect of a personal lease car.
4. Angela Williams was appointed as Acting Director of Operations and Finance in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024. Full year equivalent salary banding is £130,000 - £135,000.
5. Salary includes £1,386 sacrificed in respect of a personal lease car.
6. Rhiannon Beaumont-Wood retired from Public Health Wales on 30/07/2023. Full year equivalent salary banding is £120,000 - £125,000.
7. Claire Birchall was appointed on 25/09/2023 as Interim Executive Director of Quality, Nursing and Allied Health Professionals. Full year equivalent salary banding is £110,000 - £115,000.
8. Angela Cook was appointed as Acting Executive Director of Quality, Nursing and Allied Health Professionals for the period 01/08/2023-24/09/2023. Full year equivalent salary is £110,000-£115,000.
9. Salary includes £7,960 sacrificed in respect of a personal lease car.
10. John Boulton left Public Health Wales on the 31/03/2024.
11. Neil Lewis was appointed as Acting Deputy Chief Executive in support of the temporary arrangements as outlined in note 1 above for the period 22/01/2024-17/03/2024.
12. Salary includes £8,046 sacrificed in respect of a personal lease car.
13. Angela Jones secondment to the Trust as Acting Director for Health and Wellbeing ended on 30th June 2023. Reimbursement for payroll costs to this date were to Cwm Taf Morgannwg University Health Board. Full year equivalent salary banding is £125,000 - £130,000.
14. Jim McManus was appointed on 25/09/2023 as National Director for Health and Wellbeing. Full year equivalent salary banding is £135,000-£140,000.
15. Paul Veysey was appointed on 17/04/2023 as Board Secretary and Head of Board Business Unit. Full year equivalent salary banding is £80,000-£85,000.
16. Elizabeth Blayney's role as Acting Board Secretary ended on 16/04/2023. Full year equivalent salary banding is £80,000 - £85,000.
17. Kate Eden left the Trust on 29/02/2024.
18. Dyfed Edwards continued his secondment to Besti Cadwaldr University Health Board for the period 01/04/2023-29/01/2024 and received no remuneration from Public Health Wales NHS Trust during this period. Dyfed left the Trust on 29/01/2024.
19. Tamsin Ramasut was appointed on 01/12/2023 as Non-Executive Director. Full year equivalent salary banding is £5,000-£10,000.
20. NHS Pension Scheme member is affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted with a zero.

Annex 2 - Pension Benefits

	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 31/03/24	Cash Equivalent Transfer Value at 31/03/23	Real increase in Cash Equivalent Transfer Value	Employer contribution to partnership pension account
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				To nearest £100
Name and Title	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Dr Tracey Cooper, Chief Executive	2.5 - 5	0 - 2.5	65 - 70	70 - 75	1,287	1,125	64	0
Huw George, Deputy Chief Executive and Executive Director of Operations and Finance[1]	0 - 2.5	0 - 2.5	60 - 65	155 - 160	144	1,367	0	0
Claire Birchall, Executive Director of, Nursing, Quality & Integrated Governance	5 - 7.5	10 - 12.5	45 -50	115 - 120	1,042	847	123	0
Dr Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre	2.5 - 5	0 - 2.5	40 - 45	100 - 105	869	755	48	0

Neil Lewis, Director of People and Organisational Development	2.5 - 5	0	55 - 60	0	846	750	32	0
Dr Fu-Meng Khaw, National Director for Health Protection and Screening Services and Medical Director[1]	5 - 7.5	5 - 7.5	80 - 85	220 - 225	161	1,874	0	0
Iain Bell, National Director for Public Health Knowledge and Research[2]	0	0	0	0	-	-	-	0
Jim McManus, National Director for Health and Wellbeing	2.5 - 5	0 - 2.5	5 - 10	10 - 15	190	135	28	0
Paul Veysey, Board Secretary and Head of Board Business Unit	0 - 2.5	0	5 - 10	0	108	79	12	0

Notes
1. This member is over the Normal Retirement Age for the 1995 scheme. No CETV is reported for this element of the pension and lump sum. Total accrued pension values have reduced accordingly.
2. Iain Bell is not a member of the NHS Pension Scheme

Annex 3 – Pay Policy Statement 2024/25

1.0 Introduction and Purpose

1.1 The purpose of this policy statement is to clarify Public Health Wales' strategic stance on senior remuneration and to provide a clear statement of the principles underpinning decisions on the use of public funds.

1.2 The annual Pay Policy Statement (the "statement") is produced for each financial year, in accordance with the Welsh Government's principles and minimum standards as set out in the document "Transparency of Senior Remuneration in the Devolved Welsh Public Sector" which includes a set of high level principles regarding the reporting of senior pay. The document sets out arrangements and principles in a series of standards and non statutory requirements on organisations in the devolved Welsh public sector. It includes a requirement to publish annual reports as well as an annual pay policy statement

1.3 The purpose of the statement is to provide transparency with regard to Public Health Wales' approach to setting the pay of its senior employees (this excludes staff employed on nationally set terms and conditions of employment) by stating:

a) the definition of "senior posts" adopted by Public Health Wales for the purposes of the pay policy statement,
b) the definition of "lowest-paid employees" adopted by Public Health Wales for the purposes of the pay policy statement,
c) Public Health Wales' reasons for adopting those definitions, and
d) the relationship between the remuneration of senior posts and that of the lowest-paid employees.

2.0 Legislative Framework

In determining the pay and remuneration of all of its employees, Public Health Wales will comply with all relevant employment legislation. This includes the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Employment) Regulations. With regard to the Equal Pay requirements contained within the Equality Act, the NHS Trust ensures there is no pay discrimination within its pay structures for employees covered by the NHS National Terms and Conditions (Agenda for Change), the Medical and Dental Staff (Wales) Handbook and the Executive and Senior Posts cohort and that all pay differentials can be objectively justified through the use of equality

proofed Job Evaluation mechanisms which directly relate salaries to the requirements, demands and responsibilities of the role.

3.0 Pay Structure

Senior posts are defined by Public Health Wales as all staff who are not covered by Agenda for Change or Medical and Dental contracts

This cohort of staff are referred to as "Executive and Senior Posts (ESPs)"

a) In relation to this statement the ESP posts within the NHS Trust are:

- Chief Executive
- Deputy Chief Executive / Executive Director of Operations and Finance
- Executive Director Policy and International Health/World Health Organisation Collaborating Centre
- Executive Director of Quality, Nursing and Allied Health Professionals
- Director of Health and Wellbeing
- Director of NHS Quality Improvement and Patient Safety/Director Improvement Cymru
- Director of People and Organisational Development
- National Director for Health Protection and Screening Services and Executive Medical Director
- National Director for Public Health Knowledge and Research

b) The "lowest-paid employees" within Public Health Wales are paid £24,433 per annum (£12.50 per hour) in accordance with the nationally set Pay Bands and pay points in Wales.

c) The definitions for senior posts and the lowest paid employees are in accordance with the national provisions as determined and set by Welsh Government as noted in a) above.

d) The remuneration of senior posts is determined by a job evaluation process (Job Evaluation for Senior Posts (JESP) and all salaries are agreed by Welsh Government. The remuneration of the lowest-paid employees is set by reference to the national Job Evaluation system (Agenda for Change) and salaries for all Agenda for Change pay spine points (including the lowest) are set following receipt of recommendations from the Pay Review Body. From 1st January 2015, the lowest spine points were adjusted to incorporate the Living Wage.

e) The annual process of submitting evidence to the pay review bodies (NHS Pay Review Body and Review Body on Doctors' and Dentists' Remuneration) enables an independent assessment to be made on NHS pay. The pay review bodies have regard to the following considerations in making their recommendations:

- the need to recruit, retain and motivate suitably able and qualified staff;
- regional/local variations in labour markets and their effects on the recruitment and retention of staff;
- the funds available to the Health Departments, as set out in the Government's Departmental Expenditure Limits;
- the Government's inflation target;
- the principle of equal pay for work of equal value in the NHS;
- the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.

f) Salary information relating to senior posts is provided in **Annex 1a** to the Remuneration and Staff report.

g) Public Health Wales' approach to internal talent management is to share all vacancies and opportunities internally to encourage career mobility and development of all our employees. In addition, through our workforce planning process, we undertake learning needs analysis and succession planning processes to identify developmental needs of all staff. Succession planning is the process of identifying critical positions, assessing current staff members who may be able to fill these positions within several timescales (ready now; 1-2 years and 2-5 years) and developing action plans for these individuals to assume those positions.

h) Public Health Wales does not use any system of performance related pay for senior posts.

i) Public Health Wales has a comprehensive approach to performance, development and review and the policies / processes to support this are:

Strategic Workforce Planning Toolkit
My Contribution Policy (Performance Appraisal)
Core Skills and Training Framework
Learning and Development Programme
Management and Leadership Development Programme
Induction Policy and Process

j) The highest and lowest Agenda for Change pay points set by Public Health Wales are:

Highest point - £123,091

Lowest point - £24,433

k) The severance policies which are operated by Public Health Wales are;

- set out in Section 16 of the nationally agreed NHS Terms and Conditions of Service Handbook for redundancy and these conditions can only be varied by national agreement between government, employers and trade unions;
- the Voluntary Early Release scheme which requires Welsh Government authorisation for any payment to be made over a certain threshold and;
- the NHS Wales Organisational Change Policy which provides for a consistent approach to the management of organisational change and provides for redeployment and protection of pay.
- the Public Health Wales Redundancy Policy which sets out an organisational approach to managing situations where redundancies (or the risk of redundancies) arise

4.0 Wider Reward and Recognition Package

l) Additional Benefits offered by Public Health Wales are;

- **Annual leave** - Staff receive an annual leave allowance of 28 days a year plus bank holidays, rising to 30 days after five years and 34 days after ten years.
- **Flexible working –**. The Trust offers a flexible working policy to help balance home and working life, including: working from home, part-time hours and job sharing options.
- **Pension** - We are signed up to the NHS pension scheme. If staff join the NHS pension scheme the Trust will contribute 20.6% towards their pension.
- **Childcare Vouchers** - We offer membership to the childcare vouchers scheme to all employees who have children
- **Cycle to work scheme** – The Trust participates in a cycle to work scheme, which offers savings of up to 42% off the cost of a new bike.
- **Travel loans** - Interest free season ticket loans are available to staff (on an annual basis).
- **Health and well-being** - Health and well-being initiatives are available across the Trust, including discounted gym membership across Wales.

- **Occupational Health** - All employees have access to our Occupational Health services: the service can support staff with, stress management, confidential counselling and seasonal vaccinations.
- **Car Lease scheme -** The NHS Wales Shared services partnership scheme allows Public Health Wales staff to apply for a lease car, for business and personal use.

5.0 Approach to Providing Support to lower paid staff

Public Health Wales, in keeping with the wider NHS, ensures that all of its employees are paid the living wage.

Part C
Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

Where we undertake activities that are not funded directly by the Welsh Government we receive income to cover our costs. Further detail of income received is published in the annual accounts; within note 4 headed 'other operating revenue'.

We confirm we have complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

We have been informed by our legal advisors that **£1,882,000** of claims for alleged medical or employer negligence against us have been assessed as having a **possible** chance of succeeding. If the claims were to succeed against us, **£1,685,000** of this figure would be recoverable from the Welsh Risk Pool. Therefore, the net liability to Public Health Wales NHS Trust is **£197,000.**

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Public Health Wales NHS Trust for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Public Health Wales NHS Trust as at 31 March 2025 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Public Health Wales NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.
In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and

- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities [set out on pages 53 and 54], the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Public Health Wales NHS Trust's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following area: posting of unusual journals.
- Obtaining an understanding of Public Health Wales NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Trust; and
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management and Audit Committee about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Public Health Wales NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report
I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
27 June 2025

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

NOTE:

The maintenance and integrity of Public Health Wales NHS Trust's website is the responsibility of the Trust; the work carried out by auditors does not involve consideration of these matters and accordingly auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

Annual Report 2024/25

Section 3: Financial Statements and Notes

Public Health Wales NHS Trust

Foreword

These accounts for the period ended 31 March 2025 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The establishment of Public Health Wales NHS Trust in 2009, created for the first time, an independent NHS body with a clear and specific public health focus, and a remit to act across all the domains of public health practice. The Minister for Health and Social Services confirmed Public Health Wales NHS Trust would provide the national resource for the effective delivery of public health services at national, local and community level.

Public Health Wales NHS Trust originally incorporated the functions and services previously provided by the National Public Health Service (NPHS), Wales Centre for Health (WCfH), Welsh Cancer Intelligence Surveillance Unit (WCISU), Congenital Anomaly Register and Information Service (CARIS) and Screening Services Wales.

Since 2009, the organisation has continued to grow, taking on a range of additional functions and services from both the Welsh Government and NHS Wales, including several Health Improvement Programmes, Newborn Bloodspot Screening, Abdominal Aortic Aneurysm Screening, Wrexham Microbiology Laboratory and the Diabetic Eye Screening Service for Wales (DESW). However, due to a system-wide public health challenge around the long-term impact on population health and to subsequently support the Health Boards, on 1 October 2022, the Local Public Health Team staff transferred out of Public Health Wales NHS Trust to the various Health Boards, along with any associated assets and funding.

Public Health Wales NHS Trust hosted the NHS Wales Health Collaborative between 2016 until 2023 and the Finance Delivery Unit until 2023. Then on 1 April 2023 the NHS Executive was established, hosted by Public Health Wales, this national support function brought together the NHS Wales Health Collaborative and the Finance Delivery Unit, and the Delivery Unit which transferred from Swansea Bay University Health Board (SBUHB). Additional programmes have transferred as part of the hosting agreement with NHS Executive during 2024-25. On 1 April 2024, the Improvement Cymru team transferred from Public Health Wales to the NHS Executive. From 1 April 2024, the Welsh Value in Health Centre transferred from Cwm Taf Morgannwg University Health Board (CTMUHB) ; and Six Goals for Urgent and Emergency Care National Programme and the Strategic Programme for Primary Care both from Aneurin Bevan University Health Board (ABUHB). From 1 September 2024, Technology Enabled Care Cymru transferred from ABUHB.

Performance Management and Financial Results

This Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 ‘Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards’ and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2024-25. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the three year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-17, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Revenue from patient care activities	3	230,309	197,188
Other operating revenue	4	33,591	37,901
Operating expenses	5.1	(264,592)	(235,975)
Operating (deficit)/surplus		(692)	(886)
Investment revenue	6	917	1,083
Other gains and losses	7	124	(11)
Finance costs	8	(154)	(135)
Retained surplus	2.1.1	195	51
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		96	311
Net gain / (loss) on revaluation of right of use assets		0	0
Net gain/(loss) on revaluation of intangible assets		0	0
Movements in other reserves		42	250
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Impairments and reversals		0	0
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		138	561
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		138	561
Total comprehensive income for the year		333	612

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

		Note	31 March 2025	31 March 2024
			£000	£000
Non-current assets	Property, plant and equipment	**13**	**21,254**	23,064
	Right of Use Assets	**13.3**	**7,921**	9,100
	Intangible assets	**14**	**1,359**	888
	Trade and other receivables	**17.1**	**981**	40
	Other financial assets	**18**	**378**	0
	Total non-current assets		**31,893**	33,092
Current assets	Inventories	**16.1**	**1,263**	1,167
	Trade and other receivables	**17.1**	**22,557**	23,273
	Other financial assets	**18**	**182**	0
	Cash and cash equivalents	**19**	**10,722**	13,905
			34,724	38,345
	Non-current assets held for sale	**13.2**	**0**	0
	Total current assets		**34,724**	38,345
Total assets			**66,617**	71,437
Current liabilities	Trade and other payables	**20**	**(27,896)**	(29,584)
	Borrowings	**21**	**(2,099)**	(2,138)
	Other financial liabilities	**22**	**0**	0
	Provisions	**23**	**(1,774)**	(4,040)
	Total current liabilities		**(31,769)**	(35,762)
Net current assets/(liabilities)			**2,955**	2,583
Total assets less current liabilities			**34,848**	35,675
Non-current liabilities	Trade and other payables	**20**	**0**	0
	Borrowings	**21**	**(4,337)**	(6,000)
	Other financial liabilities	**22**	**0**	0
	Provisions	**23**	**(3,553)**	(2,211)
	Total non-current liabilities		**(7,890)**	(8,211)
Total assets employed			**26,958**	27,464
Financed by Taxpayers' equity:				
	Public dividend capital		**21,238**	22,077
	Retained earnings		**4,464**	4,221
	Revaluation reserve		**1,256**	1,166
	Other reserves		**0**	0
	Total taxpayers' equity		**26,958**	27,464

The financial statements were approved by the Board on 25 June 2025 and signed on behalf of the Board by: Dr Tracey Cooper OBE, Chief Executive and Accountable Officer

Date: 25 June 2025.

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2024-25	Public Dividend Capital	Retained earnings	Revaluation reserve	Total
	£000	£000	£000	£000
Changes in taxpayers' equity for 2024-25				
Balance as at 31 March 2024	**22,077**	**4,221**	**1,166**	**27,464**
NHS Wales Transfer	**0**	**0**	**0**	**0**
RoU Asset Transitioning Adjustment	**0**	**0**	**0**	**0**
Impact of IFRS 16 on PPP/PFI Liability	**0**	**0**	**0**	**0**
Balance at 1 April 2024	**22,077**	**4,221**	**1,166**	**27,464**
Retained surplus/(deficit) for the year		**195**		**195**
Net gain/(loss) on revaluation of property, plant and equipment		**0**	**96**	**96**
Net gain/(loss) on revaluation of right of use assets		**0**	**0**	**0**
Net gain/(loss) on revaluation of intangible assets		**0**	**0**	**0**
Net gain/(loss) on revaluation of financial assets		**0**	**0**	**0**
Net gain/(loss) on revaluation of assets held for sale		**0**	**0**	**0**
Net gain/(loss) on revaluation of financial assets held for sale		**0**	**0**	**0**
Impairments and reversals		**0**	**0**	**0**
Other reserve movement		**42**	**0**	**42**
Transfers between reserves		**6**	**(6)**	**0**
Reclassification adjustment on disposal of available for sale financial assets		**0**	**0**	**0**
Reserves eliminated on dissolution	**0**			**0**
Total in year movement	**0**	**243**	**90**	**333**
New Public Dividend Capital received	**0**			**0**
Public Dividend Capital repaid in year	**(839)**			**(839)**
Public Dividend Capital extinguished/written off	**0**			**0**
PDC Cash Due but not issued	**0**			**0**
Other movements in PDC in year	**0**			**0**
Balance at 31 March 2025	**21,238**	**4,464**	**1,256**	**26,958**

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2023-24 Changes in taxpayers' equity for 2023-24	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Balance at 31 March 2023	24,965	3,915	860	29,740
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Balance at 1 April 2023	24,965	3,915	860	29,740
Retained surplus/(deficit) for the year		51		51
Net gain/(loss) on revaluation of property, plant and equipment		0	311	311
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	0	0
Other reserve movement		250	0	250
Transfers between reserves		5	(5)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0			0
Total in year movement	0	306	306	612
New Public Dividend Capital received	0			0
Public Dividend Capital repaid in year	(2,888)			(2,888)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2024	22,077	4,221	1,166	27,464

The notes on pages 6 to 74 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2025

	Note	2024-25 £000	2023-24 £000
Operating surplus/(deficit)	SOCI	(692)	(886)
Movements in working capital	30	(3,662)	757
Other cash flow adjustments	31	7,815	5,229
Provisions utilised		(1,352)	(849)
Interest paid		(127)	(72)
Net cash inflow (outflow) from operating activities		**1,982**	4,179
Cash flows from investing activities			
Interest received		893	1,083
(Payments) for property, plant and equipment		(2,577)	(2,496)
Proceeds from disposal of property, plant and equipment		71	0
(Payments) for intangible assets		(525)	(19)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		**(2,138)**	(1,432)
Net cash inflow (outflow) before financing		**(156)**	2,747
Cash flows from financing activities			
Public Dividend Capital received		**0**	0
Public Dividend Capital repaid		**(839)**	(2,888)
Loans received from Welsh Government		**0**	0
Loans repaid to Welsh Government		**0**	0
Other loans received		**0**	0
Other loans repaid		**0**	0
Other capital receipts		**0**	0
Capital elements of finance leases and on-SOFP PFI		**0**	0
Capital element of payments in respect of on-SoFP PFI		**0**	0
Capital element of payments in respect of Right of Use Assets		**(2,188)**	(1,523)
Cash transferred (to)/from other NHS Wales bodies		**0**	0
Net cash inflow (outflow) from financing activities		**(3,027)**	(4,411)
Net increase (decrease) in cash and cash equivalents		**(3,183)**	(1,664)
Cash [and] cash equivalents at the beginning of the financial year	**19**	**13,905**	15,569
Cash [and] cash equivalents at the end of the financial year	**19**	**10,722**	13,905

The notes on pages 6 to 74 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related International Financial Reporting Interpretations Committee (IFRIC) and Standard Interpretations Committee (SIC) interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales organisations are required to account for **their staff** employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 37 Other Information within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time Public Health Wales NHS Trust commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in Public Health Wales NHS Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, Public Health Wales NHS Trust;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single

managerial control; or

● items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Public Health Wales NHS Trust has applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on Public Health Wales NHS Trust or the asset which would prevent access to the market at the reporting date. If Public Health Wales NHS Trust could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, Public Health Wales NHS Trust; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use

● the intention to complete the intangible asset and use it

● the ability to use the intangible asset

● how the intangible asset will generate probable future economic benefits

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which Public Health Wales NHS Trust expects to obtain economic benefits or service potential from the asset. This is specific to Public Health Wales NHS Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, Public Health Wales NHS Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, the NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16. Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by Public Health Wales NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

Public Health Wales NHS Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.7 instead.

- Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, Public Health Wales NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard. -

Public Health Wales NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Public Health Wales NHS Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The NHS Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset Public Health Wales applies a revised rate to the remaining lease liability.

Where existing leases are modified, Public Health NHS Trust must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by Public Health Wales NHS Trust.

1.11.2 Public Health Wales NHS Trust as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on Public Health Wales NHS Trust net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where Public Health Wales NHS Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition, Public Health Wales NHS Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when Public Health Wales NHS Trust has a present legal or constructive obligation as a result of a past event, it is probable that Public Health Wales NHS Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where Public Health Wales NHS Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when Public Health Wales NHS Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2023-24. The WRPS is hosted by Velindre NHS University Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-19 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by Public Health Wales NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets ‘at fair value' through SoCI; ‘held to maturity investments’; ‘available for sale’ financial assets, and ‘loans and receivables’. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, Public Health Wales NHS Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when Public Health Wales NHS Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of Public Health Wales NHS Trust are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since Public Health Wales NHS Trust has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had Public Health Wales NHS Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

Public Health Wales NHS Trust accounts for all losses and special payments gross (including assistance from the WRPS).

Public Health Wales NHS Trust accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

Public Health Wales NHS Wales has not entered into pooled budgets with Local Authorities

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

Public Health Wales NHS Trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by Public Health Wales NHS Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on Public Health Wales NHS Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.27 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of Public Health Wales NHS Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS 14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is UK endorsed and adopted by the FReM. The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2024-25 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.32 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, Public Health Wales NHS Trust has established that as it is not the corporate trustee of Charitable Funds, it is considered for accounting standards compliance to not have control of any Charitable Funds as a subsidiary, and therefore is not required to consolidate the results of any Charitables Funds within the statutory accounts of Public Health Wales NHS Trust.

1.33 Subsidiaries

Material entities over which Public Health Wales NHS Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with Public Health Wales NHS Trust or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in Public Health Wales NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from Public Health Wales NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			**2022-23 to 2024-25 Financial duty**
	2022-23 £000	2023-24 £000	2024-25 £000	**£000**
Retained surplus	895	51	195	**1,141**
Less Donated asset / grant funded revenue adjustment	(810)	0	(34)	**(844)**
Adjusted surplus/ (Deficit)	85	51	161	**297**

Public Health Wales NHS Trust has met its financial duty to break even over the three years 2022-23 to 2024-25.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2024-27 issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted did submit an Integrated Medium Term Plan for the period 2024-27 in accordance with NHS Wales Planning Framework. This was approved by the Minister for Health and Social Services on 9th August 2024.

The Minister for Health and Social Services approval status.

Status	**Approved**
Date	9 August 2024

Public Health Wales NHS Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2 ADMINISTRATIVE REQUIREMENTS

2.2.1. External financing

The Trust is given an external financing limit which it is permitted to undershoot

The EFL target has been suspended by Welsh Government for 2024-25.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2024-25	2023-24
Total number of non-NHS bills paid	**23,181**	**24,185**
Total number of non-NHS bills paid within target	**22,738**	**23,437**
Percentage of non-NHS bills paid within target	**98.1%**	**96.9%**

The Trust has met the target.

3. Revenue from patient care activities	2024-25	2023-24
	£000	£000
Local health boards	0	0
NWJCC/WHSSC and EASC	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	0	0
Local Authorities	0	0
Welsh Government	177,683	168,307
Welsh Government - Hosted Bodies	52,626	28,881
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other revenue from activities	0	0
Total	**230,309**	197,188

Injury Cost Recovery (ICR) Scheme income:

	2024-25	2023-24
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	0.00	0.00

4. Other operating revenue	2024-25	2023-24
	£000	£000
Income generation	672	678
Patient transport services	0	0
Education, training and research	2,555	2,123
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	0
Receipt of donations for capital acquisitions	34	0
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	209	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	0	0
Other revenue:		
Provision of pathology/microbiology services	24,571	22,361
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business unit	0	0
Scheme Pays Reimbursement Notional	0	51
Other	5,550	12,688
Total	**33,591**	37,901
Total Patient Care and Operating Revenue	**263,900**	**235,089**

Other revenue comprises:

Grants - LA	0	0
Grants - Other	488	948
LHB & Trusts - Non Core Income	1,505	2,778
WG - Non Core Income	0	5,501
Staff Recharge	3,538	3,409
Other	19	52
Total	**5,550**	12,688

The Welsh Government - Non Core Income has been allocated to Note 3 Welsh Government for the 2024-25 financial year. This is to reflect on a consistent basis, for this and future years, the income received from Welsh Government. The amount that would have been allocated to Welsh Government - Non Core Income if no change had been made is £8,297k.

The £209k under Right of Use Asset Sub-leasing rental income relates to service charges and other occupancy costs associated with the sub-lease at Number 2 Capital Quarters.

5. Operating expenses	2024-25	2023-24
5.1 Operating expenses	**£000**	£000
Local Health Boards	**29,218**	22,355
Welsh NHS Trusts	**3,233**	2,544
Welsh Special Health Authorities	**1,517**	1,056
Goods and services from other NHS bodies	**0**	0
NWJCC/ WHSSC and EASC	**634**	0
Local Authorities	**4,299**	4,228
Purchase of healthcare from non-NHS bodies	**0**	0
Welsh Government	**0**	0
Other NHS Trusts	**100**	54
Directors' costs	**1,824**	1,834
Operational Staff costs	**161,147**	138,660
Single lead employer Staff Trainee Cost	**1,036**	484
Collaborative Bank Staff Cost	**71**	0
Supplies and services - clinical	**27,358**	28,659
Supplies and services - general	**2,541**	2,159
Consultancy Services	**1,355**	1,449
Establishment	**10,450**	12,300
Transport	**887**	792
Premises	**9,328**	8,694
Impairments and Reversals of Receivables	**0**	0
Depreciation	**4,874**	4,740
Depreciation (RoU Asset)	**2,149**	2,095
Amortisation	**319**	348
Impairments and reversals of property, plant and equipment	**(4)**	11
Fixed asset impairments and reversals (RoU Assets)	**0**	0
Impairments and reversals of intangible assets	**0**	0
Impairments and reversals of financial assets	**0**	0
Impairments and reversals of non current assets held for sale	**0**	0
Audit fees	**197**	196
Other auditors' remuneration	**0**	0
Losses, special payments and irrecoverable debts	**199**	235
Research and development	**0**	0
Expense related to short-term leases	**14**	5
Expense related to low-value asset leases (excluding short-term leases)	**2**	2
Other operating expenses	**1,844**	3,075
Total	**264,592**	235,975

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses **Increase/(decrease) in provision for future payments:**	**2024-25** **£000**	2023-24 £000
Clinical negligence;-		
Secondary care	**1,116**	577
Primary care	**0**	0
Redress Secondary Care	**0**	0
Redress Primary Care	**0**	0
Personal injury	**153**	48
All other losses and special payments	**0**	73
Defence legal fees and other administrative costs	**220**	125
Structured Settlements Welsh Risk Pool	**0**	0
Gross increase/(decrease) in provision for future payments	**1,489**	823
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**6**	6
Less: income received/ due from Welsh Risk Pool	**(1,296)**	(594)
Total charge	**199**	235

	2024-25 **£**	2023-24 £
Permanent injury included within personal injury:	**118,351**	46,941

6. Investment revenue	2024-25	2023-24
Rental revenue :	**£000**	£000
PFI finance lease revenue:		
Planned	**0**	0
Contingent	**0**	0
Other finance lease revenue	**0**	0
Interest revenue:		
Bank accounts	**893**	1,083
Other loans and receivables	**0**	0
Impaired financial assets	**0**	0
Other financial assets	**24**	0
Total	**917**	1,083

Other financial assets - interest income relates to the sub-lease arrangement for floor 5 at Number 2 Capital Quarters.

7. Other gains and losses	2024-25	2023-24
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	**(18)**	(11)
Gain/(loss) on disposal other than by sale of right of use assets	**142**	0
Gain/(loss) on disposal of intangible assets	**0**	0
Gain/(loss) on disposal of assets held for sale	**0**	0
Gain/(loss) on disposal of financial assets	**0**	0
Gains/(loss) on foreign exchange	**0**	0
Change in fair value of financial assets at fair value through income statement	**0**	0
Change in fair value of financial liabilities at fair value through income statement	**0**	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	**0**	0
Total	**124**	(11)

8. Finance costs	2024-25	2023-24
	£000	£000
Interest on loans and overdrafts	**0**	0
Interest on obligations under finance leases	**0**	0
Interest on obligations under Right of Use Leases	**131**	135
Interest on obligations under PFI contracts:		
Main finance cost	**0**	0
Contingent finance cost	**0**	0
Impact of IFRS 16 on PPP/PFI contracts	**0**	0
Interest on late payment of commercial debt	**0**	0
Other interest expense	**0**	0
Total interest expense	**131**	135
Provisions unwinding of discount	**23**	0
Periodical Payment Order unwinding of discount	**0**	0
Other finance costs	**0**	0
Total	**154**	**135**

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Public Health Wales NHS Trust .

	2024-25 Low Value & Short Term	2024-25 Other	2024-25 Total	2023-24 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**16**	**0**	**16**	7
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**16**	**0**	**16**	7

Total future minimum lease payments	**2024-25**	**2024-25**	**2024-25**	2023-24
Payable:	**£000**	**£000**	**£000**	£000
Not later than one year	**8**	**0**	**8**	4
Between one and five years	**11**	**0**	**11**	0
After 5 years	**0**	**0**	**0**	0
Total	**19**	**0**	**19**	4
Total future sublease payments expected to be received	**0**	**0**	**0**	0

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

There are no operating lease rentals payable to Public Health Wales NHS Trust.

Rental Revenue

Receipts recognised as income	**2024-25**	2023-24
	£000	£000
Rent	**0**	0
Contingent rent	**0**	0
Other	**0**	0
Total rental revenue	**0**	0

Total future minimum lease payments	**2024-25**	2023-24
Receivable:	**£000**	£000
Not later than one year	**0**	0
Between one and five years	**0**	0
After 5 years	**0**	0
Total	**0**	0

10. Employee costs and numbers

10.1 Employee costs

Operational Staff	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2024-25 £000	2023-24 £000
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	111,665	10,328	2,881	871	0	125,745	110,680
Social security costs	12,389	0	0	101	0	12,490	10,957
Employer contributions to NHS Pensions Scheme	25,466	0	0	64	0	25,530	19,258
Other pension costs	0	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	195	0	0	0	0	195	31
Total	149,715	10,328	2,881	1,036	0	163,960	140,926

Of the total above:		
Charged to capital	0	49
Charged to revenue	163,960	140,877
Total	163,960	140,926

Net movement in accrued employee benefits (untaken staff leave)	65	8

The increase in employee costs is due to an increase in pay and associated costs and the transfer of staff into the NHS Executive.

10.2 Average number of employees

	Permanently Employed	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2024-25 Total	2023-24 Total
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	1,348	44	30	3	0	1,425	1,396
Medical and dental	84	36	3	10	0	133	132
Nursing, midwifery registered	93	11	0	0	0	104	111
Professional, scientific and technical staff	22	7	0	0	0	29	19
Additional Clinical Services	362	0	3	0	0	365	344
Allied Health Professions	69	0	0	0	0	69	85
Healthcare scientists	367	0	5	0	0	372	430
Estates and Ancillary	2	0	0	0	0	2	2
Students	0	0	0	0	0	0	0
Total	2,347	98	41	13	0	2,499	2,519

The number of employees disclosed above for 2024-25 is based on Full-Time Equivalent (FTE). The 2023-24 comparatives for Permanently Employed were based on Head Count rather than FTE. Using the FTE basis, the 2023-24 total number would have been 2,332 rather than 2,519.

10.3. Retirements due to ill-health

	2024-25	2023-24
Number	3	3
Estimated additional pension costs £	99,063	873,054

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

10.4 Employee benefits

Public Health Wales NHS Trust offers three salary sacrifice schemes: Childcare Voucher Scheme, Cycle to Work Scheme and a Car Lease Scheme via NHS Fleet Solutions. In addition, the Trust offers a purchase of Annual Leave Scheme and a Childcare Subsidy Scheme in school holidays.

10.5 Reporting of other compensation schemes - exit packages

10.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2024-25 Number of compulsory redundancies Whole numbers only	2024-25 Number of other departures Whole numbers only	2024-25 Total number of exit packages Whole numbers only	2024-25 Number of departures where special payments have been made Whole numbers only	2023-24 Total number of exit packages Whole numbers only
less than £10,000	2	0	2	0	1
£10,000 to £25,000	0	1	1	0	1
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	2	2	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	2	3	5	0	2

Exit packages cost band (including any special payment element)	2024-25 Cost of compulsory redundancies £	2024-25 Cost of other departures £	2024-25 Total cost of exit packages £	2024-25 Cost of special element included in exit packages £	2023-24 Total cost of exit packages £
less than £10,000	14,875	0	14,875	0	6,943
£10,000 to £25,000	0	10,000	10,000	0	24,500
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	170,257	170,257	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	14,875	180,257	195,132	0	31,443

Total Exit Costs Paid in Year	Total paid in year 2024-25 £	Total paid in year 2023-24 £
Exit costs paid in year	122,697	111,035
Total	122,697	111,035

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

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

The exit packages reported in the above table relates to five employees.

10.5 Reporting of other compensation schemes - exit packages continued

10.5.2 Analysis of other departures	2024-25 Agreements Number	2024-25 Total value of agreements £
Type of other departures		
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice*	1	30,773
Exit payments following Employment Tribunals or court orders	2	107,822
Non-contractual payments requiring Welsh Government Approval**	0	0
Redundancy	1	30,772
Annual leave accrued	1	10,890
Total	**5**	**180,257**

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.5.1 which will be the number of individuals.

There were no non-contractual severance payments made in the year.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

Total pay and benefits	2024-25 £000 Chief Executive	2024-25 £000 Employee	2024-25 £000 Ratio	2023-24 £000 Chief Executive	2023-24 £000 Employee	2023-24 £000 Ratio
25th percentile pay ratio	188	30	6.27	178	30	5.87
Median pay	188	45	4.18	178	44	4.08
75th percentile pay ratio	188	57	3.30	178	58	3.05
Salary component of total pay and benefits						
25th percentile pay ratio	188	30		178	28	
Median pay	188	46		178	43	
75th percentile pay ratio	188	57		178	55	

Total pay and benefits	Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
25th percentile pay ratio	0	0	0	0	0	0
Median pay	0	0	0	0	0	0
75th percentile pay ratio	0	0	0	0	0	0
Salary component of total pay and benefits						
25th percentile pay ratio	0	0		0	0	
Median pay	0	0		0	0	
75th percentile pay ratio	0	0		0	0	

In 2024-25, 7 (2023-24, 5) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £17,369 to £309,257 (2023-24, £15,787 to £341,273), with the lower amount reflecting apprentices.

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

The Chief Executive is the highest-paid director and so only the top section of the table above has been completed.

The increase in number of employees who are remunerated in excess of the highest-paid director is due to the increase in pay.

Financial year summary

10.6.2 Percentage Changes	2023-24 to 2024-25 %	2022-23 to 2023-24 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	6	3
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	0	0
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5	10
Performance pay and bonuses	0	0

The Chief Executive was the highest-paid director in 2023-24 and 2024-25 and so only the top section of the table above has been completed.

The increase in average percentage change from previous year is due to the hosted bodies that transferred its employees in to Public Health Wales NHS Trust and the pay award.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".
An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1 April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2024-25 Number	**2024-25 £000**	2023-24 Number	2023-24 £000
NHS				
Total bills paid in year	**2,993**	**51,177**	3,045	50,281
Total bills paid within target	**2,762**	**48,092**	2,786	46,879
Percentage of bills paid within target	**92.3%**	**94.0%**	91.5%	93.2%
Non-NHS				
Total bills paid in year	**23,181**	**107,142**	24,185	96,400
Total bills paid within target	**22,738**	**104,359**	23,437	92,984
Percentage of bills paid within target	**98.1%**	**97.4%**	96.9%	96.5%
Total				
Total bills paid in year	**26,174**	**158,319**	27,230	146,681
Total bills paid within target	**25,500**	**152,451**	26,223	139,863
Percentage of bills paid within target	**97.4%**	**96.3%**	96.3%	95.4%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2024-25 £	2023-24 £
Amounts included within finance costs from claims made under legislation	**0**	0
Compensation paid to cover debt recovery costs under legislation	**0**	0
Total	**0**	0

13. Property, plant and equipment :

2024-25	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2024	330	8,702	0	0	23,501	4,124	10,497	2,029	49,183
Indexation	0	121	0	0	0	0	0	0	121
Additions - purchased	0	192	0	0	1,577	22	1,088	89	2,968
Additions - donated	0	0	0	0	34	0	0	0	34
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	4	0	0	0	0	0	0	0	4
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(1,574)	(168)	(1,381)	(99)	(3,222)
At 31 March 2025	334	9,015	0	0	23,538	3,978	10,204	2,019	49,088
Depreciation									
At 1 April 2024	0	3,370	0	0	12,994	1,391	6,847	1,517	26,119
Indexation	0	25	0	0	0	0	0	0	25
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(1,539)	(168)	(1,381)	(96)	(3,184)
Charged during the year	0	341	0	0	2,745	346	1,313	129	4,874
At 31 March 2025	0	3,736	0	0	14,200	1,569	6,779	1,550	27,834
Net book value									
At 1 April 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064
Net book value									
At 31 March 2025	334	5,279	0	0	9,338	2,409	3,425	469	21,254
Net book value at 31 March 2025 comprises :									
Purchased	334	5,279	0	0	8,366	2,409	3,425	469	20,282
Donated	0	0	0	0	972	0	0	0	972
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2024	334	5,279	0	0	9,338	2,409	3,425	469	21,254
Asset Financing:									
Owned	334	5,279	0	0	9,338	2,409	3,425	469	21,254
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2025	334	5,279	0	0	9,338	2,409	3,425	469	21,254

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	5,613
Long Leasehold	0
Short Leasehold	0
Total	5,613

Valuers 'material uncertainty', in valuation. 0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

2023-24	Land	Buildings, excluding dwellings	Dwellings	Assets under construtiion and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	341	8,198	0	0	24,019	3,915	9,656	2145	48274
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	341	8,198	0	0	24,019	3,915	9,656	2,145	48,274
Indexation	0	370	0	0	0	0	0	0	370
Additions - purchased	0	134	0	0	260	318	1,593	86	2,391
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	(11)	0	0	0	0	0	0	0	(11)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(778)	(109)	(752)	(202)	(1,841)
At 31 March 2024	330	8,702	0	0	23,501	4,124	10,497	2,029	49,183
Depreciation									
Depreciation at 31 March bf	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
At 1 April 2023	0	2,989	0	0	11,019	1,091	6,498	1,554	23,151
Indexation	0	59	0	0	0	0	0	0	59
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(772)	(109)	(748)	(202)	(1,831)
Charged during the year	0	322	0	0	2,747	409	1,097	165	4,740
At 31 March 2024	0	3,370	0	0	12,994	1,391	6,847	1,517	26,119
Net book value									
At 1 April 2023	341	5,209	0	0	13,000	2,824	3,158	591	25,123
Net book value									
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064
Net book value at 31 March 2024 comprises :									
Purchased	330	5,332	0	0	9,424	2,733	3,650	512	21,981
Donated	0	0	0	0	1,083	0	0	0	1,083
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064
Asset Financing:									
Owned	330	5,332	0	0	10,507	2,733	3,650	512	23,064
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contract	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2024	330	5,332	0	0	10,507	2,733	3,650	512	23,064

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	5,662
Long Leasehold	0
Short Leasehold	0
Total	5,662

Valuers 'material uncertainty', in valuation. 0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets
Public Health NHS Trust has received the following donated assets during the year:
Laboratory equipment - Cepheid, GeneXpert 2 module, laptop £34,381. The equipment was donated from Cardiff & Vale UHB Substance Misuse Action Fund to be used within the Hepatitis C Point of Care Testing service.

ii) Valuations
Public Health Wales NHS Trust Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

Public Health Wales NHS Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives
Depreciated as follows:
- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

As part of the verification exercise undertaken each year the Trust also consideres whether the asset lives are appropriate and, if necessry, they are adjusted.

iv) Compensation
There has not been any compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs
There have been no write downs.

vi) Public Health Wales NHS Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.
The following assets were sold during the period in line with the Trusts Financial Procedures.
There were ten ultrasound machines sold via auction resulting in a net profit on sale of £18,099.
Breast Screening mobile unit plus the mammography equipment was sold via auction resulting in a net profit of £7,006.
DESW van was sold for scrap for £221

viii) IFRS 13 Fair value measurement

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2024	**0**	**0**	**0**	**0**	**0**	**0**
Plus assets classified as held for sale in year	**0**	**0**	**0**	**0**	**0**	**0**
Revaluation	**0**	**0**	**0**	**0**	**0**	**0**
Less assets sold in year	**0**	**0**	**0**	**0**	**0**	**0**
Plus reversal of impairments	**0**	**0**	**0**	**0**	**0**	**0**
Less impairment for assets held for sale	**0**	**0**	**0**	**0**	**0**	**0**
Less assets no longer classified as held for sale for reasons other than disposal by sale	**0**	**0**	**0**	**0**	**0**	**0**
Balance c/f 31 March 2025	**0**	**0**	**0**	**0**	**0**	**0**
Balance b/f 1 April 2023	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by sale	0	0	0	0	0	0
Balance c/f 31 March 2024	0	0	0	0	0	0

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, thirteen are significant in their own right: with a net book value at 31 March 2025 of £200,000 or more.

Land and buildings

Three leases for Trust headquarters with a combined net book value of £1,753,572

Six leases for various land and buildings around Wales with a combined net book value of £2,063,643

Equipment

Three leases for laboratory testing equipment with a combined net book value of £1,140,949

One lease for Radiology Information System equipment with a net book value of £866,346

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**0**	**9,901**	**0**	**0**	**2,855**	**0**	**0**	**0**	**12,756**
Additions	0	34	0	0	1,474	0	0	0	1,508
Transfer from/into other NHS bodies	0	77	0	0	0	0	0	0	77
Disposals other than by sale	0	0	0	0	(495)	0	0	0	(495)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	92	0	0	(22)	0	0	0	70
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	(829)	0	0	0	0	0	0	(829)
At 31 March 2025	**0**	**9,275**	**0**	**0**	**3,812**	**0**	**0**	**0**	**13,087**
Depreciation at 1 April 2024	**0**	**2,645**	**0**	**0**	**1,011**	**0**	**0**	**0**	**3,656**
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	(375)	0	0	0	(375)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	(264)	0	0	0	0	0	0	(264)
Provided during the year	0	1,428	0	0	721	0	0	0	2,149
At 31 March 2025	**0**	**3,809**	**0**	**0**	**1,357**	**0**	**0**	**0**	**5,166**
Net book value at 1 April 2024	**0**	**7,256**	**0**	**0**	**1,844**	**0**	**0**	**0**	**9,100**
Net book value at 31 March 2025	**0**	**5,466**	**0**	**0**	**2,455**	**0**	**0**	**0**	**7,921**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	677	0	0	0	0	0	0	677
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	178	0	0	0	0	0	0	178
Other Public Sector Market Value Leases	0	98	0	0	0	0	0	0	98
Private Sector Peppercorn Leases	0	489	0	0	0	0	0	0	489
Private Sector Market Value Leases	0	4,024	0	0	2,455	0	0	0	6,479
Total	0	5,466	0	0	2,455	0	0	0	7,921

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, seventeen are significant in their own right: with a net book value at 31 March 2024 of £200,000 or more.

Land and buildings

Four leases for Trust Headquarters with a combined net book value of £3,031,686

Ten leases for various land and buildings around Wales with a combined net book value of £3,328,752

Equipment

Three leases for laboratory testing equipment with a combined net book value of £1,405,054

2023-24	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 31 March 2023	157	8,685	0	0	1,469	0	0	0	10,311
Lease prepayments in relation to RoU Assets	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	(1)	0	0	0	0	0	0	(1)
Operating Leases Transitioning	0	1	0	0	0	0	0	0	1
Cost or valuation at 1 April 2023	**157**	**8,685**	**0**	**0**	**1,469**	**0**	**0**	**0**	**10,311**
Additions	0	580	0	0	1,401	0	0	0	1,981
Transfer from/into other NHS bodies	0	455	0	0	0	0	0	0	455
Disposals other than by sale	0	(97)	0	0	(15)	0	0	0	(112)
Reclassifications	(157)	157	0	0	0	0	0	0	0
Revaluations	0	121	0	0	0	0	0	0	121
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2024	**0**	**9,901**	**0**	**0**	**2,855**	**0**	**0**	**0**	**12,756**
Depreciation at 31 March 2023	0	1,275	0	0	397	0	0	0	1,672
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2023	**0**	**1,275**	**0**	**0**	**397**	**0**	**0**	**0**	**1,672**
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(97)	0	0	(15)	0	0	0	(112)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	1	0	0	0	0	0	0	1
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,466	0	0	629	0	0	0	2,095
At 31 March 2024	**0**	**2,645**	**0**	**0**	**1,011**	**0**	**0**	**0**	**3,656**
Net book value at 1 April 2023	**157**	**7,410**	**0**	**0**	**1,072**	**0**	**0**	**0**	**8,639**
Net book value at 31 March 2024	**0**	**7,256**	**0**	**0**	**1,844**	**0**	**0**	**0**	**9,100**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	856	0	0	0	0	0	0	856
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	0	183	0	0	0	0	0	0	183
Other Public Sector Market Value Leases	0	121	0	0	0	0	0	0	121
Private Sector Peppercorn Leases	0	502	0	0	0	0	0	0	502
Private Sector Market Value Leases	0	5,594	0	0	1,844	0	0	0	7,438
Total	0	7,256	0	0	1,844	0	0	0	9,100

13.3 Right of Use Assets continued
Quantitative disclosures

Maturity analysis	2024-25 LAND	2024-25 BUILDINGS	2024-25 OTHER	2024-25 TOTAL	2023-24 Total
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	0	1,615	595	2,210	2,257
2-5 years	0	3,142	1,131	4,273	5,897
> 5 years	0	205	0	205	304
Less finance charges allocated to future periods	0	-150	-102	-252	-320
Total	**0**	**4,812**	**1,624**	**6,436**	**8,138**

Lease Liabilities (net of irrecoverable VAT)	**£000**	**£000**
Current	2,099	2,138
Non-Current	4,337	6,000
Total	**6,436**	**8,138**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**£000**	**£000**
Depreciation	2,149	2,095
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	131	135
Sub-leasing income	24	0
Expense related to short-term leases	14	5
Expense related to low-value asset leases (excluding short-term leases)	2	2

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)	**£000**	**£000**
Interest expense	-127	-72
Repayments of principal on leases	-2,188	-1,523
Total	**-2,315**	**-1,595**

14. Intangible assets

2024-25	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2024	667	1,316	786	0	0	0	2,769
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	668	0	122	0	0	0	790
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(78)	(18)	(5)	0	0	0	(101)
At 31 March 2025	1,257	1,298	903	0	0	0	3,458
Amortisation							
At 1 April 2024	434	829	618	0	0	0	1,881
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	77	180	62	0	0	0	319
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(78)	(18)	(5)	0	0	0	(101)
Accumulated amortisation at 31 March 2025	433	991	675	0	0	0	2,099
Net book value							
At 1 April 2024	233	487	168	0	0	0	888
Net book value At 31 March 2025	824	307	228	0	0	0	1,359
Net book value							
Purchased	824	307	228	0	0	0	1,359
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2025	824	307	228	0	0	0	1,359

14. Intangible assets

2023-24	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2023	668	998	737	0	0	0	2,403
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	0	0	49	0	0	0	49
- internally generated	0	318	0	0	0	0	318
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1)	0	0	0	0	0	(1)
At 31 March 2024	667	1,316	786	0	0	0	2,769
Amortisation							
At 1 April 2023	354	668	512	0	0	0	1,534
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	81	161	106	0	0	0	348
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(1)	0	0	0	0	0	(1)
Accumulated amortisation at 31 March 2024	434	829	618	0	0	0	1,881
Net book value At 1 April 2023	314	330	225	0	0	0	869
Net book value At 31 March 2024	233	487	168	0	0	0	888
Net book value							
Purchased	233	487	168	0	0	0	888
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2024	233	487	168	0	0	0	888

14. Intangible assets

Disclosures:

i) Donated Assets

Public Health Wales NHS Trust has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of Trust professionals and Finance staff.

iv) Additions during the period

Computer software additions of £667,756 relates to new software and amendments to the functionality of the Diabetic Eye Screening Wales Optimize software, software relating to the new Radiology Information System, replacement of backup systems throughout PHW and update to the phone security system. Additions of £121,735 relate to replacement servers and licences for the Newborn Screening Programme.

v) Disposals during the period

This is due to assets being obsolete and no longer in use and consists of one licence, five software purchases and two internally developed assets.

vi) Transfer into other NHS Bodies

Public Health Wales NHS Trust has not received any intangible assets transferred from another NHS body.

15. Impairments

Impairments in the period arose from:	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Loss or damage from normal operations	0	0	0	0	0	**0**
Abandonment of assets in the course of construction	0	0	0	0	0	**0**
Over specification of assets (Gold Plating)	0	0	0	0	0	**0**
Loss as a result of a catastrophe	0	0	0	0	0	**0**
Unforeseen obsolescence	0	0	0	0	0	**0**
Changes in market price	0	0	0	0	0	**0**
Other	0	0	0	0	0	**0**
Reversal of impairment	(4)	0	0	0	0	**(4)**
Total of all impairments	**(4)**	**0**	**0**	0	0	(4)
Analysis of impairments :						
Impairments charged to the Statement of Comprehensive Net Expenditure	**(4)**	**0**	**0**	**0**	**0**	(4)
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	**0**	**0**	**0**	**0**	**0**	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	**0**	**0**	**0**	**0**	**0**	0
Right of Use (RoU) asset impairments reflected in RoU Liability	**0**	**0**	**0**	**0**	**0**	0
Total	**(4)**	**0**	**0**	0	0	(4)

Impairments in the period arose from:	2023-24 Property, plant & equipment £000	2023-24 Right of Use Assets £000	2023-24 Intangible assets £000	2023-24 Held for sale assets £000	2023-24 Financial Assets £000	2023-24 Total Asset Impairment £000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Other	11	0	0	0	0	11
Reversal of impairment	0	0	0	0	0	0
Total of all impairments	11	0	0	0	0	11
Analysis of impairments :						
Impairments charged to the Statement of Comprehensive Net Expenditure	11	0	0	0	0	11
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	11	0	0	0	0	11

Included in the above total of £0.004m is the following item:
Property, Plant and Equipment (PPE):
- In 2023/24 there was an £11k impairment that was charged to the Statement of Comprehensive Net Expenditure due to no revaluation reserve balance to offset. The indexation during 2024/25 for Land has resulted in a reversal of £0.004m of the previous years impairment . The full amount of the reversal was charged to operating expenses as per the impairment in 2023/24.

16. Inventories

16.1 Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	0	0
Consumables	1,263	1,167
Energy	0	0
Work in progress	0	0
Other	0	0
Total	**1,263**	1,167
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	31 March 2025 £000	31 March 2024 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**0**	0

17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2025	31 March 2024
Current	**£000**	£000
Welsh Government	**11,185**	9,977
NWJCC/WHSSC and EASC	**56**	82
Welsh Health Boards	**1,857**	3,525
Welsh NHS Trusts	**92**	78
Welsh Special Health Authorities	**235**	446
Non - Welsh Trusts	**642**	450
Other NHS	**11**	139
2019-20 Scheme Pays - Welsh Government Reimbursement	**11**	11
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	**5,373**	5,493
NHS Wales Primary Sector FLS Reimbursement	**0**	0
NHS Wales Redress	**0**	0
Other	**0**	0
Local Authorities	**3**	0
Capital receivables- Tangible	**0**	0
Capital receivables- Intangible	**0**	0
Other receivables	**1,154**	1,561
Provision for impairment of trade receivables	**(25)**	(29)
Pension Prepayments		
NHS Pensions Agency	**0**	0
NEST	**0**	0
Other prepayments	**1,683**	1,511
Accrued income	**280**	29
Sub-total	**22,557**	23,273
Non-current		
Welsh Government	**0**	0
NWJCC/WHSSC and EASC	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Non - Welsh Trusts	**0**	0
Other NHS	**0**	0
2019-20 Scheme Pays - Welsh Government Reimbursement	**39**	40
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	**942**	0
NHS Wales Primary Sector FLS Reimbursement	**0**	0
NHS Wales Redress	**0**	0
Other	**0**	0
Local Authorities	**0**	0
Capital receivables- Tangible	**0**	0
Capital receivables- Intangible	**0**	0
Other receivables	**0**	0
Provision for impairment of trade receivables	**0**	0
Pension Prepayments		
NHS Pensions Agency	**0**	0
NEST	**0**	0
Other prepayments	**0**	0
Accrued income	**0**	0
Sub-total	**981**	40
Total trade and other receivables	**23,538**	23,313

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.711m (£1.120m in 2023-24).

17.2 Receivables past their due date but not impaired

	31 March 2025	31 March 2024
	£000	£000
By up to 3 months	638	822
By 3 to 6 months	55	283
By more than 6 months	18	15
Balance at end of financial year	**711**	1,120

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March 2025	31 March 2024
	£000	£000
Balance at 1 April	(29)	(26)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	11	4
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	(32)	(30)
ECL/Bad debts recovered during year	25	23
Balance at end of financial year	**(25)**	(29)

17.4 Receivables VAT

	31 March 2025	31 March 2024
	£000	£000
Trade receivables	733	729
Other	0	0
Total	**733**	**729**

18. Other financial assets

	31 March 2025 £000	31 March 2024 £000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	182	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	182	0

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2024-25**	**2023-24**
RoU Sub-leasing income	24	0

Non-Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans	0	0
Derivatives	0	0
Other (Specify)		
Right of Use Asset Finance Sublease	378	0
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Total	378	0

The Trust entered into a new sub-lease during 2024-25. Sub-lease relates to part of the 5th floor at Number 2 Capital Quarters. Sub-lease has been classified as a finance lease.

19. Cash and cash equivalents

	31 March 2025 £000	31 March 2024 £000
Opening Balance	**13,905**	15,569
Net change in year	**(3,183)**	(1,664)
Closing Balance	**10,722**	13,905
Made up of:		
Cash with Government Banking Service (GBS)	**10,722**	13,905
Cash with Commercial banks	**0**	0
Cash in hand	**0**	0
Total cash	**10,722**	13,905
Current investments	**0**	0
Cash and cash equivalents as in SoFP	**10,722**	13,905
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash & cash equivalents as in Statement of Cash Flows	**10,722**	13,905

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £6.436m
Lease Liabilities (short-term and low value leases) £0.016m
PFI liabilities: £nil

See Note 13.3 Quantitative disclosures

The movement relates to cash, no comparative information is required by IAS 7 in 2024-25.

20. Trade and other payables at the SoFP Date	31 March 2025	31 March 2024
Current	**£000**	£000
Welsh Government	**1,889**	1,857
NWJCC/WHSSC and EASC	**95**	0
Welsh Health Boards	**5,917**	4,576
Welsh NHS Trusts	**1,959**	1,142
Welsh Special Health Authorities	**123**	366
Other NHS	**262**	291
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**8**	8
National Insurance contributions payable to HMRC	**2**	2
Non-NHS trade payables - revenue	**9,956**	13,794
Local Authorities	**1,460**	1,429
Capital payables-Tangible	**1,154**	763
Capital payables- Intangible	**303**	38
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
RoU Lease Liability	**0**	0
Obligations due under finance leases and HP contracts		
Imputed finance lease element of on SoFP PFI contracts	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Pensions: staff	**2**	3
Non NHS Accruals	**3,925**	4,339
Deferred Income:		
Deferred income brought forward	**976**	760
Deferred income additions	**536**	672
Transfer to/from current/non current deferred income	**0**	0
Released to the Income Statement	**(671)**	(456)
Other liabilities - all other payables	**0**	0
PFI assets – deferred credits	**0**	0
PFI - Payments on account	**0**	0
Sub-total	**27,896**	29,584

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

20. Trade and other payables at the SoFP Date (cont)

Non-current	31 March 2025 £000	31 March 2024 £000
Welsh Government	0	0
NWJCC/ WHSSC and EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
National Insurance contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	0	0
Obligations due under finance leases and HP contracts		
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred income brought forward	0	0
Deferred income additions	0	0
Transfer to/from current/non current deferred income	0	0
Released to the Income Statement	0	0
Other liabilities - all other payables	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub-total	0	0
Total	**27,896**	29,584

20. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled a	31 March 2025 £000	31 March 2024 £000
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	0	0

21. Borrowings Current	31 March 2025 £000	31 March 2024 £000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		0
RoU Lease Liability	2,099	2,138
Other	0	0
Total	**2,099**	2,138

Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities		0
RoU Lease Liability	4,337	6,000
Other	0	0
Total	**4,337**	6,000

21.2 Loan advance/strategic assistance funding

Amounts falling due:	31 March 2025 £000	31 March 2024 £000
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	**0**	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	**0**	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March 2025	31 March 2024
Current	**£000**	£000
Financial Guarantees		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Derivatives at fair value through SoCI	**0**	0
Other		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Total	**0**	0

	31 March 2025	31 March 2024
Non-current	**£000**	£000
Financial Guarantees		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Derivatives at fair value through SoCI	**0**	0
Other		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Total	**0**	0

23. Provisions

2024-25

Current	At 1 April 2024	Structured settlement cases transferr-ed to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	3,188	(1,400)	(1,168)	(255)	0	3,203	(861)	(1,382)	0	1,325
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	92	0	(25)	85	0	0	(75)	0	23	100
All other losses and special payments	73	0	0	0	0	0	(73)	0	0	0
Defence legal fees and other administration	180	0	0	(15)	0	179	(144)	(36)	0	164
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	11		0	2	0	0	(2)	0	0	11
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	496		0	0	0	9	(193)	(138)		174
Total	4,040	(1,400)	(1,193)	(183)	0	3,391	(1,348)	(1,556)	23	1,774
Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	255	0	735	0	(40)	0	950
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	834	0	0	(85)	0	153	0	0	0	902
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	15	0	77	(4)	0	0	88
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	40		0	(2)	0	8	0	(7)	0	39
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	331		0	0	0	60	0	0		391
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,006		0	0	0	177	0	0		1,183
Total	2,211	0	0	183	0	1,210	(4)	(47)	0	3,553
TOTAL										
Clinical negligence:-										
Secondary Care	3,188	(1,400)	(1,168)	0	0	3,938	(861)	(1,422)	0	2,275
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	926	0	(25)	0	0	153	(75)	0	23	1,002
All other losses and special payments	73	0	0	0	0	0	(73)	0	0	0
Defence legal fees and other administration	180	0	0	0	0	256	(148)	(36)	0	252
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	51		0	0	0	8	(2)	(7)	0	50
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	331		0	0	0	60	0	0		391
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,502		0	0	0	186	(193)	(138)		1,357
Total	6,251	(1,400)	(1,193)	0	0	4,601	(1,352)	(1,603)	23	5,327

Expected timing of cash flows:

	In year to 31 March 2026	Between 01-Apr-26 to 31 March 2030	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	1,325	950	0	2,275
Primary Care	0	0	0	0
Redress Secondary Care	0	0	0	0
Redress Primary Care	0	0	0	0
Personal injury	100	436	466	1,002
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	164	88	0	252
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	11	8	31	50
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	315	76	391
Other Capital Provisions	0	0	0	0
Other	174	1,056	127	1,357
Total	1,774	2,853	700	5,327

23. Provisions (continued)

2023-24

	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2024
Current										
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	1,588	0	(1,472)	3,193	0	1,789	(698)	(1,212)	0	3,188
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	84	0	0	102	0	0	(94)	0	0	92
All other losses and special payments	0	0	0	0	0	73	0	0	0	73
Defence legal fees and other administration	48	0	0	44	0	451	(37)	(326)	0	180
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	9		0	2	0	3	(3)	0	0	11
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	670		0	0	0	119	(17)	(276)		496
Total	2,399	0	(1,472)	3,341	0	2,435	(849)	(1,814)	0	4,040
Non Current										
Clinical negligence:-										
Secondary Care	3,193	0	0	(3,193)	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	888	0	0	(102)	0	48	0	0	0	834
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	44	0	0	(44)	0	0	0	0	0	0
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	42		0	(2)	0	0	0	0	0	40
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	82		0	0	0	256	0	(7)		331
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	916		0	0	0	98	0	(8)		1,006
Total	5,165	0	0	(3,341)	0	402	0	(15)	0	2,211
TOTAL										
Clinical negligence:-										
Secondary Care	4,781	0	(1,472)	0	0	1,789	(698)	(1,212)	0	3,188
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	972	0	0	0	0	48	(94)	0	0	926
All other losses and special payments	0	0	0	0	0	73	0	0	0	73
Defence legal fees and other administration	92	0	0	0	0	451	(37)	(326)	0	180
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	0		0	0	0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	51		0	0	0	3	(3)	0	0	51
Restructurings	0		0	0	0	0	0	0		0
RoU Asset Dilapidations CAME	82		0	0	0	256	0	(7)		331
Other Capital Provisions	0		0	0	0	0	0	0		0
Other	1,586		0	0	0	217	(17)	(284)		1,502
Total	7,564	0	(1,472)	0	0	2,837	(849)	(1,829)	0	6,251

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:	**31 March 2025 £000**	31 March 2024 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	**1,402**	195
Primary Care	**0**	0
Secondary care - Redress	**0**	0
Primary Care - Redress	**0**	0
Doubtful debts	**0**	0
Equal pay cases	**0**	0
Defence costs	**95**	14
Other	**385**	408
Total value of disputed claims	**1,882**	617
Amount recovered under insurance arrangements in the event of these claims being successful	**(1,685)**	(544)
Net contingent liability	**197**	73

Contingent Liabilities includes claims relating to alleged clinical negligence, personal injury and permanent injury benefits under the NHS Injury Benefits Scheme.

24.2. Remote contingent liabilities

	31 March 2025 £000	31 March 2024 £000
Guarantees	**0**	0
Indemnities	**0**	0
Letters of comfort	**0**	0
Total	**0**	0

24.3 Contingent assets

	31 March 2025 £000	31 March 2024 £000
	0	0
	0	0
	0	0
	0	**0**

The Trust has no contingent assets.

25. Capital commitments

Commitments under capital expenditure contracts at the statement of financial position sheet date :
The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	31 March 2025	31 March 2024
	£000	£000
Property, plant and equipment	**0**	0
Right of Use Assets	**0**	0
Intangible assets	**0**	0
Total	**0**	0

26. Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2025	
	Number of cases	£
Clinical negligence:-		
Secondary Care	15	2,259,181
Primary Care	0	0
Redress Secondary Care	0	0
Redress Primary Care	0	0
Personal injury	4	11,656
All other losses and special payments	6	158,915
Total	**25**	**2,429,752**

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	£	£
Cases in excess of £300,000:			
Clincal negligence	CNJO-047	321,448	338,610
Clincal negligence	CNRO-036	1,444,513	1,619,485

	Number of cases	£	£
Sub-total	**2**	**1,765,961**	**1,958,095**
All other cases paid in year	23	663,791	1,460,229
Total cases paid in year	**25**	**2,429,752**	**3,418,324**

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	11	355,131
Cumulative amount greater than £300k	1	503,658
Total	**12**	**858,789**

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	**£000**	**£000**	**£000**	**£000**
Within one year	0	1,615	595	**2,210**
Between one and five years	0	3,142	1,131	**4,273**
After five years	0	205	0	**205**
Less finance charges allocated to future periods	0	(150)	(102)	**(252)**
Minimum lease payments	**0**	**4,812**	**1,624**	**6,436**
Included in:				
Current borrowings	0	1,554	545	**2,099**
Non-current borrowings	0	3,258	1,079	**4,337**
	0	**4,812**	**1,624**	**6,436**
Present value of minimum lease payments				
Within one year	0	1,554	545	**2,099**
Between one and five years	0	3,062	1,079	**4,141**
After five years	0	196	0	**196**
Present value of minimum lease payments	**0**	**4,812**	**1,624**	**6,436**
Included in:				
Current borrowings	0	1,554	545	**2,099**
Non-current borrowings	0	3,258	1,079	**4,337**
	0	**4,812**	**1,624**	**6,436**

2023-24

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2024	31 March 2024	31 March 2024	31 March 2024
Minimum lease payments	**£000**	**£000**	**£000**	**£000**
Within one year	0	1,566	691	2,257
Between one and five years	0	4,630	1,267	5,897
After five years	0	304	0	304
Less finance charges allocated to future periods	0	(227)	(93)	(320)
Minimum lease payments	0	6,273	1,865	8,138
Included in:				
Current borrowings	0	1,488	650	**2,138**
Non-current borrowings	0	4,785	1,215	**6,000**
	0	**6,273**	**1,865**	**8,138**
Present value of minimum lease payments				
Within one year	0	1,488	650	2,138
Between one and five years	0	4,499	1,215	5,714
After five years	0	286	0	286
Present value of minimum lease payments	0	6,273	1,865	8,138
Included in:				
Current borrowings	0	1,488	650	**2,138**
Non-current borrowings	0	4,785	1,215	**6,000**
	0	**6,273**	**1,865**	**8,138**

27.2 Right of Use Assets receivables (as lessor)

The Trust entered into a new sub-lease during 2024-25. Sub-lease relates to part of the 5th floor at Number 2 Capital Quarters. Sub-lease has been classified as a finance lease.

Amounts receivable under right of use assets:

		31 March 2025	31 March 2024
Gross investment in leases		**£000**	£000
Within one year		**183**	0
Between one and five years		**409**	0
After five years		**0**	0
Less finance charges allocated to future periods		**(32)**	0
Present value of minimum lease payments		**560**	0
Included in:	Current financial assets	**182**	0
	Non-current financial assets	**378**	0
Total		**560**	0
Present value of minimum lease payments			
Within one year		**182**	0
Between one and five years		**378**	0
After five years		**0**	0
Less finance charges allocated to future periods		**0**	0
Total present value of minimum lease payments		**560**	0
Included in:	Current financial assets	**182**	0
	Non-current financial assets	**378**	0
Total		**560**	0

27.3 Finance Lease Commitment

The Trust does not have any commitments becoming operational in a future period.

28. Private finance transactions

Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI or PPP Schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk
The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks
The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk
NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General
The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2025	31 March 2024
	£000	£000
(Increase) / decrease in inventories	(96)	997
(Increase) / decrease in trade and other receivables - non-current	(1,319)	3,307
(Increase) / decrease in trade and other receivables - current	534	(2,423)
Increase / (decrease) in trade and other payables - non-current	(1,663)	(274)
Increase / (decrease) in trade and other payables - current	(1,727)	(1,261)
Total	(4,271)	346
Adjustment for accrual movements in fixed assets - creditors	(656)	75
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	705	336
Adjustment for accrual movements in right of use assets - debtors	560	0
Other adjustments	0	0
Total	(3,662)	757

31. Other cash flow adjustments

Other cash flow adjustments	31 March 2025 £000	31 March 2024 £000
Depreciation	7,023	6,835
Amortisation	319	348
(Gains)/Loss on Disposal	18	0
Impairments and reversals	(4)	11
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(34)	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cas	0	0
Non-cash movements in right of use assets	65	(1,501)
Non-cash movements in provisions	428	(464)
Total	7,815	5,229

32. Events after reporting period

Public Health Wales NHS Trust had no events after the reporting period.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 25 June 2025

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the Trust have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	3,308	222,825	1,889	11,185
Welsh LHBS:				
Aneurin Bevan University Health Board	6,772	761	1,199	61
Betsi Cadwaladr University Health Board	6,790	6,848	1,020	559
Cardiff and Vale University Health Board	7,957	8,427	1,224	1
Cwm Taf Morgannwg University Health Board	4,887	2,386	732	494
Hywel Dda University Health Board	3,828	2,835	466	227
Powys Teaching Health Board	1,195	154	160	26
Swansea Bay University Health Board	6,150	5,042	1,116	489
NHS Wales Joint Commissioning Committee	678	168	95	56
Welsh NHS Trusts:				
Velindre University NHS Trust	9,637	384	1,915	92
Welsh Ambulance Service NHS Trust	178	5	44	0
Welsh Special Health Authorities:				
Digital Health and Care Wales	2,772	993	(102)	100
Health Education and Improvement Wales	311	2,292	225	135
NHS Wales Charities:				
Velindre University NHS Trust Charitable Funds	0	3	0	2
Local Authorities	6,611	219	1,460	3
Related Party Transactions where Board members have declared an interest (see notes below for details of relationships):				
EuroHealthNet	8	0	0	0
International Association of National Public Health Institutes	7	0	0	0
Tenovus Trading Ltd	198	0	13	0
WCVA	43	0	40	0
Macmillian Cancer Support	4	121	0	11
Hafren Dyfrdwy	2	0	0	0
Museum Wales	4	0	0	0
	61,340	**253,463**	**11,496**	**13,441**

The Trust is a member of the Welsh Risk Pool for Clinical Negligence, Personal Injury and other qualifying claims. In addition, during 2024-25 the Trust has received settlements of £0.474m in respect of claims for reimburements made. Also at 31 March 2025 the Trust had a debtor balance of £3.901m in respect of amounts due from the Welsh Risk Pool.

Sumina Azam, National Director of Policy and International Health, World Health Organisation Collaborating Centre, is an Executive Board Member at EuroHealthNet.

Tracey Cooper, Chief Executive, is a Board Member of International Association of National Public Health Institutes.

Huw George, Deputy Chief Executive and Executive Director of Operations and Finance is a Trustee of Tenovus. Huw is undertaking some introductory work on behalf of NHS WJCC for 2 days per week in March 2025 ahead of a secondment which takes effect from 1 April 2025.

Kate Young, Non-Executive Director, is a Board Member of WCVA.

Mohammed Mehmet, former Non-Executive Director, is a Trustee of Macmillian Cancer Support and a Non-Executive Director for Hafren Dyfrdwy.

Jan Williams, former Chair, is a Trustee and Board member for Museum Wales.

34. Third party assets

The Trust held £nil cash at bank and in hand at 31 March 2025 (31 March 2024, £nil) which relates to monies held by the Trust on behalf of patients. Cash held in Patient's Investment Accounts amounted to £nil at 31 March 2025 (31 March 2024, £nil).

35. Pooled budgets

Public Health Wales NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

	PHW NHS Trust		NHS Executive		TOTAL		ELIMINATIONS		TOTAL	
	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24
Operating Revenue	**£000**	£000	**£000**	£000	**£000**	£000	**£000**	£000	**£000**	£000
Segmental Income	210,212	204,275	54,049	31,341	264,261	235,616	(361)	(527)	263,900	235,089
	210,212	204,275	54,049	31,341	264,261	235,616	(361)	(527)	263,900	235,089
Operating expenses	**£000**	**£000**	**£000**	£000	**£000**	£000	**£000**	£000	**£000**	£000
Local Health Boards	20,764	20,144	8,815	2,738	29,579	22,882	(361)	(527)	29,218	22,355
Welsh NHS Trusts	1,457	701	1,776	1,843	3,233	2,544	0	0	3,233	2,544
Welsh Special Health Authorities	2	244	1,515	812	1,517	1,056	0	0	1,517	1,056
Goods and services from other non Welsh NHS bodie	0	0	0	0	0	0	0	0	0	0
WHSSC & EASC	634	0	0	0	634	0	0	0	634	0
Local Authorities	4,299	4,228	0	0	4,299	4,228	0	0	4,299	4,228
Purchase of healthcare from non-NHS bodies	0	0	0	0	0	0	0	0	0	0
Welsh Government	0	0	0	0	0	0	0	0	0	0
Other NHS Trusts	100	54	0	0	100	54	0	0	100	54
Directors' costs	1,824	1,834	0	0	1,824	1,834	0	0	1,824	1,834
Operational Staff costs	124,257	118,375	36,890	20,285	161,147	138,660	0	0	161,147	138,660
Single lead employer Staff Trainee Cost	1,036	484	0	0	1,036	484	0	0	1,036	484
Collaborative Bank Staff Cost	71	0	0	0	71	0	0	0	71	0
Supplies and services - clinical	27,271	28,628	87	31	27,358	28,659	0	0	27,358	28,659
Supplies and services - general	2,172	2,091	369	68	2,541	2,159	0	0	2,541	2,159
Consultancy Services	1,180	1,226	175	223	1,355	1,449	0	0	1,355	1,449
Establishment	8,442	11,305	2,008	995	10,450	12,300	0	0	10,450	12,300
Transport	882	781	5	11	887	792	0	0	887	792
Premises	8,456	6,819	872	1,875	9,328	8,694	0	0	9,328	8,694
Impairments and Reversals of Receivables	0	0	0	0	0	0	0	0	0	0
Depreciation	4,874	4,740	0	0	4,874	4,740	0	0	4,874	4,740
Depreciation (RoU Asset)	2,149	2,095	0	0	2,149	2,095	0	0	2,149	2,095
Amortisation	319	348	0	0	319	348	0	0	319	348
Impairments and reversals of property, plant and equ	(4)	11	0	0	(4)	11	0	0	(4)	11
Fixed asset impairments and reversals (RoU Assets)	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0	0	0	0	0	0	0
Impairments and reversals of non current assets held	0	0	0	0	0	0	0	0	0	0
Audit fees	197	196	0	0	197	196	0	0	197	196
Other auditors' remuneration	0	0	0	0	0	0	0	0	0	0
Losses, special payments and irrecoverable debts	199	235	0	0	199	235	0	0	199	235
Research and development	0	0	0	0	0	0	0	0	0	0
Expense related to short-term leases	14	5	0	0	14	5	0	0	14	5
Expense related to low-value asset leases (excluding	2	2	0	0	2	2	0	0	2	2
Other operating expenses	307	615	1,537	2,460	1,844	3,075	0	0	1,844	3,075
Total	210,904	205,161	54,049	31,341	264,953	236,502	(361)	(527)	264,592	235,975
Investment Revenue	917	1,083	0	0	917	1,083	0	0	917	1,083
Other Gains and Losses	124	(11)	0	0	124	(11)	0	0	124	(11)
Finance Costs	(154)	(135)	0	0	(154)	(135)	0	0	(154)	(135)
Total	887	937	0	0	887	937	0	0	887	937
Retained surplus	195	51	0	0	195	51	0	0	195	51

NHS Executive was established on 1 April 2023. NHS Executive is a hosted body of the Public Health Wales NHS Trust.

37. Other Information

37.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2024 to 31 March 2025. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2024 and February 2025 alongside Trust data for March 2025.

Transactions include notional expenditure in relation to the 9.4% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2024-25	2023-24
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2025	**£000**	**£000**
Revenue from patient care activities	10,096	5,869
Operating expenses	10,096	5,869
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	8,095	5,208
Welsh Government - Hosted Bodies	2,001	661
5.1 Operating expenses		
Directors' costs	95	76
Staff costs	10,001	5,793

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

37.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2024	0
Liability for remaining payments @ 31 March 2025	0
	0
Arising during year	0
Utiised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE / STATEMENT OF COMPREHENSIVE INCOME *Delete as appropriate

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Dated :

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities) (Wales)

GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru
Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales